

LOCAL FILE NUMBER

VERMONT DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Month, Day, Year)
1 Edward		Joseph	O'Halloran	Male	3 September 2, 1978	
2 RACE—(White, Black, American Indian, ETC. (Specify))	3 AGE LAST BIRTH-DAY (Years)	4 UNDER 1 YEAR	5 UNDER 1 DAY	6 DATE OF BIRTH	7A COUNTY OF DEATH	
White	85	88	89	08/04/93	Windsor	
8 CITY, TOWN OF DEATH		9 HOSPITAL OR OTHER INSTITUTION (If not in other, give Street and Number)		10 IF HOSPITAL OR INSTITUTION		
Hartford/Rural		VA Center, White River Jct., Vt. 05001		Inpt. ☐ ER ☐ OR		
11 STATE OF BIRTH (If not U.S.A. name country)		12 CITIZEN OF WHAT COUNTRY?		13 SURVIVING SPOUSE (If wife, give maiden name)		
New York		USA		Beatrice Ellen Hogan		
14 SOCIAL SECURITY NO.		15 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		16 VETERAN? (If so, what war?)		
089 01 7353		13A Car maintainer		Yes ☐ No ☐ WW I		
17 ACTUAL RESIDENCE STATE		18 COUNTY		19 BUSINESS OR INDUSTRY		
Vermont		Chittenden		Automotive		
20 FATHER—NAME		21 MOTHER—MAIDEN NAME		22 MAILING ADDRESS, INC. ZIP		
John Herbert O'Halloran		Margaret Brerton		VE 05468		
23 INFORMATION—NAME		24 MOTHER—MAIDEN NAME		25 RFD 3 Lake Shore Rd., Milton		
Hospital Records		Margaret Brerton		Milton		
26 PART I. DEATH WAS CAUSED BY:		27 VA Center, White River Jct., Vt. 05001		28 MAILING ADDRESS (Street, R.F.D. No., City or Town, State, Zip Code)		
19 IMMEDIATE CAUSE		29 Metastatic Carcinoma of the Prostate		30 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
14 DUE TO, OR AS A CONSEQUENCE OF:		31 DUE TO, OR AS A CONSEQUENCE OF:		Years		
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