

N. B. - WRITE LEGIBLY, WITH DURABLE BLACK INK - THIS IS A PERMANENT RECORD. E
 of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sh
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU
 is very important. See instructions on back of certificate.

City _____ NO. _____ [If death occurred in a hospital or institution, give its NAME instead of street and number]
2 FULL NAME Nelson Dolbear
 (18a) **Residence No.** _____ **St.** _____ **Ward.** _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male **4 COLOR OR RACE** White **5 SINGLE, MARRIED, WIDOWED, OR DIVORCED** Married
5a IF MARRIED, WIDOWED OR DIVORCED Wife of Hayward
6 DATE OF BIRTH Sep 30, 1836
7 AGE Years 84 Months 4 Days 20 If LESS than 1 day, how many hrs. or min.?
8 OCCUPATION
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9 BIRTHPLACE (City or Town) Franklin
 (State or Country) Vermont
10 NAME OF FATHER Abuel Dolbear
11 BIRTHPLACE OF FATHER (City or Town) Canada
 (State or Country)
12 MAIDEN NAME OF MOTHER Alzetta Bondrey
13 BIRTHPLACE OF MOTHER (City or Town) Canada
 (State or Country)

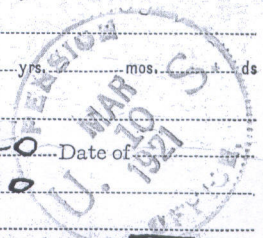
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Mrs. N. Dolbear
 (Address) Stonington
15 Filed Sep 27, 1921 N. J. Belden REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sep 20, 1920
 (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from Sep 18, 1920, to Sep 20, 1920, that I last saw him alive on Sep 18, 1920, and that death occurred on the date stated above, at 7 P.M.
 The CAUSE OF DEATH * was as follows:
Metral Regurgitation
Broken Constriction
 (Duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) _____ (Duration) yrs. mos. ds.
18a Where was disease contracted, if not at place of death?
18b Did an operation precede death? No Date of _____
 Was there an autopsy? No
 What test confirmed diagnosis?
 (Signed) Chas Sargent M. D.
Sep 20, 1920 (Address) Stonington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL
19 PLACE OF BURIAL, CREMATION OR REMOVAL Stonington **DATE OF BURIAL** Sep 22, 1920
20 UNDERTAKER M. J. Wilcox ADDRESS _____



Burial or Transit Permit issued by N. J. Belden Date of Issue Sep 21, 1920
 See Instructions on Other Side