

REMEMBER REMEMBER FOR REMEMBER RECORD
 WRITE PLAINLY IN UNFADING INK—THIS IS A PERMANENT RECORD
 Every item of information should be carefully checked and stated EXACTLY. FINGERPRINTS should
 be taken if possible. The CAUSE OF DEATH is most important and it may be necessary to consult a physician or other
 expert. See instructions on back of certificate.

STATE OF MASSACHUSETTS		COMMONWEALTH OF MINNESOTA	
BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS	
CERTIFICATE OF DEATH		CERTIFICATE OF DEATH	
County <u>Bath</u>	City <u>Bath</u>	Registration District No. <u>51</u>	File No. <u>11303</u>
Vol. No. <u>1010</u>	Primary Registration District No. <u>4479</u>	Registered No. <u>31</u>	
1 FULL NAME <u>Low M & Carty</u> (a) Residence No. _____ St. _____ Ward _____ (b) Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. (c) Occupations, give city or town and dates? _____			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
2 SEX <u>Female</u>	3 COLOR <u>White</u>	10 DATE OF DEATH <u>May 3 1931</u>	11 I HEREBY CERTIFY, That I attended deceased from _____ to _____ and that death occurred on the date stated above at _____
4a If married, widowed, or divorced _____	4b If married, widowed, or divorced _____	12 CAUSE OF DEATH was as follows: <u>Deceased died apparently of a physician-supposedly taken up by plane - she had a previous attack</u>	13 Contributory <u>Dr. A. H. Nelson - Home Office</u>
5 DATE OF BIRTH <u>Apr 4 1875</u>	6 AGE <u>57 yrs 1 mo 25 ds</u>	14 WHERE WAS DISEASE CONTRACTED? _____	15 If not at place of death? _____
7 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work _____	7 (b) General nature of industry, business or establishment in which employed (or employer) _____	16 Did an operative precede death? _____ Date of _____	17 Was there an autopsy? _____
8 BIRTHPLACE (city or town) <u>Bath Co. Me.</u>	9 BIRTHPLACE (city or town) <u>Bath Co. Me.</u>	18 What test confirmed diagnosis? _____	(Signed) _____ M. D.
PARENTS		19 State the Disease Causing Death, or, in Death from Violent Causes, state (1) Means and nature of injury, and (2) whether accidental, suicidal or homicidal. (See Form 545 for additional space.)	
10 NAME OF FATHER <u>Jonathan M. Carty</u>	11 BIRTHPLACE (city or town) <u>Bath Co. Me.</u>	20 PLACE OF BURIAL OR REMOVAL <u>Green Cemetery</u>	21 DATE OF BURIAL <u>May 5 1931</u>
12 MOTHER'S NAME <u>Dolly C. Carty</u>	13 BIRTHPLACE (city or town) <u>Bath Co. Me.</u>	22 EMPLOYER <u>B. L. Warrant</u>	23 SIGNATURE <u>B. L. Warrant</u>
14 (Deceased) <u>Jack M & Carty</u>	15 (Attending Physician) <u>Wm. A. F. Felt</u>		