


Death Record for Frances Skowronski Daughter of Jozef Dymek & Bronislawa Golas

Worcester
(County)

Worcester
(City or Town)



The Commonwealth of Massachusetts
KEVIN H. WHITE
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

160

Worcester
(City or Town making this return)

1533

Registered No.

City Hospital
St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Frances Dymek Skowronski
(First Name) (Middle Name) (Last Name)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

101 Burchank Rd St. Sutton Mass 1450
(If non-resident, give city or town and State)

In place of death years months days In place of residence 13 years months days

MEDICAL CERTIFICATE OF DEATH	PERSONAL AND STATISTICAL PARTICULARS
<p>June 22 1963 (Month) (Day) (Year)</p> <p>I CERTIFY that I have investigated the death of above-named and that the CAUSE AND MANNER thereof (If an injury was involved, state fully.)</p> <p>Coronary artery disease 4201</p> <p>11 Cause, or homicide (specify) 4201</p> <p>12 If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Alexander E. Skowronski (Husband's name in full)</p> <p>13 DATE OF BIRTH</p> <p>14 AGE 73 Years Months Days If under 24 hours Hours Minutes</p> <p>15 Usual Occupation Housewife (Kind of work done during most of working life)</p> <p>16 Industry of Business At Home</p> <p>17 Social Security No. 034-20-0574</p> <p>18 BIRTHPLACE (City) (State or country) Poland</p> <p>19 NAME OF FATHER Jozef Dymek</p> <p>20 BIRTHPLACE OF FATHER (City) (State or country) Poland</p> <p>21 MAIDEN NAME OF MOTHER Bronislawa Golas</p> <p>22 BIRTHPLACE OF MOTHER (City) (State or country) Poland</p>	<p>9 SEX Female</p> <p>10 COLOR White</p> <p>11 SINGLE (write the word) MARRIED WIDOWED DIVORCED UNKNOWN Married</p>
<p>11 Cause, or homicide (specify) 4201</p> <p>12 If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Alexander E. Skowronski (Husband's name in full)</p> <p>13 DATE OF BIRTH</p> <p>14 AGE 73 Years Months Days If under 24 hours Hours Minutes</p> <p>15 Usual Occupation Housewife (Kind of work done during most of working life)</p> <p>16 Industry of Business At Home</p> <p>17 Social Security No. 034-20-0574</p> <p>18 BIRTHPLACE (City) (State or country) Poland</p> <p>19 NAME OF FATHER Jozef Dymek</p> <p>20 BIRTHPLACE OF FATHER (City) (State or country) Poland</p> <p>21 MAIDEN NAME OF MOTHER Bronislawa Golas</p> <p>22 BIRTHPLACE OF MOTHER (City) (State or country) Poland</p>	<p>23 Informant Alexander Skowronski (Husband) (Address) 101 Burchank Rd., Sutton, Mass.</p> <p>I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or, if a permit was issued:</p> <p>H. Ford M. Dennis (Signature of Agent of Public Health or other) COMMISSIONER OF PUBLIC HEALTH</p> <p>(Official Designation) (Date of Issue of Permit) 6-24-63</p>

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13 DATE OF BIRTH

14 AGE 73 Years Months Days If under 24 hours Hours Minutes

15 Usual Occupation Housewife (Kind of work done during most of working life)

16 Industry of Business At Home

17 Social Security No. 034-20-0574

18 BIRTHPLACE (City) (State or country) Poland

19 NAME OF FATHER Jozef Dymek

20 BIRTHPLACE OF FATHER (City) (State or country) Poland

21 MAIDEN NAME OF MOTHER Bronislawa Golas

22 BIRTHPLACE OF MOTHER (City) (State or country) Poland

23 Informant Alexander Skowronski (Husband) (Address) 101 Burchank Rd., Sutton, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or, if a permit was issued:

