

COPY OF CERTIFICATE OF DEATH

STATE OF VERMONT

DH-VS-5X-10M-67

Certificate No. 297A

1. FULL NAME OF DECEASED (First) (Middle) (Last) <p style="text-align: center;">George Leddy</p>			2. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">June 1, 1967</p>		
3. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Washington</p>			4. USUAL RESIDENCE (If institution—residence before admission) a. STATE b. COUNTY <p style="text-align: center;">Vermont Chittenden</p>		
b. CITY OR TOWN (If rural, please state) <p style="text-align: center;">Waterbury</p>		c. LENGTH OF STAY (In this place) <p style="text-align: center;">6 mo. 11 days</p>	c. CITY OR TOWN (If rural, please state) <p style="text-align: center;">Burlington</p>		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <p style="text-align: center;">Vermont State Hospital</p>			d. STREET ADDRESS (If rural, give R. F. D. number)		
5. SEX <p style="text-align: center;">Male</p>	6. COLOR OR RACE <p style="text-align: center;">White</p>	7. MARITAL STATUS (Check one) <p style="text-align: center;"><input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> X <input type="checkbox"/> D <input type="checkbox"/></p>	8. DATE OF BIRTH <p style="text-align: center;">Sept. 28, 1883</p>	9. AGE (In years last birthday) <p style="text-align: center;">83</p>	If under 1 year Months Days If under 24 hrs. Hours Mins.
10a. USUAL OCCUPATION (Kind of work done most of working life) <p style="text-align: center;">Retired Vermont Hardware Co.</p>		10b. BUSINESS OR INDUSTRY	11. BIRTHPLACE <p style="text-align: center;">Underhill, Vermont</p>		12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">U.S.A.</p>
13. FATHER'S NAME <p style="text-align: center;">Peter Leddy</p>			15. MOTHER'S MAIDEN NAME <p style="text-align: center;">Elizabeth Lynch</p>		
14. FATHER'S BIRTHPLACE (Town) (State or Country)		16. MOTHER'S BIRTHPLACE (Town) (State or Country)		17. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Helen Collins</p>	
18. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (Give war & dates of service)		19. SOCIAL SECURITY NO. <p style="text-align: center;">008-03-2409-A</p>	20. INFORMANT'S NAME (Person giving this information) <p style="text-align: center;">Vermont State Hospital Record No. 17539</p>		
21. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH. This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury or complications which caused death.			Medical Certification		DURATION
ANTECEDENT CAUSES. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			(a) DUE TO <p style="text-align: center;">Bronchopneumonia</p>		4 weeks
			(b) DUE TO		
			(c) DUE TO		
11. OTHER SIGNIFICANT CONDITIONS (Contributing to the death but not related to disease or condition causing it) <p style="text-align: center;">1/ generalized arteriosclerosis 2/ terminal uremia</p>					1/ unknown 2/ 1 week
22. DATE OF OPERATION		22a. MAJOR FINDINGS OF OPERATION			23. AUTOPSY Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
24a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		24b. PLACE OF INJURY (In home, farm, factory, street, etc.)		24c. CITY OR TOWN COUNTY STATE	
24d. TIME OF INJURY (Month, day, year) (hour) (m)		24e. INJURY OCCURRED While at work <input type="checkbox"/> Not at work <input type="checkbox"/>		24f. HOW DID INJURY OCCUR?	
[conducted a post-mortem examination on the body of the decedent]					
25. I hereby certify that I attended the deceased from <u>June 1, 1967</u> , to <u>June 1, 1967</u> , that I last saw deceased alive on <u>June 1, 1967</u> and that death occurred at <u>2:10 P.m.</u> from the cause and on the date stated above.					
26a. SIGNATURE <p style="text-align: center;">Reginal Medical Examiner M.D.</p>			26b. ADDRESS <p style="text-align: center;">Waterbury, Vermont</p>		26c. DATE SIGNED <p style="text-align: center;">June 1, 1967</p>
27a. BURIAL, CREMATION, REMOVAL (Specify)		27b. DATE <p style="text-align: center;">June 3, 1967</p>	27c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Resurrection Park</p>		27d. LOCATION (Town or County) (State) <p style="text-align: center;">Burlington, Vermont</p>
28. DATE REC'D BY TOWN OR CITY CLERK <p style="text-align: center;">June 1, 1967</p>		29. CLERK'S SIGNATURE <p style="text-align: center;">Martha B. Bailey eb</p> <p style="text-align: center;">(Clerk's signature)</p>		30. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <p style="text-align: center;">Maurice F. Dower, Burlington, Vt.</p>	

Attest:

Date: July 15, 1967

CITY CLERK
BURLINGTON, VT.
A TRUE COPY, ATTEST:

MAY 1 '97

Catharine H. Andrews