

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BOSTON

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 4617

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)



No. Carney Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 PULL NAME Joseph T Callahan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 18 Capital

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 1 days. In place of residence 32 years months days.

INSTRUCTIONS
FOR
FILLING OUT
THIS CERTIFICATEDo not enter
more than one
cause for each
1, (b) and (c)is does not mean
le of dying, such
failure, asthenia,
neans the disease,
plications which
leath.vid conditions,
giving rise to the
use (a) stating
derlying causeditions contrib-
the death but not
to the disease or
n causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 24/49
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
May 23 19 49 to May 24 19 49

I last saw him alive on May 24 19 49, death is said to

have occurred on the date stated above, at 5:45A m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral emboliINTERVAL BE-
TWEEN ONSET
AND DEATH
2 mins.ANTE Due To Auricular fibrillation 10 Yrs
CEDENT (b)Due To Rheumatic heart disease 20 Yrs
(c)OTHER SIGNIFICANT
CONDITIONS Diffuse broncho pneumoniaMajor findings:
Of operations

Date of operation..... Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify J E Saunders
(Signed) Carney Hospt Date 5-24 49 D6 Place of Burial or Cremation New Calvary
(City or Town)

DATE OF BURIAL May 27/49 19

7 NAME OF FUNERAL DIRECTOR J J Good & Sons
ADDRESS Roxbury Mass.

Signed and filed May 31 19 49

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word)
MARRIED Married
WIDOWED
OR DIVORCED10a If married, widowed, or divorced Helen E Fee
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 32 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Clerk 2662V
(Kind of work done during most of working life)14 Industry Firestone Tire & Rubber
Business:

15 Social Security No. 160-18-6100

16 BIRTHPLACE (City) East Boston Mass
(State or country)

17 NAME OF FATHER John T Callahan

18 BIRTHPLACE OF FATHER (City) East Boston Mass.
(State or country)

19 MAIDEN NAME OF MOTHER Mary J Milligan

20 BIRTHPLACE OF MOTHER (City) Charlestown Mass.
(State or country)21 Informant Wife
(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)