

CERTIFICATION OF VITAL RECORD  
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

RHODE ISLAND PUBLIC HEALTH COMMISSION

Division of Vital Statistics

CERTIFICATE OF DEATH

City or Town No. 33-63

State File No. 63

1. PLACE OF DEATH

City or Town Woonsocket RI

St. and No. 239 Summer St

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 33 yrs. .... mos. .... ds. How long in U. S. if of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME

Ellen Sheehan

War Record

(Name of War)

(a) Residence:

City or Town Woonsocket RI

St. and No.

(Usual place of abode)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>
5a. If married, widowed, or divorced (if wife, FULL MAIDEN name) HUSBAND <u>John J. Sheehan</u> (or) WIFE		
6. DATE OF BIRTH (month, day and year) <u>April 16 1866</u>		
6a. If STILLBORN enter that fact here.		
7. AGE Years <u>68</u>	Months <u>9</u>	Days <u>13</u>
If LESS than 1 day.....hrs. or.....min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home work</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total Time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) <u>Saxville Mass</u>		
13. NAME <u>John Flynn</u>		
14. BIRTHPLACE (city or town) (State or country) <u>Ireland</u>		
15. MAIDEN NAME (Full name) <u>Mary McQuaney</u>		
16. BIRTHPLACE (city or town) (State or country) <u>Ireland</u>		
17. INFORMANT <u>Margaret Hayes</u> (Address) <u>Woonsocket RI</u> (Relation to deceased) <u>Daughter</u>		
18. BURIAL, CREMATION, OR REMOVAL City or Town <u>Blackstone Mass</u> Name of Cemetery <u>St Charles</u>		
19. Signature of Embalmer <u>John E. Linton</u> 286 (License No.) Funeral Director <u>Richard Hewitt</u> 85 (License No.)		
20. FILED <u>1-30</u> , 19 <u>33</u> <u>John E. Linton</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January 28, 1933  
(month, day, and year)

22. I HEREBY CERTIFY, That I attended deceased from October 1, 1932 to Jan 28, 1933  
I last saw h. .... alive on Jan 28, 1933 death is said to have occurred on the date stated above at 11 P. m.  
The principal cause of death and related causes of importance were as follows: † (See below) Cerebral Hemorrhage 46  
Date of onset  
10/1/32

Other contributory causes of importance: Aneurysm of Hypophysis 10/1/32

Name of operation † none Date of .....

Was there an autopsy? no What tests confirmed diagnosis? † .....

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? no Date of injury ....., 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....

(Signed) Thomas S. Flynn (Degree)  
(Address) 11 Woonsocket St Woonsocket RI

† For more space use other side.

... INFORMATION FURNISHED WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 INSIDE COVER.



I HEREBY CERTIFY THAT THIS IS A TRUE AND EXACT COPY OF THE DOCUMENT OFFICIALLY REGISTERED AND PLACED ON FILE IN THE ISSUING OFFICE.

ISSUING OFFICE: RHODE ISLAND STATE ARCHIVES      DATE OF ISSUANCE: MAY 4, 2009

SIGNATURE OF REGISTRAR: [Signature]

THIS COPY VALID ONLY WITH RAISED SEAL AND SIGNATURE OF LOCAL REGISTRAR

