


The Death Record of Bolesław D. Izbicki – 1937

Husband of Wiktoria Kruczyńska

		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS MEDICAL EXAMINER'S CERTIFICATE OF DEATH	WORCESTER 363 (City or town making return)
1	PLACE OF DEATH WORCESTER (County)	Registered No. 635	
	No. 9 Esther (City or Town)		
2 FULL NAME Boleslaw D Izbicki (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)	
(a) Residence No. 9 Esther St., _____ Ward, _____ (Usual place of abode)		(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred 30 yrs. _____ mos. _____ days.		How long in U. S., if of foreign birth? 30 yrs. _____ mos. _____ days.	
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX male	4 COLOR OR RACE white	5 SINGLE MARRIED WIDOWED or DIVORCED married (write the word)	
5a If married, widowed, or divorced HUSBAND of Wiktoria Kruczyńska (Give maiden name of wife in full)			
(or) WIFE of _____ (Husband's name in full)			
6 IF STILLBORN, enter that fact here.			
7 AGE 57 Years. _____ Months. _____ Days. If less than 1 day _____ Hours. _____ Minutes			
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer in 7871			
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Street Department			
10 Date deceased last worked at this occupation (month and year) _____ 11 Total time (years) spent in this occupation _____			
12 BIRTHPLACE (City) (State or country) Poland 20-7			
13 NAME OF FATHER Dominick			
14 BIRTHPLACE OF FATHER (City) (State or country) Poland 20-7			
15 MAIDEN NAME OF MOTHER Cannot be learned			
16 BIRTHPLACE OF MOTHER (City) (State or country) Poland 20-7			
17 Informant (Address) Mrs. Victoria Izbicki Worcester			
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Peter O Shea, M. D. (Signature of Agent of Board of Health or other) Director March 12, 1937 (Official Designation) (Date of Issue of Permit)			
MEDICAL CERTIFICATE OF DEATH			
18 DATE OF DEATH March 10, 1937 (Month) (Day) (Year)			
19 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) Probably coronary sclerosis Coronary thrombosis. Unexpected death. Found dead in bed. 948 (no autopsy) (See reverse side for description for unknown person)			
20 If death was due to external causes (VIOLENCE) fill in the following: Accident, _____ Date of injury _____ 19____ Suicide or _____ Homicide? _____			
Where did injury occur? _____ (City or town and State) Manner of Injury _____ Nature of Injury _____			
21 Was disease or injury in any way related to occupation of deceased? no If so, specify _____ (Signed) Frederick H Baker, Med. Exam. D. (Address) Worcester Date 3-10-1937			
22 PLACE OF BURIAL, CREMATION OR REMOVAL Notre Dame, Worcester (Cemetery) (City or town) DATE OF BURIAL March 12, 1937 19____			
23 NAME OF UNDERTAKER L Karolkevicz & Son Inc. ADDRESS Worcester Received and filed March 13, 1937 19____ Malcolm C Medgley (Registrar)			
A TRUE COPY, ATTEST:			

The Death Record of Bolesław D. Izbicki – 1937

Husband of Wiktoria Kruczyńska

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

WORCESTER (City or town making return) 363
Registered No. 685

1 PLACE OF DEATH WORCESTER (County) WORCESTER (City or Town)
No. 9 Esther St., Ward
{(If death occurred in a hospital or institution, give its NAME instead of street and number)}

2 FULL NAME Boleslaw D Izbicki (If deceased is a married, widowed or divorced woman, give also maiden name.)
{(If U. S. War Veteran, specify WAR)
(a) Residence. No. 9 Esther St., Ward, (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 30 yrs. Mos. Days.
How long in U. S. if of foreign birth? 30 yrs. Mos. Days.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX male	18 DATE OF DEATH March 10, 1937 (Month) (Day) (Year)
4 COLOR OR RACE white	19 I HEREBY CERTIFY that I have investigated the death of the
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) married	person above-named and that the CAUS AND MANNER thereof are as follows: (If an injury was involved, state fully)
5a If married, widowed, or divorced HUSBAND of Victoria Kruczynska (Give maiden name of wife in full) or WIFE of (Husband's name in full)	Probably coronary sclerosis Coronary thrombosis.Unexpected death. Found dead in bed.
6 IF STILLBORN, enter that fact here.	94B (no autopsy)
7 AGE 57 Years – Months – Days If less than 1 day Hours Minutes	(See reverse side for description for unknown person)
OCCUPATION	20 If death was due to external causes (VIOLENCE) fill in the following:
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Laborer in 7871	Accident, Suicide or Homicide? --- Date of Injury ___ 19
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc Street Department	Where did injury occur? --- (City or town and State) Manner of Injury --- Nature of Injury ---
10 Date deceased last worked at this occupation (month and year)	21 Was disease or injury in any way related to occupation of deceased? No
11 Total time (years spent in this occupation)	If so, specify
12 BIRTHPLACE (City) (State or country) Poland 20-7	(Signed) Frederick H Baker, Med.Exam M. D.
PARENTS	(Address) Worcester Date 3-10-1937
13 NAME OF FATHER Dominick	22 PLACE OF BURIAL, CREMATION OR REMOVAL Notre Dame (Cemetery), Worcester (City or town)
14 BIRTHPLACE OF FATHER (City) (State or country) Poland 20-7	DATE OF BURIAL March 12,1937 19
15 MAIDEN NAME OF MOTHER Cannot be learned	23 NAME OF UNDERTAKER L Karolkevicz & Son Inc.
16 BIRTHPLACE OF MOTHER (City) (State or country) Poland 20-7	ADDRESS Worcester
17 Informant Mrs. Victoria Izbicki (Address) Worcester	Received and filed March 13, 1937 19
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Peter O Shea, M. D. (Signature of Agent of Board of Health or other) Director (Official Designation) March 12, 1937 (Date of Issue of Permit)	[signed] Malcolm C Midgley (Registrar) A TRUE COPY, ATTEST: