

**CONNECTICUT STATE DEPARTMENT OF HEALTH**  
Public Health Statistics Section—Hartford, Connecticut U.S.A.

**Certificate of Death**      51      019888

**COPY**

1. Place of Death (a) State of Connecticut (b) County <b>Hartford</b> <b>Hartford</b>		2. Usual Residence of Deceased (a) State Connecticut (b) County (c) Town (d) In Residence (e) City or Town or Village <b>Hartford</b> <b>Farmington</b>	
(1) Name of Hospital or Institution (if not in a hospital or institution give Street No. or location) <b>Hartford Hospital</b>		(2) Street Number (if rural, give location) <b>Lake Garda Drive</b>	
3. Name of Deceased (First) (Middle) (Last) <b>Walter</b> <b>J.</b> <b>Dubiel</b>		4. Social Security Number <b>045-05-9047</b>	

**PERSONAL AND STATISTICAL PARTICULARS**

5. Sex <b>Male</b>	6. Race <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>
8. If MARRIED, WIDOWED OR DIVORCED, give Maiden Name of Wife or Husband <b>Peggy Wong</b>		
9. Date of Death (Month) (Day) (Year) <b>October 23, 1969</b>		
10. Date of Birth (Month) (Day) (Year) <b>Feb. 12, 1918</b>	Age (in years last birthday) <b>51</b>	If under 1 year: Months _____ Days _____ If under 1 day: Hours _____ Mins. _____
11. Birthplace (City or town) (State or foreign country) <b>Hartford, Connecticut</b>		
12. (a) Usual Occupation (Give kind of work done during most of working life even if retired) <b>Postman</b>		
(b) <b>U.S. Post Office</b>		
13. (a) Was Deceased a Veteran? Yes or No <b>No</b>		
(b) If yes, give war _____ Unit or Ship _____		

**MEDICAL CERTIFICATION (Type or print)**

22. CAUSE OF DEATH (Enter only one cause per box (a)(b) or (c))

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>HEPATIC CIRRHOSIS Laenneo's Cirrhosis</b>		MEDICAL OPINION CONCERNING CAUSE AND COURSE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	Due to (b) <b>FEEDING URRICES Dieting URRICES</b>	
5710		

23. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a).  
**PREMIA**

24. SURGERY RELEVANT TO CONDITIONS MENTIONED IN ITEM 23.  
(a) Name of operation \_\_\_\_\_ (b) Date performed \_\_\_\_\_

25. (a) Accident Susceptible Medicines

(b) Time of Injury  
Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

26. (a) INJURY OCCURRED  
While at Work  Not While at Work

(b) PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_

(c) CITY, TOWN, OR LOCATION \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

27. (1) Describe how Injury Occurred.  
(Enter nature of injury in Part I or Part II of Item 22.) \_\_\_\_\_

28. I HEREBY CERTIFY, that I obtained the deceased from \_\_\_\_\_  
**Oct. 1, 1969** to **October 23, 1969**  
that I last saw the deceased alive on **Oct. 23, 1969**  
and that death is held to have occurred on \_\_\_\_\_  
**October 23, 1969** at **2125 "A"**

29. SIGNATURE OF PHYSICIAN  
**Home [Signature] M.D.**  
**A, Balloued, M.D.**

30. SIGNATURE OF REGISTRAR  
**[Signature]**

31. NAME (City or town) (State or foreign country)  
**Karol Dubiel**      **Poland**

32. NAME (City or town) (State or foreign country)  
**Mary Maziarz**      **Poland**

33. INTESTATE'S NAME  
**Walter J. Dubiel, Jr. - Son**

34. BURIAL OR CREMATION ON REMOVAL DATE  
**Oct. 25, 1969**  
Cemetery or Crematory  
**Rose Hill Memorial Park  
Rocky Hill, Connecticut**

35. NAME OF EMERALINE & BODY WAS ENCASED IN License number  
**Edward J. Voskowsky**      **1556**

36. NAME AND ADDRESS OF FUNERAL HOME  
**Edward J. Voskowsky Funeral Home  
180 Maple Ave Hartford, Conn**

37. DATE OF DEATH  
**OCT. 24 1969**

Registrar.

Attest: **Mary Chace**