

CONNECTICUT STATE DEPARTMENT OF HEALTH
Bureau of Vital Statistics — Hartford, Connecticut, U. S. A.

Certificate of Death

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH: | | 2. USUAL RESIDENCE OF DECEASED: | |
| (a) State of Connecticut: (b) County <u>New Haven</u> | | (a) State <u>Connecticut</u> (b) County <u>New Haven</u> | |
| (c) Town <u>New Haven</u> (d) Length of stay in town <u>1 week</u> | | (c) Town <u>Hamden</u> (d) (City or Borough) | |
| (e) Name of Hospital or Institution <u>Grace-New Haven Hospital</u> | | (e) Street Number <u>1971 Dixwell Avenue</u> | |
| 3. NAME OF DECEASED (First) (Middle) (Last) | | 4. SOCIAL SECURITY NUMBER | |
| (Type or print) <u>ARTHUR Albert CARROLL</u> | | | |
| PERSONAL AND STATISTICAL PARTICULARS | | MEDICAL CERTIFICATION (Type or Print) | |
| 5. SEX <u>Male</u> 6. RACE <u>White</u> MARRIED <u>XXXXXXXXXX</u> M. | | 22. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) | |
| 8. IF MARRIED, WIDOWED OR DIVORCED, GIVE MAIDEN NAME OF WIFE OR HUSBAND <u>Lottie Mautte</u> | | (a) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury or complication which caused death</i> | |
| 9. DATE OF DEATH <u>August 26 1954</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> | |
| 10. DATE OF BIRTH <u>June 10, 1875</u> AGE (in years last birthday) <u>79</u> | | Cerebrovascular accident | |
| 11. BIRTHPLACE (City or town) (State or foreign country) <u>Preston Connecticut</u> | | ANTECEDENT CAUSES. <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> | |
| 12. (a) USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Telegrapher</u> | | DUR (b) TO <u>Diabetes Mellitus</u> <u>18 yrs</u> | |
| (b) Industry or Business <u>New Haven Railroad</u> | | DUR (c) TO | |
| 13. (a) WAS DECEASED A VETERAN? Yes or No <u>NO</u> | | 23. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death</i> | |
| (b) If yes, give war Unit or Ship | | <u>ARTERIOSCLEROTIC Heart disease</u> <u>15 yrs.</u> | |
| 14. NAME <u>George H. Carroll</u> | | 24. OPERATION, DATE AND MAJOR FINDINGS | |
| (City or town) (State or foreign country) | | AUTOPSY (Yes or No) | |
| 15. BIRTHPLACE <u>Norwich Connecticut</u> | | <u>Yes</u> | |
| 16. MAIDEN NAME <u>Jane Owens</u> | | 25. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING: | |
| (City or town) (State or foreign country) | | (a) Accident, suicide, homicide (specify) | |
| 17. BIRTHPLACE <u>Connecticut</u> | | (b) Date of occurrence | |
| 18. INFORMANT'S NAME <u>Mrs. Lottie Mautte Carroll</u> | | (c) City or Town and State Where injury occurred | |
| 19. BURIAL, CREMATION OR REMOVAL DATE <u>Aug 28 1954</u> | | (d) Did injury occur in or about home, factory, farm, office, street, etc.? | |
| Cemetery or Crematory <u>Hamden Plains</u> | | (e) While at work? | |
| Place <u>Hamden, Connecticut</u> | | (f) How did it occur? | |
| 20. NAME OF EMBALMER IF BODY WAS EMBALMED License number <u>Daniel W. Mooney 1164</u> | | 26. I HEREBY CERTIFY, That I attended the deceased from <u>8-19 1954</u> to <u>8-26 1954</u> | |
| 21. SIGNATURE OF LICENSED EMBALMER OR LICENSED FUNERAL DIRECTOR <u>Daniel W. Mooney</u> | | that I last saw the deceased alive on <u>8-26 1954</u> | |
| Address <u>Hamden, Connecticut</u> | | and that death is said to have occurred on <u>8-26-54</u> | |
| THIS CERTIFICATE RECEIVED FOR RECORD ON <u>August 27, 1954</u> | | 7 ⁰⁵ p. m. | |
| By <u>Andrew Gasoline</u> | | 27. SIGNATURE OF PHYSICIAN <u>Thomas Amatruda, Jr., M.D.</u> | |
| | | Address <u>New Haven Hospital</u> <u>8/27/54</u> | |

I certify that this is a true transcript of the information as recorded in this office.

Attest: Maria DeGatano
Maria DeGatano, Acting Registrar

Dated at New Haven, Connecticut, U.S.A., this 12 day of JULY, 2010

NOT VALID WITHOUT SEAL OF CERTIFYING OFFICIAL