

Councilman  
ROBERT J. HAXTON  
55 Linwood Avenue 02909

COUNCIL PRESIDENT



Board of Contract and Supply

Committee

Bicentennial Celebration  
Declaration of Independence

**CITY OF PROVIDENCE, RHODE ISLAND**

July 21, 1976

To the Honorable City Council of the City of Providence,  
Rhode Island.

Honorable Members,

I have the unhappy responsibility, as President of the City Council, to direct the City Clerk to record on the Roll Call in the Journal of Proceedings of this meeting of the City Council that death has caused the absence, of Councilman Francis Crowley, our late brother Member.

Regrettably,

*Robert J. Haxton*  
22

Robert J. Haxton  
Council President

IN CITY COUNCIL

READ: ~~JUL 29 1976~~

WHEREUPON IT IS ORDERED THAT  
THE SAME BE RECEIVED

*Convent Vespis*  
CLERK

**RHODE ISLAND DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH**

TYPE OR PRINT IN PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

LOCAL FILE NUMBER

STATE FILE NUMBER

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1 **FRANCIS CROWLEY** 2 **M** 3 **JULY 21 1976**

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH

4 **WHITE** 5a **62** 5b **62** 5c **62** 6 **MAY 29 1914** 7 **PROVIDENCE**

CITY, TOWN, OR LOCATION OF DEATH HOSPITAL OR OTHER INSTITUTION (NAME IF NOT IN EITHER, GIVE STREET AND NUMBER)

7a **PROVIDENCE** 7c **R.I. HOSPITAL**

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) SPOUSE (IF WIFE, GIVE MAIDEN NAME)

8 **IRELAND** 9 **USA** 10 **MARRIED** 11 **ROSE ANN DONAGHY**

SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY

12 **038 70 9302** 13a **NARRAGANSETT ELECTRIC CO.** 13b **ENGINEER**

CITY OR TOWN OF RESIDENCE MAILING ADDRESS OF RESIDENCE—STREET OR R.F.D. AND NUMBER, CITY OR TOWN, STATE, ZIP CODE

14a **PROVIDENCE** 14b **70 HURON STREET PROVIDENCE, R.I.**

FATHER—NAME FIRST MIDDLE LAST MOTHER—FIRST MIDDLE MAIDEN NAME

15 **JAMES CROWLEY** 16 **ELLEN FITZPATRICK**

INFORMANT—NAME MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a **ROSE ANN CROWLEY** 17b **12 HURON ST. PROVIDENCE, R.I.**

PART I DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18 IMMEDIATE CAUSE

(a) **CARDIOPULMONARY ARREST 2° TO ACUTE**  
DUE TO, OR AS A CONSEQUENCE OF:

(b) **MYOCARDIAL INFARCTION 2° TO**  
DUE TO, OR AS A CONSEQUENCE OF:

(c) **ASCVD**

PART II OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) AUTOPSY (YES OR NO) IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

**CHRONIC OBSTRUCTIVE PULMONARY DISEASE** 19a **NO** 19b **NO**

ACCIDENT (SPECIFY YES OR NO) DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)

20a **NO** 20b **7/21/76** 20c **7:20** 20d **—**

INJURY AT WORK (SPECIFY YES OR NO) PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

20e **NO** 20f **—** 20g **—**

CERTIFICATION—PHYSICIAN I ATTENDED THE DECEASED FROM: MONTH DAY YEAR AND LAST SAW HIM/her ALIVE ON MONTH DAY YEAR I DID/DID NOT VIEW THE BODY AFTER DEATH DEATH OCCURRED (HOUR) AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED

21a **7 21 76** 21b **7 21 76** 21c **7 21 76** 21d **DID** 21e **11:43 A.M.**

PHYSICIAN—NAME (TYPE OR PRINT) SIGNATURE DEGREE OR TITLE DATE SIGNED (MONTH, DAY, YEAR)

22a **VIRGINIA SCHMIDT PARKER, MD** 22b *Virginia Schmidt Parker, MD* 22c **MD** 22d **7 21 76**

MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

23 **RHODE ISLAND HOSPITAL, EDDY ST. PROVIDENCE R.I. 02902**

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE

24a **BURIAL** 24b **ST. FRANCIS CEMETERY** 24c **PAWTUCKET, R.I.**

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

24d **JULY 24 1976** 24e **J.F. SKEFFINGTON 925 CHALKSTONE AVE. PROV. R.I.**

FUNERAL DIRECTOR SIGNATURE REGISTRAR SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR

25a *[Signature]* 25b *[Signature]* 25c **JUL 22 1976**

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE COPY OF THE INFORMATION ON THIS OFFICE.

*John C. Maccarone*

City Registrar