

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

Veteran's Adm. Hospt Boston

(If death occurred in a hospital, institution, or other place, give name of place.)

Francis R Fahey

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

24 Park

Uxbridge Mass.

St. (If nonresident, give town or city and state.)

Age at death years 4 months days. In place of residence 23 years months days.

CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL DATA

March 19/54

(Day) (Year)

8 SEX

M

9 COLOR OR RACE

W

That I attended deceased from 53 to March 19 19 54

10a If married, widowed, or divorced HUSBAND of Eva M Beaucage

(Give maiden name of widow)

death is said to have occurred at 7:10 PM m.

(or) WIFE of (Husband's name)

INTERVAL BETWEEN ONSET AND DEATH

5 Days

11 IF STILLBORN, enter that fact here.

12 AGE 58 Years 2 Months 25 Days

13 Usual Occupation: Payroll Clerk (Kind of work done during life)

14 Industry or Business:

15 Social Security No.

Adenocarcinoma of rectum Weeks

16 BIRTHPLACE (City) (State or country) Milford Mass.

17 NAME OF FATHER Patrick Fahey

18 BIRTHPLACE OF FATHER (City) (State or country) Ireland

19 MAIDEN NAME OF MOTHER Mary Kinchella

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

21 Informant (Address) VA Hospt Records

I HEREBY CERTIFY that a satisfactory death certificate has been filed with me BEFORE the burial or transit permit was issued.

(Signature of Agent of Board of Health)

(Official Designation)

(Date of Issue of Permit)

3-13-54 Was autopsy performed? No
Clinical and laboratory findings

PARENTS

Way related to occupation of deceased?

David Kaufman
VAH Boston Mass. 3-19 19 54
St Mary's Cem-Uxbridge Mass.

March 22/54 (City or Town)

D J Shea
Uxbridge Mass.

March 23/54 19

H. Ina (Registrar)