

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

Andover #176

DECEDENT - NAME FIRST MIDDLE LAST Paul R. [redacted]		REGISTERED NUMBER	STATE USE ONLY
PLACE OF BIRTH Andover		COUNTY OF BIRTH Essex	DATE OF BIRTH (Mo., Day, Yr.) August 20, 2008
PLACED IN CARE (check only one): <input type="checkbox"/> Hospital <input type="checkbox"/> OCA <input type="checkbox"/> Home <input type="checkbox"/> Hospice <input type="checkbox"/> Other (Specify)		HOSPITAL OR OTHER INSTITUTION - Name (if not in other, give street and number) Academy Manor Nursing Home	
WAR DECEASED OF HISPANIC ORIGIN (If yes, Specify Puerto Rican, Dominican, Cuban, etc.) <input type="checkbox"/> NO <input type="checkbox"/> YES		DECEASED'S EDUCATION (Highest Grade Completed) Elementary (1-12) College (1-4, 6+)	IF US WAR VETERAN SPECIFY WAR
AGE - Last birthday 9		DATE OF BIRTH (Mo., Day, Yr.) August 20, 1997	BIRTHPLACE (City and State and Zip Code) Boston, MA
MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED MARRIED LAST SPOUSE (if wife, give maiden name) Paul Blah		USUAL OCCUPATION (Prior - if living) Food	KIND OF BUSINESS OR INDUSTRY
FATHER - FULL NAME Joseph Barrie		STATE OF BIRTH (If not in US, name country) Scotland	MOTHER - NAME (Maiden) Mary MacDonald
INFORMANT - NAME Paul R. [redacted]		RELATIONSHIP TO DECEASED 6	CITY/TOWN/STATE OF DECEASED Billerica, MA 01821
METHOD OF DEATH DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal <input type="checkbox"/> Other (Specify)		FURNERAL HOME OR OTHER BUSINESS WSSA Group 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		DUE TO OR AS A CONSEQUENCE OF	
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 DEATH August 20, 2008		HOUR OF DEATH	
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	
DATE OF RECORD August 21, 2008		DATE OF RECORD Aug. 22, 2008	

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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 Randall L. Hanson, Town Clerk

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