

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD.

N. 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.

## The Commonwealth of Massachusetts

## STANDARD CERTIFICATE OF DEATH

## PLACE OF DEATH

Chelsea, Mass.

(No. 109 Bloomingdale St., St. Ward)

127

CHELSEA

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## FULL NAME

Ida Tuch

[If married or divorced woman or widow give maiden name, also name of husband.]

Ida Berlin Wid. of Julius Tuch

## RESIDENCE

109 Bloomingdale St., Chelsea, Mass.

Registered No. 47

## PERSONAL AND STATISTICAL PARTICULARS

<sup>3</sup> SEX	<sup>4</sup> COLOR OR RACE	<sup>5</sup> SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Female	White	Wid.

<sup>6</sup> DATE OF BIRTH  
-----  
(Month) (Day) (Year)

<sup>7</sup> AGE  
82 yrs. - mos. - ds. If LESS than  
1 day..... hrs.  
or min.?

<sup>8</sup> OCCUPATION  
(a) Trade, profession, or  
particular kind of work  
House-Work

(b) General nature of industry,  
business, or establishment in  
which employed (or employer)  
-----

<sup>9</sup> BIRTHPLACE  
(State or country)

Russia

<sup>10</sup> NAME OF  
FATHER  
Isreal Berlin

<sup>11</sup> BIRTHPLACE  
OF FATHER  
(State or country)

Russia

<sup>12</sup> MAIDEN NAME  
OF MOTHER

Racheal -----

<sup>13</sup> BIRTHPLACE  
OF MOTHER  
(State or country)

Russia

<sup>14</sup> THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. Berlin

(Address)

39 Williams St.

Filed Jan. 18, 1917

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

Jan. 18, 1917.  
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from  
Jan. 1st, 1917, to Jan. 17, 1917,  
that I last saw ~~her~~ alive on " " 1917,  
and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH\* was as follows:

Arterio Sclerosis

81

(Duration) 1 yrs. -- mos. 11 ds.

Contributory  
(SECONDARY)

(Duration) - yrs. - mos. - ds.

(Signed) Henry Jelen

M.D.

Jan. 19, 1917 (Address) Washington Ave.

\* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. - mos. - ds. In the State yrs. - mos. - ds.

Where was disease contracted, -----

If not at place of death? -----

Former or usual residence -----

## 19 PLACE OF BURIAL OR REMOVAL

Woburn, Chevra Kadusa

## DATE OF BURIAL

Jan. 19, 1917

## 20 UNDERTAKER

Jacob Stanetsky

## ADDRESS

Boston,