

DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Norfolk

(County)

Weymouth

(City or Town)



Weymouth

(City or Town making this return)

Registered No. 168

No. South Shore Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

ALL NAME Claude Davidson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) No

Residence No. 162 Common St.

(Usual place of abode)

St. Braintree, Mass. 11-3

(If nonresident, give city or town and State)

of stay: In place of death... years... months... 14 days. In place of residence 4 years... months... days.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 18, 1956  
(Month) (Day) (Year)

HEREBY CERTIFY, That I attended deceased from April 4, 1956, to April 18, 1956

and he died on April 17, 1956 death is said to

have occurred on the date stated above, at 3:20 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

Cerebral Thrombosis, mid-brain

Paricular Fibrillation

332X

Significant Conditions Massive Pulmonary Embolism

Autopsy performed? Yes

Test confirmed diagnosis?

Is disease or injury in any way related to occupation of deceased? No

Specify

Physician Luman A. Woodruff, M. D.

Address Braintree, Mass. Date 4/18 1956

Place of Burial or Cremation Due Hill Cem. Braintree, Mass.

(City or Town)

DATE OF BURIAL April 21 1956

NAME OF GENERAL DIRECTOR Mortimer N. Peck

ADDRESS Braintree, Mass.

and filed April 20, 1956

Harry Christensen (Registrar)

TRUE COPY ATTEST.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Ma. 9 COLOR Wh. 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

10a If married, widowed, or divorced HUSBAND of Charlotte Jane Borck (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 59 years 6 Months 5 Days If under 24 hours Hours Minutes

13 Usual Occupation: Consulting Engineer (Kind of work done during most of working life)

14 Industry or Business: Self Employed 280078

15 Social Security No. 030-14-2863

16 BIRTHPLACE (City) Boston (State or country) Mass. 30

17 NAME OF FATHER Mayberry Davidson

18 BIRTHPLACE OF FATHER (City) Nova Scotia (State or country) Canada 10-6

19 MAIDEN NAME OF MOTHER May E. Boucher

20 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass. 30

21 Informant Mrs. Charlotte Jane Davidson (Address) 162 Common St. Braintree, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Harry Christensen (Signature of Agent of Board of Health or other)

Town Clerk April 20, 1956 (Official Designation) (Date of Issue of Permit)