BOSTON 55
(City or town making return)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Registered No. 1094

1 PLACE OF DEATH
(County) .....
(City or Town) .....
No. 437 Cambridge St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas Henry Bond (If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) .....

(a) Residence. No. 437 Cambridge St. .....
(Usual place of abode) (If nonresident, give city or town and state)
Length of stay: In hospital or institution ..... years ..... months ..... days. In this community 50 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced HUSBAND of Louise Siebert (Give maiden name of wife in full)
(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 84 Years 8 Months 22 Days | If less than 1 day Hours ..... Minutes

9 Usual Occupation: Assessor Retired
10 Industry or Business: City of Boston

11 Social Security No. None

12 BIRTHPLACE (City) Brooklyn
(State or country) New York

PARENTS

13 NAME OF FATHER: William Bond

14 BIRTHPLACE OF FATHER (City) .....
(State or country) England

15 MAIDEN NAME OF MOTHER: Alice Duffy

16 BIRTHPLACE OF MOTHER (City) .....
(State or country) Ireland

17 Informant Edward H. Bond (Relation, if any: Son)
(Address) .....

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

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan/24/41
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 18/39, 19..... to Jan/23/41, 19.....
I last saw h...im...alive on Jan/23/41, 19....., death is said to have occurred on the date stated above, at 3:30AM.

	Duration
Immediate cause of death: Myocardial insufficiency	2 Yrs
Due to 122 - 102	
Due to	
Other conditions: Hypertension (Include pregnancy within 3 months of death)	4 Yrs

Major findings:
Of operations: No Operation Date of .....
Of autopsy: No autopsy
What test confirmed diagnosis? .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) H Kaman, M. D.
(Address) Boston Mass Date 1-24 19 41

21 Place of Burial, Cremation or Removal: Forest Hills Cem. (City or Town)
DATE OF BURIAL Jan/27/41 19

22 NAME OF FUNERAL DIRECTOR: J S Waterman & Sons
ADDRESS: Boston Mass

Received and filed Jan/28/41 19

A TRUE COPY ATTEST: (Registrar)