



The Commonwealth of Massachusetts
STATE DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

The Commonwealth of Massachusetts

359

PLACE OF DEATH

BARNSTABLE
(County)

BARNSTABLE
(City or Town)

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

BARNSTABLE
(City or Town making this return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 742

1166 No. Centerville Nursing Home (Centerville) St. } (If death occurred in a hospital or institution,
give its NAME instead of street and number)
PHYSICIAN—IMPORTANT

2 FULL NAME JOHN EDWIN ANDRE (If deceased a U. S. War Veteran, specify WAR) No
(a) Permanent Residence, No. 28 Mill Pond Road St. Chatham, MA (City or town and State)

MEDICAL CERTIFICATE OF DEATH			PERSONAL AND STATISTICAL PARTICULARS		
3 DATE OF DEATH Nov. 25, 1976 (Month) (Day) (Year)	9 SEX Male	10 COLOR White	11 SINGLE (write the word) MARRIED WIDOWED DIVORCED UNKNOWN Divorced		
4 I HEREBY CERTIFY that I attended deceased from Oct. 28, 1976 to November 25, 1976 I last saw him alive on Nov. 16, 1976 death is said to have occurred on the date stated above, at 10:00P.m.	12 If married, widowed, or divorced HUSBAND of Elizabeth Smith (or) WIFE of (Give maiden name of wife in full) (Husband's name in full)		13 AGE 53 Years 10 Months 22 Days If under 24 hours Hours Minutes		
DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma Due To metastasis to brain (b) Due To 1983 (c) OTHER SIGNIFICANT CONDITIONS	INTERVAL BETWEEN ONSET AND DEATH 1 yr.		14 Usual Occupation Maintenance (Kind of work done during most of working life)		
Was autopsy performed? No	5 Was disease or injury in any way related to occupation of deceased? No If so, specify		15 Industry or Business Restaurant		
What test confirmed diagnosis?	(Signature) Arthur F. Bickford M.D. (Print Name) E. Dennis, MA Date Nov. 25, 1976		16 Social Security No. 023-14-8857		
6 Peoples Cemetery, Chatham, MA Place of Burial or Cremation (City or Town) DATE OF BURIAL November 29, 1976	7 NAME OF FUNERAL DIRECTOR Benjamin R. Davis ADDRESS Crowell Rd., Chatham, MA		17 BIRTHPLACE (City) Brockton MA (State or country)		
8 Informant Mrs. Arthur Nolan (Address) 28 Mill Pond Rd., Chatham, MA	22 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: s/ John M. Kelly Agent November 29, 1976 (Official Designation) (Date of Issue of Permit)		18 NAME OF FATHER Manuel Andre 19 BIRTHPLACE OF FATHER (City) So. Easton MA (State or country)		
	23 Received and filed December 2, 1976		20 MAIDEN NAME OF MOTHER Louise Blankinship 21 BIRTHPLACE OF MOTHER (City) Brockton MA (State or country)		
	A TRUE COPY ATTEST: May G. Anderson (Registrar)				

I, the undersigned, hereby certify that I am the Registrar of Vital Records and Statistics; that as such I have custody of the records of births, marriages and deaths required by law to be kept in my office; and I do hereby certify that the above is a true copy from said records.

WITNESS my hand and the GREAT SEAL OF THE COMMONWEALTH at Boston on this 30th day of April 19 81