1021

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 INSIDE COVER.

RHODE ISLAND STATE DEPARTMENT OF HEALTH 3209

Division of Vital Statistics

CERTIFICATE OF DEATH

City or Town No. 48-323 State File No. 323

1. PLACE OF DEATH: STATE OF RHODE ISLAND
(a) County Providence
(b) City or town Pawtucket
(c) Name of hospital or institution: 243 Hillside Avenue
(If not in hospital or institution, write street number or location)
(d). Length of stay:
In hospital or institution ......yrs......mos......days
In this city or town ......yrs......mos......days

2. USUAL RESIDENCE OF DECEASED:
(a) State Rhode Island (b) County Providence
(c) City or town Pawtucket
(d) Street No. 243 Hillside Avenue (If rural, give location)
(e) If foreign born, how long in U. S. A.? ......years

3(a) FULL NAME OF DECEASED Robert Samuel Carlson

3(b) If veteran, name war ...... 3(c) Social Security No. ......

4. Sex Male 5. Color or race White

6(a) Single, married, widowed or divorced married

6(b) If married, widowed or divorced, husband of (or) wife of Gertrude Virginia Fitts

6(c) Age of husband or wife, if alive ......years

7(a) Birth date of deceased October 15, 1888 (Month) (Day) (Year)

7(b) If STILLBORN enter that fact here ...... Months of gestation ......

8. AGE: Years 59 Months 6 Days ~~18~~ 27 If less than one day ......hr. ......min.

9. Birthplace Elgin, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Manager

11(a) Industry or business Little Red Hen Food Shop

11(b) Date deceased last worked at this occupation (month and year) ...... 11(c) Total time (years) spent in this occupation ......

FATHER
12. Name Charles Andrews Carlson
13. Birthplace Sweden (City, town, or county) (State or foreign country)

MOTHER
14. Maiden Name Ida Marie Holmgren
15. Birthplace Sweden (City, town, or county) (State or foreign country)

16(a) Informant ~~Mrs.~~ Robert S. Carlson
(b) Address 243 Hillside Avenue, Pawtucket (Street and number) (City or town)
(c) Relationship to deceased wife

17(a) burial (Burial, cremation, or removal) (b) Date thereof May 14, 1948 (Month) (Day) (Year)
(c) Place: City or town Braintree, Mass.
Name of cemetery Blue Hills Cemetery

18(a) Signature of embalmer William K. Wade 701 (License No.)
(b) Signature of Funeral Director George H. Wade 86 (License No.)

19(a) Filed MAY 14 1948 ......19...... (Date received by local registrar)
(b) James M. Donovan Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/12/48 (month, day and year)

21. I hereby certify, that I attended the deceased from 2/23/48, 19...... to 5/12/48, 19...... that I last saw h(im) alive on 5/11/48, 19......; death is said to have occurred on the date stated above at ......m. The principal cause of death and related causes of importance were as follows: ‡ (See below) 5:57 A

	Date of onset
Principal cause of death: Cardiac failure Acute myocarditis 95 C 3	
Contributory causes and other conditions: (Include pregnancy within 3 months of death) Generalized Carcinomatosis Laparotomy 55E	
Name of operation Exploratory Laparotomy Condition for which performed	12/26/47 1/13/48

Was there an autopsy? No What tests confirmed diagnosis? Clinically & Surgically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ......
(b) Date of occurrence ......
(c) Where did injury occur? ...... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ...... (Specify type of place)
While at work? ...... (e) Means of injury ......

23. Signature William J. O'Connell, M.D. (M. D. or other)
Address 198 Angell St, Prov. R.I. Date signed 5/13/48

‡ For more space use other side.

VS2-25M-8-47