



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY OF STATE
WILLIAM FRANCIS GALVIN, SECRETARY
Archives Division

COPY OF RECORD OF DEATH

264*

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
City or Town Plymouth State Mass Registered No. 73
City or Town Whitman No. 20 Elm Place St. Whitman Ward 73
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William H. Fogarty (If U. S. War Veteran, specify WAR)

3 Residence, No. 20 Elm Place St. Whitman Ward 73
(Usual place of abode)
Length of residence in city or town where death occurred years months days How long in U. S. if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

4 SEX M 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

6 AGE 72 Years Months 8 Days - IF LESS than 1 day, hrs. or min.

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) Name of employer

8 BIRTHPLACE (City) Ireland (State or country)

9 NAME OF FATHER James Fogarty

10 BIRTHPLACE OF FATHER (City) Ireland (State or country)

11 MAIDEN NAME OF MOTHER May Driscoll

12 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

13 Informant (Address) Thos. Fogarty Whitman, Mass

14 Filed 10-10-28 (Month) (Day) (Year) REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sept. 22, 1928 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from 1923 to Sept. 22, 1928
that I last saw him alive on Sept. 22, 1928 at 11:30 a.m. m.
and that death occurred, on the date stated above, at 11:30 a.m. m.
The CAUSE OF DEATH was as follows: (State fully) Pulmonary tuberculosis

17 Where was disease contracted If not at place of death

18 PLACE OF BURIAL, CREMATION, OR REMOVAL St. James-Whitman 9-24-28 (Cemetery) (City or town)

19 UNDERTAKER M. F. Hayes Whitman ADDRESS

Official position Date of issue of permit Permit No.



I do hereby certify that the foregoing is a true copy from the records of death required by law to be kept in my office. WITNESS my hand and the GREAT SEAL OF THE COMMONWEALTH at Boston on this 4th day of June, 2025

Year: 1928
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William Francis Galvin

William Francis Galvin
Secretary of the Commonwealth