

COMMONWEALTH OF MASSACHUSETTS
 DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

24364

PLACE OF BIRTH

County WorcesterVol. No. 285Registration District No. 57

Municipality

Primary Registration District No.

City

No.

St.

Ward

DECEASED NAME Edith Clarke

File No.

Registered No.

(If death occurred in
 hospital or institution,
 give the NAME, NUMBER
 of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Female 2 COLOR (or HAIR) Black 3 MARRIAGE
 Single Married
 Widowed As above
 or divorced (With the word)

4 DATE OF BIRTH 11/11/1878 5 AGE 34 6 SEX Female

7 AGE 26 8 SEX Female 9 SEX Female

10 OCCUPATION
 (a) Trade, profession or
 particular kind of work Domestic
 (b) General nature of industry,
 business or establishment in
 which employed (or employer)

11 DISTRICT OF BIRTH (Name of country)

12 NAME OF FATHER Wm. Seligman

13 DISTRICT OF FATHER (Name of country) NY

14 MOTHER'S NAME OF MARRIAGE Lara Hoover

15 DISTRICT OF MOTHER (Name of country)

16 SIGN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lara Hoover

(Address) 200 North St.

File 11-6-1927 Worcester

MEDICAL CERTIFICATE OF DEATH

11 DATE OF DEATH 11/11/1927 12 SEX Female 13 AGE 34

I HEREBY CERTIFY, that I attended deceased
 from 11/11/1927 to 11/11/1927
 that I last saw her alive on 11/11/1927
 and that death occurred on the date stated above at 11/11/1927 m.

The CAUSE OF DEATH was as follows:
5-12-27-28 in lungs
22-21-22-27-28-29

(Duration) 4 yrs. 0 mos. 0 ds.

Contributory (chronically)

(Duration) 0 yrs. 0 mos. 0 ds.

(Signed) Chas. W. Hanson, M.D.

(Address) 116

(State for license: Training track, or, in default from Yale
 Comm. State of Mass. of 1927) and in written acknowledgment
 signed or countersigned.

17 FACULTY OF MEDICINE (or Hospital, Institution, De-
 partment or Service Institution)

18 PLACE OF DEATH (Name of State) MA 19 STATE MA 20 COUNTY WORCESTER

21 WHERE WAS DEATH CONTRACTED?

if not at place of death?

Farmer or
 other residence Thick 77

22 PLACE OF BURIAL OR REMOVAL (NAME OF CHURCH,
 CEMETERY, ETC.)

Worcester Cemetery 11/6/27

23 SIGNATURE OF REGISTRAR

Wm. W. Hanson

24 ADDRESS

116 North St. Worcester, Mass.

MASSAGE RECORDED FOR SERVICE

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 A. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should
 state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is
 very important. See instructions on back of certificate.