

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH
REGISTRY OF VITAL RECORDS AND STATISTICS

Andover #176

DECEDENT - NAME FIRST MIDDLE LAST F. August 20, 2008		REGISTERED NUMBER	STATE USE ONLY
PLACE OF BIRTH Andover		COUNTY OF BIRTH Essex	HOSPITAL OR OTHER INSTITUTION - Name (if not in other, give street and number) Academy Manor Nursing Home
PLACED IN CARE (check only one): <input type="checkbox"/> Inpatient <input type="checkbox"/> OOA <input type="checkbox"/> Home <input type="checkbox"/> Hospice <input type="checkbox"/> Other (specify)		IF US WAR VETERAN SPECIFY WAR	
WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify Puerto Rican, Dominican, Cuban, etc.) <input type="checkbox"/> NO <input type="checkbox"/> YES		DECEDENT'S EDUCATION (Highest Grade Completed) Elementary (1-12) College (1-4, 6+)	
AGE - Last birthday 9		BIRTH PLACE (City and State and Zip Code) Boston, MA	
MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED Paul Bluhm		USUAL OCCUPATION (Prior - if living) Food	
RESIDENCE - STREET, CITY/TOWN, COUNTY 36 Linspon Ln, Andover, Middlesex		ZIP CODE 01821	
FATHER - FULL NAME Joseph Barrie		MOTHER - NAME (Maiden) Mary MacDonald	
INFORMANT - NAME Paul Bluhm		CITY/TOWN/STATE OF DEATH Andover, MA 01821	
METHOD OF FINAL DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal <input type="checkbox"/> Other (specify)		LICENSE # 7511	
PLACE OF DISPOSITION (Name of Cemetery) Mt. Auburn Cemetery		CITY/TOWN/STATE OF DISPOSITION Cambridge, MA	
DATE OF DISPOSITION August 22, 2008		NAME AND ADDRESS OF FUNERAL HOME DESIGNED Saville Macnaman, 418 Mass Ave, Arlington, MA 02474	
IMMEDIATE CAUSE OF DEATH (Specify) Pneumonia		MANNER OF DEATH (Type of Injury) Natural	
PART I - CAUSE OF DEATH (Specify) Chronic Obstructive Pulmonary Disease; Malnutrition		AUTOPSY (Yes/No) No	
DECEASED HOW INJURY OCCURRED		TIME OF INJURY M 3:00	
DATE OF BIRTH August 20, 2008		DATE OF DEATH August 20, 2008	
NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print) Sharon Rubrake, MD, 28 Andover St., Andover, MA 01810		LICENSE NO. OF CERTIFIER 49217	
WAS THIS PRONOUNCED DEAD (Yes or No) Yes		Pronounced by Stephen Kinch	
DATE OF RECORD August 21, 2008		RECEIVED IN THE CITY/TOWN OF Andover	
Signature Thomas [unclear]		Signature Randall L. Hanson	

I certify that the foregoing is a true and correct copy as held in my custody. Witness my hand and the Seal of the Town of Andover, Massachusetts on this 19th day of February, 2009.



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Cert: 39658 Bk: 00201 Pg: 58
Recorded: 02/27/2009 12:32 PM

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Randall L. Hanson, Town Clerk

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