

The Commonwealth of Massachusetts

NEWTON 130

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Newton

(No. 57

Erie Ave.

W. 5

Ward)

(City or town.)

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

2 FULL NAME John Adams Lowell

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

3 RESIDENCE 57 Erie Avenue, Newton Highlands, Mass.

Registered No. 538

PERSONAL AND STATISTICAL PARTICULARS

4 SEX Male  
 5 COLOR OR RACE White  
 6 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
 (Write the word)  
 7 DATE OF BIRTH July 29, 1837  
 (Month) (Day) (Year)  
 8 AGE 78 yrs. 4 mos. 24 ds.  
 IF LESS than 1 day, ... hrs. or ... min. ?

9 OCCUPATION  
 (a) Trade, profession, or particular kind of work Engraver  
 (b) General nature of industry, business, or establishment in which employed (or employer) John A. Lowell Bank Note Co.

10 BIRTHPLACE (State or country) Portland, Me.

11 NAME OF FATHER Abner Lowell

12 BIRTHPLACE OF FATHER (State or country) Portland, Me.

13 MAIDEN NAME OF MOTHER Elizabeth Brazier

14 BIRTHPLACE OF MOTHER (State or country) Portland, Me.

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Payson T. Lowell  
 (Address) 17 Cushing St. Newton Hlds

16 Filed Jan 4, 1916 City Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 23, 1915  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Oct. 15, 1915 to Dec. 23, 1915, that I last saw him alive on Dec. 23, 1915, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH\* was as follows:  
 Paraplegia--bilateral spinal paralysis

(Duration) ... yrs. 2 mos. ... ds.

Contributory Cystitis--bed sore, etc.  
 (SECONDARY) (Duration) ... yrs. 2 mos. ... ds.

(Signed) Fred S. Keith, M.D.  
 Dec. 24, 1915 (Address) Newton Hlds.

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

18 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

19 PLACE OF BURIAL OR REMOVAL Evergreen Cem. Portland, Me.  
 DATE OF BURIAL Dec. 27, 1915

20 UNDERTAKER E. W. Pratt Co.  
 ADDRESS Newton