

WINDOLESEX
(County)

WATERTOWN
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

WATERTOWN 166
(City or town making return)

Registered No. 127

7 UPLAND RD.

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

EDWARD T. COUSINEAU

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

PHYSICIAN — IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR) NONE

WATERTOWN, MASS.

7 UPLAND RD.

St. (If nonresident, give city or town and State)

No. place of abode

In place of death 10 years months days. In place of residence 52 years months days.

MEDICAL CERTIFICATE OF DEATH

JULY 14, 1951

(Month) (Day) (Year)

I CERTIFY that I have investigated the death of above-named and that the CAUSE AND MANNER thereof (If an injury was involved, state fully.)

MYOCARDITIS

CHRONIC ASTHMA

4222

PERSONAL AND STATISTICAL PARTICULARS

9 SEX MALE 10 COLOR OR RACE WHITE 11 SINGLE MARRIED WIDOWED or DIVORCED MARRIED (write the word)

11a If married, widowed or divorced HUSBAND of HARRIET (FORD) COUSINEAU (Give maiden name of wife in full)

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

12 IF STILLBORN, enter that fact here.

13 AGE 52 Years Months Days If under 24 hours Hours Minutes

14 Usual Occupation: BIG LEAGUE BASEBALL PLAYER (Kind of work done during most of working life)

15 Industry or Business: INSURANCE BUSINESS (RETIRED) 290736

16 Social Security No. 010-03-8815

17 BIRTHPLACE (City, State or country) WATERTOWN, MASSACHUSETTS. 20

18 NAME OF FATHER HORMIDAS COUSINEAU,

19 BIRTHPLACE OF FATHER (City, State or country) CANADA 10-5

20 MAIDEN NAME OF MOTHER DELIA LENIGNE

21 BIRTHPLACE OF MOTHER (City, State or country) CANADA 10-5

22 Informant (Address) MRS. HARRIET COUSINEAU WIFE 30 RIVERSIDE ST. WATERTOWN, MASS.

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

JOHN A. COLBERT

(Signature of Agent of Board of Health or other)

HEALTH OFFICER JULY 16, 1951.

(Official Designation)

(Date of Issue of Permit)

Cause of death or homicide (specify)

Place of injury 19

(City or town and State)

Place of death or about home, on farm, in industrial place, or in public

(Specify type of place)

(How did injury occur?)

NO Was autopsy performed? NO

Was injury in any way related to occupation of deceased? NO

T. MORTON GALLAGHER

NEWTON, MASS. Date 7/14/51 M. D.

PATRICK'S CEM. WATERTOWN, MASS.

Place of Burial (City or Town)

BURIAL JULY 18, 19 51

DIRECTOR HUGH RICHARD HAMMILL

276 CENTRE ST. NEWTON, MASS.

JULY 26, 1951

COPY ATTEST:

(Registrar)