

PLACE OF DEATH

Middlesex
(County)

Everett

(City or Town)

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSEmery
(City or Town making this return)STANDARD
CERTIFICATE OF DEATH

Registered No.

103

Whidden Memorial Hospital

No. _____ St. } (If death occurred in a hospital or institution,
give its NAME instead of street and number)
PHYSICIAN—IMPORTANT

2 FULL NAME BERNARD C OLSEN

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

(If deceased a
U. S. War Veteran, II
specify WAR)

11 Dunster Rd

Everett

Mass

(a) Permanent Residence, No. _____

St. _____
(City or town and State)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 3 30 77
(Month) (Day) (Year)4 I HEREBY CERTIFY, that I attended deceased from
3/17 1977 to 3/30 1977
I last saw him alive on 3/29 1977 death is said to
have occurred on the date stated above, at 12:00 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Esophageal Varices

(b) with Bleeding + Cirrhosis

(c) of Liver 4 foundice years

INTERVAL
BETWEEN
ONSET AND
DEATH
7075OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? NO

What test confirmed diagnosis? Lb + Clouse

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signature) J. A. FRAUKE USIA M.D.

(Print or Type Name)

(Address) 503 Broadway Date 3/30 1977

6 Holy Cross Cem. Malden Mass

Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 2 1977

7 NAME OF FUNERAL DIRECTOR Richard J Ward

ADDRESS 772 Broadway Everett Mass

8 Informant Alice E Olsen

(Address) 11 Dunster Rd Everett Mass.

PERSONAL AND STATISTICAL PARTICULARS

9 SEX M 10 COLOR W 11 SINGLE (write the word)
MARRIED Married
WIDOWED
DIVORCED
UNKNOWN12 If married, widowed or divorced
HUSBAND of Alice Delahoyde
(Give maiden name of wife in full)(or) WIFE of _____
(Husband's name in full)13 AGE 57 Years _____ Months _____ Days | If under 24 hours
Hours _____ Minutes14 Usual Occupation Truck Driver
(Kind of work done during most of working life)

15 Industry or Business Standard Electric Supply

16 Social Security No. 030 05 5441

17 BIRTHPLACE (City or country) Everett Mass

18 NAME OF FATHER Charles N Olsen

19 BIRTHPLACE OF FATHER (City or country) Boston MASS

20 MAIDEN NAME OF MOTHER Mary A McPhee

21 BIRTHPLACE OF MOTHER (City or country) E Boston MASS

22 I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:J. Levin
(Signature of Agent Board of Health or other)
March 31 1977
(Official Designation) (Date of Issue of Permit)

23 Received and filed Mar. 31 1977

J. Levin
City Clerk (Clerk or Registrar)