

# Death Record for Franciszek Stoma

## Son of Wawrzeniec Stoma & Maria Lachowicz

**STANDARD CERTIFICATE OF DEATH**

Worcester 38  
(City or town)

**PLACE OF DEATH**  
Worcester (No. 105 Washington St. : Ward)

**FULL NAME** Franciszek Stoma  
[If married or divorced woman or widow give maiden name, also name of husband.]

**RESIDENCE** Worcester Registered No. 1896

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
<b>SEX</b> Male	<b>COLOR OR RACE</b> W	<b>SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> (Write the word) Single	<b>DATE OF DEATH</b> Aug 29, 1914 <small>(Month) (Day) (Year)</small>	
<b>DATE OF BIRTH</b> Dec 2, 1913 <small>(Month) (Day) (Year)</small>			<b>I HEREBY CERTIFY</b> that I attended deceased from Aug 24, 1914, to Aug 24, 1914 that I last saw him live on " " " " 1914 and that death occurred, on the date stated above, at 7P m. The <b>CAUSE OF DEATH</b> was as follows: Gastro Enteritis (Duration) yrs. mos. ds. Contributory (Secondary) (Duration) yrs. mos. ds. (Signed) S C Mieczkowski, M.D. Aug 29, 1914 (Address) Worcester	
<b>AGE</b> 8 yrs. 28 mos. 28 ds. or min.?				
<b>OCCUPATION</b> (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)				
<b>BIRTHPLACE</b> (State or country) Worcester				
<b>PARENTS</b>	<b>NAME OF FATHER</b> Wawrzeniec			
	<b>BIRTHPLACE OF FATHER</b> (State or country) Russia Poland			
	<b>MAIDEN NAME OF MOTHER</b> Mary Lachowicz			
	<b>BIRTHPLACE OF MOTHER</b> (State or country) Russia Poland			
<b>THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE</b> (Informant) Wawrzeniec Lachowicz (Address) Worcester			<b>LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)</b> At place of death yrs. mos. ds. In the State yrs. mos. ds. Where was disease contracted, if not at place of death? Name of hospital	
<b>FILED</b> AUG 31 1914			<b>PLACE OF BURIAL OR REMOVAL</b> Worcester	
			<b>DATE OF BURIAL</b> Aug 30, 1914	
			<b>SIGNATURE</b> Lucian Karolowicz Worcester	

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.