

The Commonwealth of Massachusetts



OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Quincy
(City or town making return)

Registered No. 410

Norfolk
(County)

Quincy
(City or Town)

No. Quincy City Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Eldridge B. Dam
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 103 Manet Avenue St., Ward,
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of Hazel L. Goodwin (Give maiden name of wife in full)

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

6 IF STILLBORN, enter that fact here.

7 AGE 44 Years - Months - Days If less than 1 day Hours - Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shell Fish Dealer

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Himself 782

10 Date deceased last worked at this occupation (month and year) 15-30 11 Total time (years) spent in this occupation. 7 yr

12 BIRTHPLACE (City) Cambridge (State or country) Mass. 30

13 NAME OF FATHER William H. Dam

14 BIRTHPLACE OF FATHER (City) -- 30 (State or country) Maine

15 MAIDEN NAME OF MOTHER Elizabeth Wilson

16 BIRTHPLACE OF MOTHER (City) -- 10-6 (State or country) Nova Scotia

17 Informant Mrs. Hazel R. Dam (Address) 103 Manet Ave. Quincy, Mass.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 22, 1930 (Month) (Day) (Year)

19 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)

Lympho-Blastoma of small intestine with obstruction. Acute endocarditis of mitral valve. Septic poisoning? 45-82 (See reverse side for description for unknown person.)

20 If death was due to external causes (VIOLENCE) fill in the following: Accident, Suicide or Homicide? Date of Injury 19

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

Manner of Injury Nature of Injury

21 Was disease or injury in any way related to occupation of deceased? NO If so, specify George V. Higgins (Signed) Randolph, Mass. 06-25 19 30 (Address)

22 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Wollaston-Quincy (Cemetery) (City or town) DATE OF BURIAL June 25 19 30

23 NAME OF UNDERTAKER Dennis S. Sweeney ADDRESS Quincy, Mass.

Received and filed June 25 19 30

A TRUE COPY, ATTEST: Registrar

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

E. B. Fitzgerald (Signature of Agent of Board of Health or other)

Comm. June 25, 1930 (Official Designation) (Date of Issue of Permit)