EDSTONIA STORES

REGISTRY DIVISION, CITY OF BOSTON

9 .42 V

CERTIFIED COPY OF RECORD OF DEATH IN OFFICE OF THE CITY REGISTRAR

I, the undersigned, hereby certify that I hold the office ofCity Registrar of the City of Boston and I certify the following facts apply

SEX CONDITION AND (SINGLE, MARRIED,		SUPPOSED AGE			NAME AND SURNAME OF HUSBAND OR MAIDEN NAME OF WIPE OF DECEASED		AIDEN	RESIDENCE (STREET AND NUMBER)		
OLOR	WIDOWED OR DIVORCED)		YEARS MONTES DAY		DATS		NAME OF WIPE OF DECEASED		(STREET AND NOWBER)	
n	Single		55	_				Hotel Lenox		
W							:	Bos	Boston wass	
OCCUPATION PLACE			OF DEATH	DEATH PLACE OF B		BIRTH		Names and Birtiplaces of Parents (maiden name of mother)		
Baseball Coach Bo		Pos	Boston Day							
					Ohio					
Disease of Cause of Death (PRIMARY OR SECONDARY)							PLACE OF BURIAL (NAME OF CEMETERY)	DATE OF RECORD	11110	
Natural Causes Coronary Sclerosis						I	Dayton Ohio	Dec 28 1939		
Attacks of Precordial Pain							1.		15	
									2	
	an antiforthat has an	exation, the	Records o			14.	WITNESS my hand and the S	EAL of the CITY REGISTRAR		
	towns are in the custo									