

CERTIFICATION OF VITAL RECORD

**STATE OF RHODE ISLAND
AND
PROVIDENCE PLANTATIONS**

215
LOCAL FILE NUMBER

RHODE ISLAND DEPARTMENT OF HEALTH
MEDICAL EXAMINER
CERTIFICATE OF DEATH

69-03957
STATE FILE NUMBER

TYPE, OR PRINT IN
PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—Name 1. Margaret Mary Hayes		SEX 2. Female	DATE OF DEATH (MONTH, DAY, YEAR) 3. 5/11/69
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. White	AGE—LAST BIRTHDAY (YEARS) 5a. 78	UNDER 1 YEAR 5b. 	UNDER 1 DAY 5c.
CITY, TOWN, OR LOCATION OF DEATH 7a. Woonsocket		HOSPITAL OR OTHER INSTITUTION—Name (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7c. Woonsocket Hospital	
STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) 8. New York	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Widowed	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. xx
SOCIAL SECURITY NUMBER 12. 038-14-1459	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. House Wife	KIND OF BUSINESS OR INDUSTRY 13b. At Home	
CITY OR TOWN OF RESIDENCE 14a. Woonsocket	MAILING ADDRESS OF RESIDENCE — STREET AND NUMBER, CITY, TOWN OR LOCATION STATE ZIP CODE 14b. 239 Summer St. Woonsocket, R.I. 02895		
FATHER—Name FIRST MIDDLE LAST 15. John Sheehan		MOTHER FIRST MIDDLE MAIDEN NAME 16. Elizabeth Kenny	
INFORMANT—Name 17a. Mrs Donald E Brady		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. 1427 West St. So. Attleboro, Mass. 02703	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE (a) Anemia			days
DUE TO, OR AS A CONSEQUENCE OF (b) Arterial-arteriolar nephrosclerosis			years
DUE TO, OR AS A CONSEQUENCE OF (c) → ↑			
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (YES OR NO) 19a. No
19b. Fx. left hip, Parkinson's, ASHD.			IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19c.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a. Accident	DATE OF INJURY (MONTH, DAY, YEAR) 20b. 4/15/69	HOUR 20c. 4:00 P.M.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II ITEM 18) 20d. fell in bathroom
INJURY AT WORK (SPECIFY YES OR NO) 21a. No	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 21b. Home	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 21c. Hospice St. Antonie No Smithfield	
CERTIFICATION—MEDICAL EXAMINER OR CORONER— ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED			
DEATH OCCURRED (HOUR) 21a. 9:40 A.M.	THE DECEDENT WAS PRONOUNCED DEAD (MONTH DAY YEAR) 21b. 5/11/69	HOUR 21c. 9:40 A.M.	DATE SIGNED (MONTH, DAY, YEAR) 21d. 5/11/69
CERTIFIER—Name (TYPE OR PRINT) 22a. AUGUSTINE COLELLA MD		SIGNATURE 22b. <i>Augustine Colella MD</i>	
MAILING ADDRESS—Certifier 23. 6 MAPLECREST DRIVE GREENVILLE RI 02828		CITY OR TOWN STATE ZIP	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY—Name 24b. St. Charles Cemetery	LOCATION CITY OR TOWN STATE 24c. Blackstone, Mass.	
DATE (MONTH, DAY, YEAR) 24d. May 14 1969	FUNERAL HOME—Name and Address (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24e. Kilcline Funeral Home 304 No Main St. Woonsocket, R.I.		
FUNERAL DIRECTOR—Signature 25a. <i>William T. Kelleher</i>	REGISTRAR—Signature 25b. <i>Arnold R. Saboda</i>	DATE RECEIVED BY LOCAL REGISTRAR 25c. May 12, 1969	

I hereby certify that this is a true and exact copy of the document officially registered and placed on file in the issuing office. STATE COPY

03955959 Issuing Office **STATE OFFICE, PROVIDENCE** Date of Issuance **JUL 31 2008**

Signature of Registrar *Colleen A. Fontana*

THIS COPY VALID ONLY IF ISSUED ON PAPER WITH ENGRAVED BORDER DISPLAYING RAISED SEAL AND SIGNATURE OF STATE OR LOCAL REGISTRAR.

