



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

Westwood 118  
(City or town making return)

PLACE OF DEATH  
Norfolk (County)  
Westwood (City or Town)  
No. High Rock St., Ward

Registered No. 2

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

2 FULL NAME HAROLD J. DEVINEY  
(If deceased is a married, widowed or divorced woman, give also maiden name.)  
(If U. S. War Veteran, specify WAR)  
(a) Residence No. High Rock St., Ward, Westwood, Mass.  
(Usual place of abode) (If nonresident, give city or town and state)  
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)  
6 If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) or WIFE of (Husband's name in full)  
7 IF STILLBORN, enter that fact here.  
8 AGE 41 Years -- Months -- Days If less than 1 day Hours Minutes  
9 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Base Ball Player  
10 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Texas League  
11 Date deceased last worked at this occupation (month and year) Sept. 1932 11 Total time (years) spent in this occupation. 18 yrs  
12 BIRTHPLACE (City) Newton, Mass. 30  
13 NAME OF FATHER Michael Deviney  
14 BIRTHPLACE OF FATHER (City) Ireland 30-2  
15 MAIDEN NAME OF MOTHER Sarah Linehan  
16 BIRTHPLACE OF MOTHER (City) West Dedham, Mass. 30  
17 Informant Michael Deviney (Address) Westwood, Mass.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 4, 1933 (Month) (Day) (Year)  
19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)  
Cerebral Hemorrhage  
(See reverse side for description for unknown person)  
20 If death was due to external causes (VIOLENCE) fill in the following:  
Accident, Suicide or Homicide? Date of Injury 19  
Where did injury occur? (City or town and State)  
Manner of Injury  
Nature of Injury  
21 Was disease or injury in any way related to occupation of deceased? No  
If so, specify A. S. Hartwell M. D. (Address) Norwood, Mass. Date 1/1/1933  
22 PLACE OF BURIAL, CREMATION OR REMOVAL Brookdale, Dedham (Cemetery) (City or town)  
DATE OF BURIAL January 7, 1933  
23 NAME OF UNDERTAKER William J. Gillooly  
ADDRESS Norwood, Mass.  
Received and filed January 6, 1933  
A TRUE COPY, ATTEST: Registrar

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

Ellen E. Dowdell  
(Signature of Agent of Board of Health or other)

Town Clerk January 6, 1933  
(Official Designation) (Date of Issue of Permit)