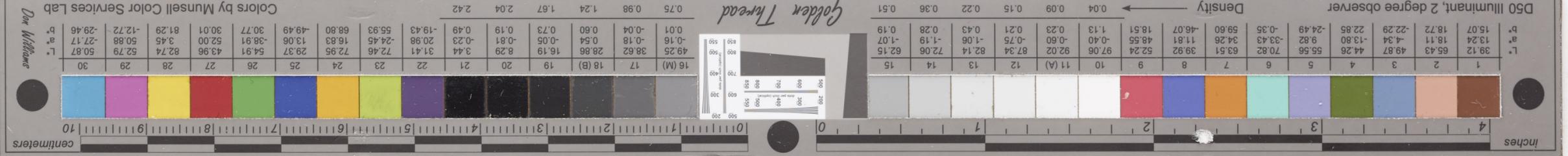


MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.



The Commonwealth of Massachusetts  
**MEDICAL EXAMINER'S CERTIFICATE OF DEATH**  
 (ISSUED UNDER THE PROVISIONS OF CHAPTER 24, REVISED LAWS)

*Salembury*  
 (City or town)

1 PLACE OF DEATH  
 County \_\_\_\_\_ State \_\_\_\_\_ Registered No. \_\_\_\_\_  
 City or Town *Atlantic Ocean* No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Cecilia Gray*  
 (If in the Army or Navy of the United States, give rank, organization, etc.)  
 (a) Residence. No. *55 Henry St New York City* St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (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

3 SEX *F*  
 4 COLOR OR RACE *W*  
 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5a If married, widowed, or divorced HUSBAND of (or) WIFE of *William Gray*

6 DATE OF BIRTH *Feb. unknown, 1890*  
 (Month) (Day) (Year)

7 AGE *29* Years *3* Months \_\_\_\_\_ Days  
 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work. *Housewife*  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9 BIRTHPLACE (city or town) *New York City N.Y.*  
 (State or country)

10 NAME OF FATHER *Benjamin Hilley*  
 11 BIRTHPLACE OF FATHER (city or town) *N.Y. City N.Y.*  
 (State or country)  
 12 MAIDEN NAME OF MOTHER *Mary Moran*  
 13 BIRTHPLACE OF MOTHER (city or town) *N.Y. City N.Y.*  
 (State or country)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *May 15 1919*  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:  
*Accidental drowning from sinking of a Coal Barge between Ble of Shoals and Ports mouth N.Y.*

(See reverse side for additional space)

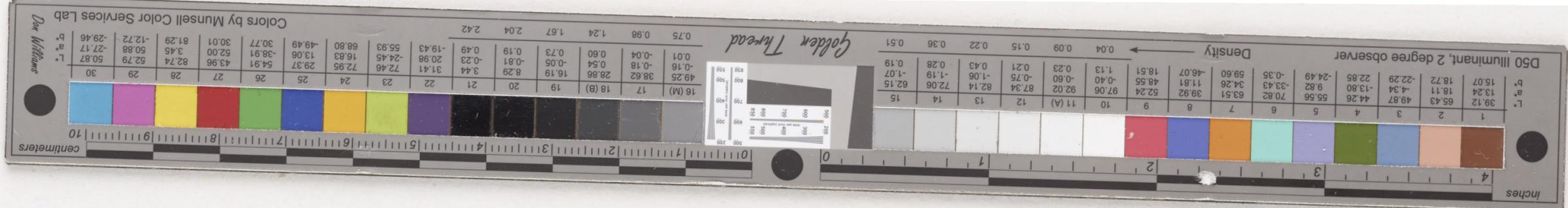
18 Where was injury sustained if not at place of death?  
 (Signed) *Mandolph C. Dued*, M.D.  
 (Address) *Newburyport Mass*  
 Medical Examiner for *2nd Essex Dist*  
 Date *May 17 1919*  
 (Month) (Day) (Year)

14 Informant *William Gray*  
 (Address) *55 Henry St New York City*

15 Filed *May 18 1919* *Wm H. Greenleaf*  
 REGISTRAR

19 PLACE OF BURIAL, CREMATION, OR REMOVAL *Perth Amboy N.Y.* DATE OF BURIAL *May 19 1919*

20 UNDERTAKER *P J McKinney* ADDRESS *Newburyport Mass*



## EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], the duration of his last illness, and the date of his death. — *Revised Laws, Chap. 29, Secs. 10 and 1 as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body until he has received a permit from the board of health or its agent, or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required by the attending physician. **If death is caused by violence the medical examiner only shall make such certificate.** The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner of cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known. Otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection** related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons **found dead**.

DESCRIPTION (for unknown person).....

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**NOTICE TO UNDERTAKERS:** No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have come to his death by violence, until a permit in writing, signed by the Medical Examiner, has first been obtained. — *Revised Laws, Chap. 24, Sec. 20.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT