Commonwealth of Massachusetts
U. S. A.
CITY OF TAUNTON

MARY C. GORDON
CITY CLERK

LINDA BRADY
ASST. CITY CLERK

[INSTRUCTIONS ON REVERSE SIDE]
FOR USE BY PHYSICIANS AND MEDICAL EXAMINERS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH
REGISTRY OF VITAL RECORDS AND STATISTICS

REGISTERED NUMBER | STATE USE ONLY

STATE USE ONLY
4a PLACE
4c HOSP.
5. TYPE
7. VET.
8. HISP | RACE
9. EDUC.
10. AGE
11. NATIVITY
12. MARITAL
15. RESID.
15. OUT-STATE
23. DISP.
31-32 AUTOP.
33. MED EXAM
34 MANNER
35C. WORK INJ
35F PLACE
36-37 CERT

DECEDENT

1 DECEDENT - NAME: FIRST: Rose | MIDDLE: Alma | LAST: Roy | 2 SEX: F | 3 DATE OF DEATH (Mo., Day, Yr.): December 31, 19

4a PLACE OF DEATH (City/Town): Taunton | 4b COUNTY OF DEATH: Bristol | 4c HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number): Taunton Nursing Home

PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA | OTHER: ☒ Nursing Home ☐ Residence ☐ Other (Specify) — 5

6 SOCIAL SECURITY NUMBER: 016-01-7839 | 7 IF US WAR VETERAN SPECIFY WAR: no

WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify Puerto Rican, Dominican, Cuban, etc.) ☒ NO ☐ YES — 8a Specify:

RACE (e.g. White, Black, American Indian, etc.) (Specify): 8b White

DECEDENT'S EDUCATION (Highest Grade Completed): Elem/Sec (0-12): 9 4 | College (1-4, 5+):

AGE - Last Birthday (Yrs.): 10a 96 | UNDER 1 YEAR: MOS b | DAYS | UNDER 1 DAY: HOURS c | MINS

10d DATE OF BIRTH (Mo., Day, Yr.): Nov. 27, 1900

11 BIRTHPLACE (City and State or Foreign Country): Canada

12 MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED: widowed

13 LAST SPOUSE (If wife, give maiden name): Joseph F. Roy

14a USUAL OCCUPATION (Prior - If retired): Warper Tender

14b KIND OF BUSINESS OR INDUSTRY: Mfg.

15a RESIDENCE - NO. & ST., CITY/TOWN, COUNTY, STATE/COUNTRY: 350 Norton Avenue, Taunton, Bristol, Mass.

15b ZIP CODE: 02780

16 FATHER - FULL NAME: Louis Kerouac

17 STATE OF BIRTH (If not in US, name country): Canada

18 MOTHER - NAME (GIVEN) (MAIDEN): Elise (XX)

19 STATE OF BIRTH (If not in US, name country): Canada

INFORMANT

20 INFORMANT'S NAME: Claire Maynard

21 MAILING ADDRESS - NO. & ST., CITY/TOWN, STATE, ZIP CODE: 10 Claire Terr., Taunton, Ma. 02718

22 RELATIONSHIP: Daughter

DISPOSITION

23 METHOD OF DISPOSITION: ☒ BURIAL ☐ CREMATION ☒ ENTOMBMENT ☐ REMOVAL FROM STATE ☐ DONATION ☐ OTH. SPEC:

24 FUNERAL SERVICE LICENSEE: William G. Mulvey

25 LICENSE #: 5595

26a PLACE OF DISPOSITION (Name of Cemetery, Crematory or other): Sacred Heart Cemetery

26b LOCATION (City/Town, State): New Bedford, Mass.

27 DATE OF DISPOSITION (Mo., Day, Yr.): Jan. 3, 1997

28a/b NAME AND ADDRESS OF FACILITY: Riendeau Funeral Home, 467 Bay St., Taunton, Ma. 027

CERTIFIER

29 PART I - Enter the diseases, injuries, or complications that caused the death. Do not use only the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line (a through d). PRINT OR TYPE LEGIBLY.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. MYOCARDIAL INFARCTION — DUE TO (OR AS A CONSEQUENCE OF)

Approximate Interval Between Onset and Death: a. hrs

Sequentially list conditions, if any leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST.

b. — DUE TO (OR AS A CONSEQUENCE OF)

c. — DUE TO (OR AS A CONSEQUENCE OF)

d.

30 PART II - Other signficiant conditions contributing to death but not resulting in underlying cause given in Part I.

31 WAS AUTOPSY PERFORMED? (Yes or No): NO

32 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)

33 WAS CASE REFERRED TO M.E.? (Yes or No): NO

34 MANNER OF DEATH: ☒ NATURAL ☐ ACCIDENT ☐ HOMICIDE ☐ SUICIDE ☐ COULD NOT BE DETERMINED ☐ PENDING INVESTIGATION

35a DATE OF INJURY (Mo., Day, Yr.)

35b TIME OF INJURY M

35c INJURY AT WORK (Yes or No)

35d DESCRIBE HOW INJURY OCCURRED

35e PLACE OF INJURY - At home, farm, street, factory, office bldg., etc. Specify:

35f LOCATION (No. & St., City/Town, State)

To be Completed by CERTIFYING PHYSICIAN Only

36a To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title): David W Potter MD

36b DATE SIGNED (Mo., Day, Yr.): December 31 1996

36c HOUR OF DEATH: 7855 M

36d NAME OF ATTENDING PHYSICIAN IF NOT CERTIFIER: ALEXANDER MYERS

To Be Completed by MEDICAL EXAMINER Only

37a On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title)

37b DATE SIGNED (Mo., Day, Yr.)

37c HOUR OF DEATH M

37d PRONOUNCED DEAD (Mo., Day, Yr.)

37e PRONOUNCED DEAD (Hr.) M

38 NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print): DAVID W POTTIER 2005 BAY ST TAUNTON MASS

39 LICENSE NO. OF CERTIFIER: 25057

WAS THERE AN R.N. | IF YES, DATE | IF YES, TIME | NAME OF PRONOUNCING