

# Death Record for Adam Skowronski

## Son of Alexander Skowronski & Frances Dymek

COMMONWEALTH OF MASSACHUSETTS		TOWN OF GARDNER	320
<b>RETURN OF A DEATH</b>			
FULL NAME <u>Adam Skowronski</u>		Registered No. <u>211</u>	
Place of Death* <u>140 Greenwood St. Gardner Mass.</u>			
Date of Death <u>December 28, 1906</u>		Age <u>—</u> years <u>—</u> months <u>14</u> days	
<b>STATISTICAL DETAILS</b>		<b>PHYSICIAN'S CERTIFICATE</b>	
SEX <u>Male</u>	COLOR <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED	
MAIDEN NAME †		I HEREBY CERTIFY that I attended deceased during last illness, from <u>Dec. 24, 1906</u> to <u>Dec. 28, 1906</u> , that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows: Primary: <u>Asphyxiation</u> (DURATION) <u>—</u> DAYS Contributory: <u>Improper care</u> (DURATION) <u>14</u> DAYS (Signed) <u>J. E. Waters</u> M.D. <u>Dec 29, 1906</u> (Address) <u>Gardner Mass.</u>	
HUSBAND'S NAME †			
BIRTHPLACE ‡ <u>Gardner, Mass.</u>			
NAME OF FATHER <u>Alex Skowronski</u>			
BIRTHPLACE OF FATHER ‡ <u>Russia</u>			
MAIDEN NAME OF MOTHER <u>Francis Dymek</u>		<b>SPECIAL INFORMATION</b> only for Hospitals, Institutions, Transients, or Recent Residents. Former or Usual Residence <u>—</u> How long at Place of Death? <u>—</u> Days Where was disease contracted, if not at place of death? <u>—</u> Filed <u>Jan 2, 1907</u> <u>Levi W. Reed</u> Town Clerk TOWN OF GARDNER	
BIRTHPLACE OF MOTHER ‡ <u>Russia</u>			
OCCUPATION <u>—</u>			
INFORMANT § <u>Alexis Skowronski</u> <u>140 Greenwood St. Gardner</u>			
PLACE OF BURIAL OR REMOVAL † <u>St. Johns</u>			
DATE OF BURIAL <u>Dec. 29, 1906</u>			
UNDERTAKER <u>Ryan Bros. Inc.</u>		ADDRESS <u>Gardner.</u>	

# Death Record for Adam Skowronski

## Son of Alexander Skowronski & Frances Dymek

Year 1906, Volume 41, Page 320			
COMMONWEALTH OF MASSACHUSETTS			320
RETURN OF A DEATH		TOWN OF GARDNER	
FULL NAME	Adam Skuronsky		Registered No. 211
Place of Death*	140 Greenwood Street, Gardner, Mass.		
Date of Death	December 28, 1906		Age – years – months – 4 days
STATISTICAL DETAILS		PHYSICIAN'S CERTIFICATE	
SEX Male	COLOR White	SINGLE, MARRIED, WIDOWED, OR DIVORCED	
MAIDEN NAME †		I HEREBY CERTIFY that I attended deceased during last illness, from Dec. 24 1906 to Dec. 28 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:  Primary: Asphyxiation (DURATION) – DAYS  Contributory: Improper care (DURATION) 4 DAYS  (Signed) J. E. Waters M.D.  Dec 29 1906 (Address) Gardner, Mass.	
HUSBAND'S NAME †			
BIRTHPLACE ‡	Gardner, Mass		
NAME OF FATHER	Alec Skuronsky		
BIRTHPLACE OF FATHER ‡	Russia		
MAIDEN NAME OF MOTHER	Francis Dimak		
BIRTHPLACE OF MOTHER ‡	Russia	SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents	
		Former or Usual Residence	How long at Place of Death? Days
OCCUPATION	–		Where was disease contracted, if not at place of death?
INFORMANT §	Alexis Skuronsky 140 Greenwood St. Gardner		Filed Jan 2 1907 TOWN OF GARDNER Levi. W. Wood Town Clerk
PLACE OF BURIAL OR REMOVAL    St. Johns	DATE OF BURIAL Dec. 29 1906		* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or institution, give its NAME instead of street and number. † In case of married or divorced woman, or widow. ‡ State or country; also city, town or county, if known. § Name and address of person giving statistical details.    Name of cemetery.
UNDERTAKER Ryan Bros. Inc.	ADDRESS Gardner.		