

CONNECTICUT STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics

COPY

Medical	Certificate	of	Dogth
Mealcal	Cerunicale	OF	Death

1. PLACE OF DEATH			
County Hartford			
Township		or Village	or
CityHartford	No	Isolation Hospital St	Ward
Length of residence in city or town where death occurre	dyrsmos	ds. How long In U. S. if of foreign birth ?yrsmos	ds.
2. FULL NAME Annie Dubi	el		
(a) Residence: No. East Winds	or, Connect	cicust,Ward	
PERSONAL AND STATISTICAL PA	place of abode)	(If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State)
, , , , , , , , , , , , , , , , , , , ,	GLE, MARRIED, WIDOWED,		70
OR DIVI	orceo (write the word)	21. DATE OF DEATH (month, day, and year) Feb. 17th, 1	
a. IF MARRIED, WIDOWED, OR DIVORCED	THETE	Feb. 4th 1932 Feb. 17th	
HUSBAND OF (OR) WIFE OF		I last saw heralive on Feb. 17th 1932d	
6. DATE OF BIRTH (month, day, and year) Dec. 8th., 1919		to have occurred on the date stated above, at 11P m.	cam is said
AGE Years Months Days	If LESS than	The principal cause of death and related causes of importance were as follows:	
12 2 9	1 day,hrs, ormin.	Encephalitis Lethargica	te of onset
8. Trade, profession, or particular kind of work done, as spinner, At scho sawyer, bookkeeper, etc. At scho	_ ¬		25/
sawyer, bookkeeper, etc. At Scho	01		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at 11. To	otal time (years)		
	spent In this occupation	Other contributory causes of importance:	
2. BIRTHPLACE (city or town) Hartford			
(State or country) Connectic	ut		
13. NAME John Dubi	el		
13. NAME JOHN DUDLEL 14. BIRTHFLACE (city or town Unknown		Name of operation Date of	
(State or country) Poland		What test confirmed diagnosis?Was there an autopsy?	ilowing:
40 111000 11100		Accident, suicide, or homicide?Date of injury	,19
15. MAIDEN NAME Madeline			
		Where did injury occur? (Specify city or town, county, and Stat	e)
16. BIRTHPLACE (city or town) Unknown (State or country) Poland		Where did injury occur?(Specify city or town, county, and Stat Specify whether injury occurred in industry, in home, or in public pla	
16. BIRTHPLACE (city or town) Unknown (State or country) Poland 7. INFORMANT F. M. Godov		(Specify city or town, county, and Stat	ice.
16. BIRTHPLACE (city or town) Unknown (State or country) Poland 7. INFORMANT F M Godan (Address) H+fd Co Tempor Springd	ary Home	(Specify city or town, county, and Stat Specify whether injury occurred in industry, in home, or in public pla Manner of injury	ice.
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16. BIRTHPLACE (city or town) Unknown (State or country) Poland 7. INFORMANT F M Godwa- (Address) Htfd. Co Tempor 8. BURIAL CREMATION. OR REMOVAL Springd Place Flast Windsor pactfeb.	ary Home ale 19, 19.32	Specify city or town, county, and Stat Specify whether Injury occurred in industry, in home, or in public pla Manner of Injury	ice.
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16. BIRTHPLACE (city or town) Unknown (State or country) Poland 7. INFORMANT F M God (Address) Htfd. Co Tempor 8. BURIAL CREMATION. OR REMOVAL Springd Place East Windsor MctFeb. 9. UNDERTAKER John E Mooney (Address) Windsor Locks.	ary Home ale 19, 19.32	Specify city or town, county, and Stat Specify whether Injury occurred in industry, in home, or in public pla Manner of Injury	ce.

COPY Legal Fee \$20.00

I certify that this is a true copy of the certificate received for record, except for such information which is non-disclosable by law.

Attest: <u>Danne m Statev</u> 12.27. 2019
Registrar

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111 Corbin Pace. Com. Apr. 2, 1931.

Apr. 2, 1931. Hareford Juvinile court 9+ Jone 9, 1986. D'Addario, Jolanda

Annie Dubiel, aged 12 years, an inmate of the Hartford county temporary home for children, died there Wednesday, after a short illness. Her funeral was hold this afternoon, with burial in the county's plot in Springdale cemetery.