H. Ford M. Dennis
(Signature of Agent of Public Health or other)
COMMISSIONER OF PUBLIC HEALTH

(Official Designation) (Date of Issue of Permit) 6-24-63

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COMMISSIONER OF PUBLIC HEALTH

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20 BIRTHPLACE OF FATHER (City) (State or country) Poland

21 MAIDEN NAME OF MOTHER Bronislawa Golas

22 BIRTHPLACE OF MOTHER (City) (State or country) Poland

23 Informant Alexander Skowronski (Husband) (Address) 101 Burchank Rd., Sutton, Mass.

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COMMISSIONER OF PUBLIC HEALTH

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23 Informant Alexander Skowronski (Husband) (Address) 101 Burchank Rd., Sutton, Mass.

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H. Ford M. Dennis
(Signature of Agent of Public Health or other)
COMMISSIONER OF PUBLIC HEALTH

(Official Designation) (Date of Issue of Permit) 6-24-63

Death Record for Frances Skowronski

Daughter of Jozef Dymek & Bronislawa Golas

Year 1970, Volume Unknown, Page 160	
The Commonwealth of Massachusetts	
KEVIN H. WHITE	SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS	
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
(City or town making return)	Worcester
Registered No.	1533
1 PLACE OF DEATH (County) (City or Town)	Worcester Worcester
No. (If death occurred in a hospital or institution, give its NAME instead of street and number)	No. City Hospital St.
2 FULL NAME (First Name) (Middle Name) (Last Name) (If deceased is a married, widowed, or divorced woman, give also maiden name)	Frances Skowronski
PHYSICIAN – IMPORTANT	No
(Was deceased a U.S. War Veteran, if so specify WAR)	
(a) Residence, No. St. (Usual place of abode)	101 Burbank Rd St. Sutton Mass 14-
(If nonresident, give city or town and State)	50
Length of stay: In place of death	– years – months – days 2 hours
In place of residence	13 years – months – days
MEDICAL CERTIFICATE OF DEATH	
3 DATE OF DEATH	June 22 1963
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.)	coronary artery disease
5 Accident, suicide, or homicide (specify)	4201
Date and hour in injury...19...	no
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?)	found unconscious in home
Nature of Injury	no
While at work?....Was autopsy performed?	no no
6 Was disease or injury in any way related to occupation of deceased? If so, specify.	no
(Signed) (Print or Type Name)	Joan O Ward, M.D. JOAN O WARD
(Address)	978 Main St
Date	June 22 1963
7 Place of Burial or Cremation (City or Town)	Notre Dame Cemetery, Worcester
DATE OF BURIAL	June 25 1963
8 NAME OF FUNERAL DIRECTOR	Henry Funeral Service by
ADDRESS	Henry V. Karolkiewicz
	33 Ward Street, Worcester
	JUN 24 1963
Received and filed	[signed] Robert J. O'Keefe
A TRUE COPY ATTEST: (Registrar)	
PERSONAL AND STATISTICAL PARTICULARS	
9 SEX	Female
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)	Alexander F. Skowronski
13 DATE OF BIRTH	–
14 AGEYears.....Months.....Days If under 24 hoursHours.....Minutes	73 Years – Months – Days
15 Usual Occupation: (Kind of work done during most of working life)	Housewife
16 Industry or Business	At Home
17 Social Security No.	034-20-0574
18 BIRTHPLACE (City) (State or country)	Poland
PARENTS	
19 NAME OF FATHER	Jozef Dymek
20 BIRTHPLACE OF FATHER (City) (State or country)	Poland
21 MAIDEN NAME OF MOTHER	Bronislawa Golas
22 BIRTHPLACE OF MOTHER (City) (State or country)	Poland
23 Informant (Address)	Alexander Skowronski (husband)
	101 Burbank Rd., Sutton, Mass.
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me	G. Frank McGinnis (RA)
BEFORE the burial or transit permit was issued: (Signature of Agent of Board of Health or other) (Official Designation) (Date of Issue of Permit)	COMMISSIONER OF PUBLIC HEALTH
	6-24-63