

COPY OF CERTIFICATE OF DEATH  
STATE OF VERMONT

CODING DH-VS-9c-4M-59

Certificate No.

1. FULL NAME OF DECEASED (First) (Middle) (Last) Bert W. Abbey			2. DATE OF DEATH (Month) (Day) (Year) June 11, 1962			
3. PLACE OF DEATH a. COUNTY Chittenden			4. USUAL RESIDENCE (If institution—residence before admission) a. STATE Vermont b. COUNTY Chittenden			
b. CITY OR TOWN (If rural, please state) Colchester		c. LENGTH OF STAY (In this place) 7 days	c. CITY OR TOWN (If rural, please state) Essex Jct.			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Fanny Allen Hospital			d. STREET ADDRESS (If rural, give R. F. D. number) 11 Mansfield Ave.			
5. SEX Male	6. COLOR OR RACE White	7. MARITAL STATUS (Check one) <input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> W <input type="checkbox"/> D	8. DATE OF BIRTH Nov. 29, 1869	9. AGE (In years last birthday) 92	If under 1 year Months Days	If under 24 hrs. Hours Mins.
10a. USUAL OCCUPATION (Kind of work done most of working life) Retired		10b. BUSINESS OR INDUSTRY	11. BIRTHPLACE Essex Ctr., Vermont		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Perl Abbey			15. MOTHER'S MAIDEN NAME Martha Weed			
14. FATHER'S BIRTHPLACE (Town) (State or Country) Essex Ctr., Vermont		16. MOTHER'S BIRTHPLACE (Town) (State or Country) Essex Ctr., Vermont		17. NAME OF HUSBAND OR WIFE Annis (Dec.)		
18. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (Give war & dates of service) unknown		19. SOCIAL SECURITY NO. None	20. INFORMANT'S NAME (Person giving this information) Hospital Records			
21.	21. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH. This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury or complications which caused death. ANTECEDENT CAUSES. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<b>Medical Certification</b> (a) Ac Coronary Occlusion DUE TO (b) Generalized arteriosclerosis DUE TO (c) advancing years		DURATION 2 ea 10 yrs	
21. OTHER SIGNIFICANT CONDITIONS (Contributing to the death but not related to disease or condition causing it) ---						
22. DATE OF OPERATION		22a. MAJOR FINDINGS OF OPERATION			23. AUTOPSY Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
24a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		24b. PLACE OF INJURY (In home, farm, factory, street, etc.)		24c. CITY OR TOWN COUNTY STATE		
24d. TIME OF INJURY (Month, day, year) (hour)		24e. INJURY OCCURRED While at work <input type="checkbox"/> Not at work <input type="checkbox"/>		24f. HOW DID INJURY OCCUR?		
25. I hereby certify that I attended the deceased from June 11, 1962 to 10 June 1962, that I last saw deceased alive on June 11, 1962 and that death occurred at 3:10 A.M. from the cause and on the date stated above.						
26a. SIGNATURE (Degree or Title) Malcolm J. Paulsen MD			26b. ADDRESS Essex Jct., Vt.		26c. DATE SIGNED 11 June 62	
27a. BURIAL, CREMATION, REMOVAL (Specify) Burial		27b. DATE 6/13/62	27c. NAME OF CEMETERY OR CREMATORY Mt. View		27d. LOCATION (Town or County) (State) Essex Ctr., Vt.	
28. DATE REC'D BY TOWN OR CITY CLERK June 13, 1962		29. CLERK'S SIGNATURE Barbara Keyser		30. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Corbin & Palmer Burlington, Vt By L.J. Palmer		
True Copy (Clerk's Signature)						
Attest: <i>Beatrice F. Buckelin</i> asst. Clerk					Date: June 13, 1962	

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