

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

HOLYOKE 107  
(City or town making return)

Registered No. 421

Hampden  
(County)  
HOLYOKE  
(City or Town)



No. 400 Deigh St., 5 Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

NAME: Thomas J. Dowd  
(If deceased is a married, widowed or divorced woman, give also maiden name.)  
(If U. S. War Veteran, specify WAR)

Residence. No. 400 Deigh St., 5 Ward,  
(If nonresident, give city or town and state)  
Residence in city or town where death occurred 63 yrs. - mos. - days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE W 5 SINGLE MARRIED (write the word)  
WIDOWED or DIVORCED Single

Widowed, or divorced

(Give maiden name of wife in full)

(Husband's name in full)

When, enter that fact here.

63 Years - Months - Days If less than 1 day  
Hours - Minutes

Profession, or particular  
work done, as spinner,  
weaver, bookkeeper, etc.

Ball Player

Industry or business in which  
work was done, as silk mill,  
cotton mill, bank, etc.

Retired RTV

Where deceased last worked at  
occupation (month and year)

11 Total time (years)  
spent in this occupation 20 yrs.

Dec. 1914

PLACE (City)  
(Country)

Holyoke  
Mass. 30

NAME OF  
FATHER

Jeremiah J. Dowd

PLACE OR  
FATHER (City)  
(Country)

Ireland 30-2

MAIDEN NAME  
OF MOTHER

Mary Lynch

PLACE OF  
MOTHER (City)  
(Country)

Ireland 30-2

NAME OF DECEASED  
Mr. Jeremiah J. Dowd  
97 Branch Av.

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
issued to me BEFORE the burial or transit permit was issued:

Daniel P. Hartnett  
(Signature of Agent of Board of Health or other)

Health Officer

7/14/33  
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 2<sup>nd</sup> 1933  
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death  
of the person above-named and that the CAUSE AND MANNER thereof are  
as follows: (If an injury was involved, state fully)

Drowning  
Accidental

(See reverse side for description for unknown person)

20 If death was due to external causes (VIOLENCE) fill in the following:

Accident, Accident Date of Injury July 2<sup>nd</sup> 1933  
Suicide or Homicide?

Where did injury occur? Holyoke Mass.  
(City or town and State)

Manner of Injury Drowning

Nature of Injury Drowning

Was there an autopsy?

21 Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) Patrick M. Moriarty, M. D.  
(Address) Chicago Mass. Date 7/12/33

22 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary Holyoke  
(Cemetery) (City or town)

DATE OF BURIAL July 4 1933

23 NAME OF UNDERTAKER Willon Bros.  
ADDRESS Holyoke Mass.

Received and filed July 6 1933

(Registrar)

A TRUE COPY ATTEST: