



Commonwealth of Massachusetts
 EDWARD J. CROHIN
 SECRETARY OF THE COMMONWEALTH
 DIVISION OF VITAL STATISTICS
 MEDICAL EXAMINER'S
 CERTIFICATE OF DEATH

To be filed for burial purposes
 with Board of Health
 or for legal purposes
 Registered No. _____

PLACE OF DEATH

BERKSHIRE

(County)

Pittsfield

(City or Town)

No. 23 Draper Ave. Pittsfield.

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

2 FULL NAME MELSONE A. PEASE
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - _____
 (Was deceased a U. S. War Veteran? If so specify WAR.)

(a) Residence No. 23 Draper Ave.
 (Usual place of abode)

St. Pittsfield
 (If nonresident, give city or town and State)

Length of stay: In place of death _____ years _____ months _____ days. In place of residence _____ years _____ months _____ days.
 Sudden death at place of residence

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 13, 1957
 (Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
 Acute Coronary Occlusion.
 SUDDEN DEATH.

5 Accident, suicide, or homicide (specify).

Date and hour of injury _____
 Where did injury occur? _____
 (City or town and State)
 Did injury occur in or about home, on farm, in industrial place, or in public place? _____
 (Specify type of place)
 Manner of injury _____
 (How did injury occur?)
 Nature of injury _____
 While at work? No Was autopsy performed? No

6 Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) _____
 (Address) Pittsfield, Mass. Date 1-15-57

7 Ringville Cemetery, Worthington
 (City or Town)
 Place of Burial, or Cremation.
 DATE OF BURIAL Jan. 16, 1957

8 NAME OF FUNERAL DIRECTOR Homer W. Wellington
 ADDRESS 220 East St. Pittsfield

Accepted and filed _____ JAN 16 1957
 (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX M 10 COLOR OR RACE white

11a. If married, widowed, or divorced HUSBAND of Ruth Hunt
 (or) WIFE of _____
 (Spouse's name at birth)

12 IF STILLBORN, enter that fact here.
 13 AGE 56 Years 5 Months 13 Days

14 Usual Occupation Inspector G. E. Trans _____

15 Industry or Business General Electric Co.

16 Social Security No. 018-18-2936

17 BIRTHPLACE (City) Worthington, Mass.
 (State or country)

18 NAME OF FATHER Alvin Pease

19 BIRTHPLACE OF FATHER (City) Huntington, Mass.
 (State or country)

20 MAIDEN NAME OF MOTHER Myrtle Anable

21 BIRTHPLACE OF MOTHER (City) Worthington, Mass.
 (State or country)

22 Informant Mrs. Ruth H. Pease
 (Address) 23 Draper Ave.

I HEREBY CERTIFY that a satisfactory medical certificate has been filed with me BEFORE the burial or transfer permit was issued.

Francis M. Talbot - M.
 (Signature of Agent of Board of Health or other Official Designation)
 Date of Issuance _____

MASSACHUSETTS DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
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 1956

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