

STANDARD CERTIFICATE OF DEATH

330 Mt. Auburn

(No. Cambridge Hospital St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PLACE OF DEATH  
Cambridge

NAME  
Frank Gardner

Married or divorced woman or widow  
 Maiden name, also name of husband.

RESIDENCE  
Concord, New Hampshire

Registered No. 1059

PERSONAL AND STATISTICAL PARTICULARS

COLOR OR RACE Male SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (Write the word)

BIRTH (Month) (Day) (Year)

55 yrs. 0 mos. 0 ds. If LESS than 1 day, hrs. or min. ?

OCCUPATION  
Trav. Salesman

Nature of industry, occupation, or establishment in which employed (or employer)

PLACE OF BIRTH (or country) Cambridge, Mass.

NAME OF FATHER Unknown

PLACE OF BIRTH OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

PLACE OF BIRTH OF MOTHER (State or country) Unknown

Signature: I SOLE IS TRUE TO THE BEST OF MY KNOWLEDGE Overseers of Poor, Cambridge

Aug. 10, 1914 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 1st. 1914. (Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from July 31, 1914, to Aug. 1, 1914, that I last saw him alive on July 31, 1914, and that death occurred, on the date stated above, at A m.

The CAUSE OF DEATH\* was as follows:

Aneurism of Aorta

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) N.V. Shannon, M.D. Aug. 1, 1914. Cambridge (Address)

\* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS). At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL Camb. Cem. Camb.

DATE OF BURIAL Aug. 3/14 1914

UNDERTAKER Edw. J. Conley, Cambridge ADDRESS