

Middlesex

Medford
(Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Medford
(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registrar's No. _____

17 Dutton Circle

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Thomas D. Daly

PHYSICIAN-IMPORTANT
(Was deceased a U. S. War Veteran? if so specify WAR) World

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

17 Dutton Cir

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

No. (Place of abode)

Hospital or Institution (Specify whether) years months days In this community 6 yrs. mos. days.

AND STATISTICAL PARTICULARS.

MEDICAL CERTIFICATE OF DEATH

SEX OR RACE
White
SINGLE (write the word)
MARRIED
WIDOWED
OR DIVORCED married

18 DATE OF DEATH
November 7 1946
(Month) (Day) (Year)

Married, or divorced
Grace H. Mahony
(Give maiden name of wife in full)
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
April 19 46 to Nov. 7 19 46

I last saw him alive on Nov. 7, 1946 death is said to
have occurred on the date stated above, at 12:40 P.M.

Wife if alive 51 years

Immediate cause of death
Carcinoma of the Sigmoid

Duration
IMPORTANT
9 MOS

10 Months 25 Days If less than 1 day
Hours Minutes

Due to 46.c

Baseball coach V9091

Due to

Professional Baseball

Other conditions
(Include pregnancy within 3 months of death)

011-14-4331

Major findings: Carcinoma of sigmoid
Of operations: Date of April 1946

St. John
New Brunswick 106

Of autopsy
What test confirmed diagnosis? Surgical

IMPORTANT
Physician
Underline the cause to which death should be charged statistically.

Timothy Daly

St. John
New Brunswick 106

Mary Harrington

St. John
New Brunswick 106

20 Was disease or injury in any way related to occupation of deceased?
If so, specify no

(Signed) William J. Halpin
(Address) 15... Medford Rd. Date 11/7 19 46 M.D.

Grace H. Daly
17 Dutton Cir. Medford (wife)

21 Oak Grove Medford
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Nov. 11, 1946

I certify that a satisfactory standard certificate of death was issued BEFORE the burial or transit permit was issued:

22 NAME OF FUNERAL DIRECTOR Edward J. Gaffey & Sons
ADDRESS Medford, Mass.

J. Curtin
Bd. of Health Nov. 8, 1946

Received and filed N V. 12, 1946

(Date of Issue of Permit)

A TRUE COPY ATTEST: (Registrar)