## Death Record for Albert F. Blackman

**Son of Clifford Blackman & Jane Goodrich**

![Death Certificate Image]

**The Commonwealth of Massachusetts. Registry of Vital Records and Statistics.**


**Albert F. Blackman.**
# Death Record for Albert F. Blackman

Son of Clifford Blackman & Jane Goodrich

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**Year 1966, Volume 72, Page 35**

<table>
<thead>
<tr>
<th>028935</th>
<th>The Commonwealth of Massachusetts</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-28</td>
<td>MEDICAL EXAMINER'S CERTIFICATE OF DEATH</td>
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</table>

(6) PLACE OF DEATH (County) (City or Town)  
Registered No. 207  
(If death occurred in a hospital or institution, give its NAME instead of street and number)  
147 Culinane Drive St.  
4 FULL NAME (First Name) (Middle Name) (Last Name) (If deceased is a married, widowed, or divorced woman, give also maiden name)  
Albert F. Blackman  
5 PHYSICIAN – IMPORTANT  
(Was deceased a U.S. War Veteran, if so specify WAR)  
W.W. II  
(a) Residence, No. St. (Usual place of abode)  
147 Culinane Drive  
(Marborough, Mass.)  
(b) Place of death  
In place of death:  
In place of residence:  
– years – months – days  
10 years – months – days  
2 MEDICAL CERTIFICATE OF DEATH  
3 DATE OF DEATH  
July 11, 1966  
4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)  
heart disease, presumably coronary sclerosis (found dead in bed) 4201  
5 Accident, suicide, or homicide (specify)  
Date and hour in injury...19...  
IF ACCIDENTAL, was injury causally related to the death?  
Where did Injury occur? (City or town and State)  
Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place)  
Manner of Injury (How did injury occur?)  
Nature of Injury  
While at work?.....Was autopsy performed?  
none  
no  
6 Was disease or injury in any way related to occupation of deceased? If so, specify.  
no  
7 Place of Burial or Cremation (City or Town)  
DATE OF BURIAL  
8 NAME OF FUNERAL DIRECTOR  
ADDRESS  
John J. Brown & Son  
95 West Main St. Marlboro, Mass.  
9 PERSONAL AND STATISTICAL PARTICULARS  
SEX  
10 male  
COLOR  
11 white  
SINGLE MARRIED WIDOWED DIVORCED UNKNOWN (write the word)  
12 married  
If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)  
13 Rita Meleski  
(or) WIFE of (Husband’s name in full)  
14 51 Years – Months – Days  
Usual Occupation: (Kind of work done during most of working life)  
15 Writer  
Industry or Business  
16 Record American  
Social Security No.  
17 18 NAME OF FATHER  
BIRTHPLACE (City) (State or country)  
19 Clifford Blackman  
20 Boston, Mass.  
MAIDEN NAME OF MOTHER  
21 Jane Goodrich  
BIRTHPLACE OF MOTHER (City) (State or country)  
22 Charlestown, Mass.  
Informant (Address)  
23 Mrs. Rita Blackman – wife  
147 Culinane Dr. Marlboro, Mass.  
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: (Signature of Agent of Board of Health or other) (Official Designation) (Date of Issue of Permit)  
Peter P. Cottone  
Agent July 12, 1966  
Albert F. Blackman.