

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

COMMONWEALTH OF MASSACHUSETTS

200 230
 CITY OF FALL RIVER.
 (CITY OR TOWN)

RETURN OF A DEATH

NAME Charles G. Buffinton Registered No. 639
 Date of Death Sept 23 1907
 Place of Death Aldrich's Hospital Fall River
 Age 46 years 13 months 9 days

STATISTICAL DETAILS

COLOR <u>W</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>M</u>
NAME †	
DECEASED'S NAME †	
PLACE †	<u>Fall River</u>
NAME	<u>John C. Buffinton</u>
PLACE	<u>Diverton, R. I.</u>
NAME	<u>Thos. A. Kelly</u>
PLACE	<u>Providence R.I.</u>
OCCUPATION	<u>Bookkeeper</u>
RELATIONSHIP	<u>Wife</u>

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Sept 13, 1907, to Sept 23, 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Heart Disease of
Coronary Arteries and Aortic
Valve (DURATION) 14 DAYS

Contributory: Gall stones (DURATION) 3 yrs DAYS

(Signed) M. B. Aldrich M.D.
Sept 23, 1907 (Address) Fall River

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? 3 years 0 months 0 days
 Where was disease contracted, if not at place of death? _____

Filed Oct 1, 1907 Arthur P. Payne Clerk

PLACE OF BURIAL OR REMOVAL † Grove Hill DATE OF BURIAL Sept 26, 1907

NAME OF BURIAL PLACE Waring Son ADDRESS _____

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.
 † In case of married or divorced woman, or widow.
 ‡ State or country; also city, town or county, if known.
 § Name and address of person giving statistical details.
 || Name of cemetery.