

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

509

CITY OF SPRINGFIELD

(City or town)

PLACE OF DEATH

Springfield, Mass. (No. 324 Worthington

St. : 3Ward)

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

FULL NAME Peter Gilbert

[If married or divorced woman or widow give maiden name, also name of husband.]

RESIDENCE 10 Howard Place

Registered No. 1659

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX M COLOR OR RACE W SINGLE, MARRIED, WIDOWED, OR DIVORCED Married (Write the word)

DATE OF DEATH Dec. 31, 1911 (Month) (Day) (Year)

DATE OF BIRTH Sept. 8, 1867 (Month) (Day) (Year)

I HEREBY CERTIFY that I have investigated the death of the deceased.

AGE 44 yrs. 3 mos. 23 ds. If LESS than 1 day, hrs. or min. ?

The CAUSE OF DEATH* was as follows: Valvular disease of Heart

OCCUPATION (a) Trade, profession, or particular kind of work Cigar business (b) General nature of industry, business, or establishment in which employed (or employer)

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

BIRTHPLACE (State or country) Baltic, Conn.

(Signed) S. J. Russell M.D.

NAME OF FATHER Peter Gilbert

Jan. 1, 1912 (Address) 154 Chestnut St. MEDICAL EXAMINER

BIRTHPLACE OF FATHER (State or country) Canada

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

MAIDEN NAME OF MOTHER Euphémie Bourque

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

BIRTHPLACE OF MOTHER (State or country) Canada

Where was disease contracted, if not at place of death? Former or usual residence

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. P. Gilbert (Address) 10 Howard Place

PLACE OF BURIAL OR REMOVAL St. Michaels Cem. DATE OF BURIAL Jan. 2, 1912

Filed Jan. 2, 1912 REGISTRAR

UNDERTAKER N. L. Byron ADDRESS 18 Winter St.