The Commonwealth of Massachusetts

COPY OF RECORD OF DEATH

Town of Bedford

I the undersigned, hereby certify that I am Clerk of the Town of Bedford; that as such I have custody of the records of deaths required by law to be kept in my office, that among such records is one relating to the death of

Harry A. Burris

and that the following is a true copy of so much of said record as relates to said death, namely:

Date of Death June 29, 1964

Place of Death Bedford, Massachusetts

Name Harry A. Burris

Sex Male Color Race White

Single, Married, Widowed or Divorced Married

Age 67 Years 8 Months 25 Days

Residence at Time of Death Billerica, Mass.

Occupation Not of Record

Place of Birth Billerica, Mass.

FATHER	MOTHER
Name Clark Burris	Maiden Name Mary J. McDonald
Place of Birth New Brunswick, Canada	Place of Birth Nova Scotia, Canada

Cause of Death Bilateral Pulmonary Artery Thrombosis. Atherosclerosis.

Place of Burial St. Patrick's Cemetery, Lowell, Mass.

Date of Record July 2, 1964

And I do hereby certify that the foregoing is a true copy from said records

Witness my hand and seal of said Town of Bedford

on this second day of July 19 64

Assistant Town Clerk

H P 8280

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PROOFS OF DEATH — PHYSICIAN'S STATEMENT

Submitted to

THE TRAVELERS INSURANCE COMPANY

NOTE: The Medical certification follows the recommendations of the World Health Assembly made in Geneva on July 24, 1948. It has been accepted by all States in this country and in Canada.
In the interest of accurate vital statistics, please conform to the International List of the Causes of Death.

Full name of deceased. Harry A. BURRIS

Residence at death V. A. Hospital, Bedford, Mass.

Age at death or date of birth 67 yrs. 8 mos. 25 days

Date of death June 29, 1964

Place of death Bedford, Massachusetts

(If Hospital or Institution, give name) V. A. Hospital, Bedford, Mass.

Cause of death (Enter only one cause for each of a, b, and c.)

Disease or condition directly leading to death: (This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(a) Bilateral pulmonary artery thrombosis — Interval between onset and death: 1 week

Antecedent causes. (Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.)

Due to (b) Atherosclerosis — (b) years

Due to (c) — (c)

Other significant conditions: (Contributing to the death but not related to the disease or condition causing death.)

Acute brain syndrome associated with metabolic disturbance asbestosis.

Date of First Attendance in Last Illness: October 25, 1963

Date of Last Attendance in Last Illness: June 29, 1964

If death was due to accident, suicide or homicide, specify which. Describe briefly.

Was an inquest held? ☐ YES ☒ NO

Was an autopsy performed? ☒ YES ☐ NO

If so, by whom and with what findings?

F. Russell Tyler, M. D.

(See Reverse)

Have you treated or advised the deceased during the last 5 years, prior to last illness? ☐ YES ☒ NO

Did the deceased, to your knowledge, receive treatment during the last 5 years from any other physician, or in any Hospital or Institution? ☐ YES ☐ NO

If Yes to either question, please furnish the following:

Name	Address	Nature of Illness or Injury	Dates

THESE STATEMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

[redacted] J. D'Angelo M.D.
Signature

July 8, 1964
Date

V. A. Hospital, Bedford, Mass.
Address

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