


# Death Record for Albert F. Blackman

## Son of Clifford Blackman & Jane Goodrich

PLACE OF DEATH 88 15 1966	Middlesex (County) Marlborough (City or Town)		The Commonwealth of Massachusetts KEVIN H. WHITE SECRETARY OF THE COMMONWEALTH DIVISION OF VITAL STATISTICS <b>MEDICAL EXAMINER'S          CERTIFICATE OF DEATH</b>	35 Marlborough (City or Town making this return) Registered No. 207
No. <u>147 Cullinane Drive</u> St. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number)				
FULL NAME <u>Albert F. Blackman</u> (First Name) (Middle Name) (Last Name) (If deceased is a married, widowed or divorced woman, give also maiden name.)				
(a) Residence. No. <u>147 Cullinane Drive</u> St. <u>Marlborough, Mass.</u> (Usual place of abode) (If nonresident, give city or town and State)				
Length of stay: In place of death _____ years _____ months _____ days. In place of residence <u>10</u> years _____ months _____ days.				
<b>MEDICAL CERTIFICATE OF DEATH</b>				
DATE OF DEATH <u>July 11, 1966</u> (Month) (Day) (Year)				
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.) <u>heart disease, presumably coronary sclerosis (found dead in bed)</u> <u>4201</u>				
Accident, suicide, or homicide (specify) <u>none</u>				
Date and hour of 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? <u>no</u>				
Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____				
(Signed) <u>R. N. Ritterhouse</u> , M. D. <u>540 Bolton St.</u> (Address) <u>Marlboro, Mass.</u> Date <u>July 11, 66</u>				
PLACE OF BURIAL OR CREMATION <u>Notre Dame Cem. Worcester, Mass.</u> (City or Town)				
DATE OF BURIAL <u>July 14, 1966</u>				
NAME OF FUNERAL DIRECTOR <u>John J. Brown &amp; Son</u> ADDRESS <u>95 West Main St. Marlboro, Mass.</u>				
Received and filed <u>July 12, 1966</u>				
<b>A TRUE COPY ATTEST:</b>				
(Registrar)				
<b>PERSONAL AND STATISTICAL PARTICULARS</b>				
9 SEX <u>male</u>		10 COLOR <u>white</u>		11 SINGLE (write the word) <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> UNKNOWN
12 If married, widowed, or divorced HUSBAND of <u>Rita Meleski</u> (Give maiden name of wife in full) (or) WIFE of _____ (Husband's name in full)				
13 AGE <u>51</u> Years _____ Months _____ Days _____ If under 24 hours _____ Hours _____ Minutes _____		14 Usual Occupation: <u>Writer</u> (Kind of work done during most of working life)		
15 Industry or Business: <u>Record American</u>				
16 Social Security No. _____				
17 BIRTHPLACE (City) <u>Roxbury, Mass.</u> (State or country)				
18 NAME OF FATHER <u>Clifford Blackman</u>				
19 BIRTHPLACE OF FATHER (City) <u>Boston, Mass.</u> (State or country)				
20 MAIDEN NAME OF MOTHER <u>Jane Goodrich</u>				
21 BIRTHPLACE OF MOTHER (City) <u>Charlestown, Mass.</u> (State or country)				
22 Informant <u>Mrs. Rita Blackman - wife</u> (Address) <u>147 Cullinane Dr. Marlboro, Mass.</u>				
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>Peter P. Cottone</u> (Signature of Agent of Board of Health or other) Agent <u>July 12, 1966</u> (Official Designation) (Date of Issue of Permit)				

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## *Son of Clifford Blackman & Jane Goodrich*

Year 1966, Volume 72, Page 35	
028935	The Commonwealth of Massachusetts
	KEVIN H. WHITE    SECRETARY OF THE COMMONWEALTH    DIVISION OF VITAL STATISTICS
9-28	MEDICAL EXAMINTER'S CERTIFICATE OF DEATH
(City or town making return)	Marlborough
Registered No.	207
1 PLACE OF DEATH (County) (City or Town)	Middlesex Marlborough
No. (If death occurred in a hospital or institution, give its NAME instead of street and number)	147 Cullinane Drive St.
2 FULL NAME (First Name) (Middle Name) (Last Name) (If deceased is a married, widowed, or divorced woman, five also maiden name)	Albert F. Blackman
PHYSICIAN – IMPORTANT (Was deceased a U.S. War Veteran, if so specify WAR)	W.W. II
(a) Residence, No. St. (Usual place of abode) (If nonresident, give city or town and State)	147 Cullinane Drive Marlborough, Mass.
Length of stay:    In place of death In place of residence	– years – months – days 10 years – months – days
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)	none
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?	no
6 Was disease or injury in any way related to occupation of deceased? If so, specify.	no
(Signed) (Print or Type Name)	R. N. Rittenhouse, M.D.
(Address)	540 Bolton St Marlboro, Mass.
Date	July 11 1966
7 Place of Burial or Cremation (City or Town)	Notre Dame Cem. Worcester, Mass.
DATE OF BURIAL	July 14 1966
8 NAME OF FUNERAL DIRECTOR	John J. Brown & Son
ADDRESS	95 West Main St. Marlboro, Mass.
Received and filed	July 12 1966
A TRUE COPY ATTEST: (Registrar)	[signed] Rita T. Lapine
PERSONAL AND STATISTICAL PARTICULARS	
9 SEX	male
10 COLOR	white
11 SINGLE MARRIED WIDOWED DIVORCED UNKNOWN (write the word)	married
12 If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)	Rita Meleski
13 AGE .....Years.....Months.....Days If under 24 hours .....Hours.....Minutes	51 Years – Months – Days
14 Usual Occupataion: (Kind of work done during most of working life)	Writer
15 Industry or Business	Record American
16 Social Security No.	–
17 BIRTHPLACE (City) (State or country)	Roxbury, Mass.
PARENTS	
18 NAME OF FATHER	Clifford Blackman
19 BIRTHPLACE OF FATHER (City) (State or country)	Boston, Mass.
20 MAIDEN NAME OF MOTHER	Jane Goodrich
21 BIRTHPLACE OF MOTHER (City) (State or country)	Charlestown, Mass.
22 Informant (Address)	Mrs. Rita Blackman – wife 147 Cullinane 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