

CONNECTICUT STATE DEPARTMENT OF HEALTH

44

Bureau of Vital Statistics

Medical Certificate of Death

- 1. Full name of deceased Thomas Condos
- 2. Primary cause of death Carcinoma of Penis
- 3. Duration 9 Mo. days
- 4. Secondary or contributory
- 5. Duration

Remarks

I certify that I attended the deceased in his last illness, and that the cause of death was as above stated.

Signature [Signature]  
Capacity in which he signs

Dated January 27 th 1931 Address Stamford, Conn

Undertaker's Certificate

- 1. Full name of deceased Thomas Condos
  - 2. Place of death—Town Stamford, Conn. No. 18 Winthrop Street, Ward
  - 3. Number of families in house Two
  - 4. Residence at time of death Stamford, Conn.
  - 5. Occupation Restuaranteer
  - 6. Condition (state whether single, married, divorced or widowed) Married
  - 7. If wife or widow, give name of husband
  - 8. Date of death—year 1931 month January day 26
  - 9. Date of birth—year 1872 month --- day ---
  - 10. Age in years 59 months --- days ---
  - 11. Sex Male 12. Color White
  - 13. Birthplace—Town Scoura State or Country Greece
  - 14. Father's name in full Nicholas Condos
  - 15. Father's birthplace—Town Scoura State or Country Greece
  - 16. Mother's maiden name Georgia Canaras
  - 17. Mother's birthplace—Town Scoura State or Country Greece
  - 18. Place of burial Stamford, Conn. Cemetery Woodland
  - 19. Name of informant Mrs Mary Condos Address Stamford, Conn
  - 20. Was body embalmed Yes If so, name of embalmer Frank J. Rosas License No. 828
- Signature of Undertaker [Signature] Address Stamford, Conn  
(or Licensed Embalmer)

If death was due to a Communicable Disease, the undertaker's certificate and affidavit on back of this certificate must be signed and executed by a Licensed Embalmer.

\*See other side.  
Form O. S. 4 2-29 25M.

I hereby certify that the foregoing is a true copy of the record on file in the Office of the Stamford Town Clerk, attested by the raised seal of the City of Stamford CT.

[Signature]

Legal Fee: \$10.00

Assistant Registrar

THIS CERTIFICATE IS NOT VALID WITHOUT THE RAISED SEAL.

July 10, 2008

WRITE PLAINLY, WITH BLACK UNFADING INK—THIS IS A PERMANENT RECORD  
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.

# IMPORTANT

Abstract of Section 830 of the General Statutes as amended by chapter 45, Public Acts of 1919 and as amended by chapter 270, Public Acts of 1923.

## THE LAW CONCERNING DEATH CERTIFICATES

1. Shall be made within twenty-four hours by physician last in attendance or Medical Examiner in cases of which he has cognizance.
2. Disease or cause of death must be so defined as to permit of classification under International List of Causes of Death.
3. Certificate obtainable at physician's office upon application therefor.
4. Certificates incompletely or inaccurately made will be returned to physician or informant for completion or correction before a burial or removal permit will be issued, unless it is specifically stated that information is unobtainable.

### EXAMPLE

Causes of Death		Occupations	
Not Satisfactory	Satisfactory	Not Satisfactory	Satisfactory
Heart Failure	Myocarditis	Salesman	Shoe Salesman

This Affidavit required before burial or removal permits can be issued for bodies dead of Communicable Diseases. (See Chap. 270, Public Acts 1923.)  
 STATE OF CONNECTICUT }  
 COUNTY }  
 Personally appeared \_\_\_\_\_  
 before me and made oath that the foregoing statements are true.

**AFFIDAVIT OF LICENSED EMBALMER**

RE: PREPARATION OF BODY DEAD OF A COMMUNICABLE DISEASE.

I hereby certify that I have prepared for burial the body of \_\_\_\_\_, named on this certificate, and that proper measures have been taken to render the body harmless in accordance with the Sanitary Code of the State of Connecticut relative to the preparation and burial of dead human bodies.

\_\_\_\_\_  
 Embalmer                      License No.                      Address

Body to be transported to \_\_\_\_\_ by \_\_\_\_\_  
Rail, Auto

in care of \_\_\_\_\_  
escort

This Certificate received for record on the 28 day of Jan 1931.  
Madeline H. McMillan Registrar