

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Suffolk

Massachusetts

Registered No.

County

City or Town

Boston

No. 461 Columbia Road St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Thomas J. McCarthy
461 Columbia Road St. 17
(If in the Army or Navy of the United States, give rank, organization, etc.)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

M. White Widowed

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

July 24 1863
(Month) (Day) (Year)

7 AGE

Years

Months

Days

If LESS than

59

0

12

1 day, ... hrs.
or ... min.

-If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

Ball Player
Retired

9 BIRTHPLACE (City)

(State or country)

Boston

10 NAME OF
FATHER

Daniel McCarthy

11 BIRTHPLACE OF
FATHER (City)

Ireland

(State or country)

12 MAIDEN NAME
OF MOTHER

Sarah Healy

13 BIRTHPLACE OF
MOTHER (City)

Ireland

(State or country)

14 Informant

Daughter Sarah
(Address) 461 Columbia Road16 DATE OF DEATH August 5, 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

September 17, 1921, to August 2, 1922,

that I last saw him alive on August 4, 1922,

and that death occurred, on the date stated above, at 12:05 a.m.

The CAUSE OF DEATH was as follows:

Carcinoma of the intestine

CONTRIBUTORY
(SECONDARY)Abscess of the lung
(duration) yrs. 3 mos. 2 ds.(post-pneumonic)
(duration) yrs. 8 mos. ds.18 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? Date of

Was there an autopsy?

NONE

What test confirmed diagnosis?

(Signed) John F. Fennelly, M.D.

(Address) 15 Adams St., Dorchester

Date August 5, 1922
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Old Calvary (Cemetery) (City or town) Aug 8

20 UNDERTAKER

ADDRESS

M. A. Farrell 1336 Vermont St

AUG 9 1922

Filed (Month) (Day) (Year)

REGISTRAR

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

J. J. Kelshe

Official position

Date of issue of permit Aug 7, 22 No. 51-51