

The Commonwealth of Massachusetts
JOHN F. X. DAVOREN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS



The Commonwealth of Massachusetts
 EDWARD J. CRONIN
 SECRETARY OF THE COMMONWEALTH
 DIVISION OF VITAL STATISTICS
 MEDICAL EXAMINER'S
 CERTIFICATE OF DEATH

CAMBRIDGE

497

(City or town making return)

Registered No. **124**

PLACE OF DEATH

MIDDLESEX

(County)

CAMBRIDGE

(City or Town)

No. **35 Huron Avenue, Cambridge**

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

PULL NAME **William J. Barrett**

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

PHYSICIAN — IMPORTANT

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

(a) Residence. No. **35 Huron Ave.**

St. **Cambridge**

(If nonresident, give city or town and State)

Length of stay: In place of death **15** years.....months.....days. In place of residence **15** years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH **January 26, 1951**
 (Month) (Day) (Year)

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Coronary Thrombosis 4201

Accident, suicide, or homicide (specify).....

Date and hour of injury.....19.....

Where did injury occur?.....
 (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place?.....
 (Specify type of place)

Manner of injury.....
 (How did injury occur?)

Nature of injury.....
 While at work?..... Was autopsy performed? **No**

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

If so, specify.....
 (Signed) **Leo T. Myles** M. D.

(Address) **Cambridge, Mass.** Date **1/26** 19 **51**

Cambridge **Cambridge**
 Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL **January 29, 1951**

NAME OF FUNERAL DIRECTOR **Daniel F. O'Brien**

ADDRESS **Cambridge, Mass.**

Received and filed **January 29, 1951**

TRUE COPY ATTEST: **Frederick H. Burke** (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX **Male** 10 COLOR OR RACE **White** 11 SINGLE (write the word) **MARRIED**
 WIDOWED or DIVORCED

11a If married, widowed, or divorced HUSBAND of **Margaret E. Carroll**
 (Give maiden name of wife in full)

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

12 IF STILLBORN, enter that fact here.

13 AGE **50** Years.....Months.....Days If under 24 hours Hours.....Minutes

14 Usual Occupation: **Salesman** **490688**
 (Kind of work done during most of working life)

15 Industry or Business: **Seagram's**

16 Social Security No.

17 BIRTHPLACE (City) **Cambridge** (State or country) **Mass.** **30**

18 NAME OF FATHER **William J. Barrett**

19 BIRTHPLACE OF FATHER (City) **South Boston** (State or country) **Mass.** **30**

20 MAIDEN NAME OF MOTHER **Flora Bariaut**

21 BIRTHPLACE OF MOTHER (City) **Charlestown** (State or country) **Mass.** **30**

22 Informant **Margaret Barrett** (Address) **35 Huron Ave., Cambridge**

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

John D. Crowley
 (Signature of Agent of Board of Health or other)

Agent **January 26, 1951**
 (Official Designation) (Date of Issue of Permit)