

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*  
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Robert J. Haxton  
Council President

IN CITY COUNCIL

READ: JUL 29 1976

WHEREUPON IT IS ORDERED THAT

THE SAME BE RECEIVED

*Constance V. Haxton*  
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: <b>FRANCIS</b> MIDDLE: <b>CROWLEY</b> LAST: <b>M</b>		SEX: <b>M</b>	DATE OF DEATH (MONTH, DAY, YEAR): <b>JULY 21 1976</b>
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY): <b>WHITE</b>	AGE—LAST BIRTHDAY (YEARS): <b>62</b> MOS. <b>50</b> DAYS <b>51</b>	DATE OF BIRTH (MONTH, DAY, YEAR): <b>MAY 29 1914</b>	COUNTY OF DEATH: <b>PROVIDENCE</b>
CITY, TOWN, OR LOCATION OF DEATH: <b>PROVIDENCE</b>		HOSPITAL OR OTHER INSTITUTION (NAME IF NOT IN EITHER, GIVE STREET AND NUMBER): <b>R.I. HOSPITAL</b>	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): <b>IRELAND</b>	CITIZEN OF WHAT COUNTRY: <b>USA</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): <b>MARRIED</b>	SPOUSE (IF WIFE, GIVE MAIDEN NAME): <b>ROSE ANN DONAGHY</b>
SOCIAL SECURITY NUMBER: <b>038 70 9302</b>	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): <b>NARRAGANSETT ELECTRIC CO. ENGINEER</b>		
CITY OR TOWN OF RESIDENCE: <b>PROVIDENCE</b>	MAILING ADDRESS OF RESIDENCE—STREET OR R.F.D. AND NUMBER, CITY OR TOWN, STATE, ZIP CODE: <b>10 HURON STREET PROVIDENCE, R.I.</b>		
FATHER—NAME FIRST: <b>JAMES</b> MIDDLE: <b>CROWLEY</b> LAST: <b>CROWLEY</b>		MOTHER—FIRST: <b>ELLEN</b> MIDDLE: <b>FITZPATRICK</b> MAIDEN NAME: <b>FITZPATRICK</b>	
INFORMANT—NAME: <b>ROSE ANN CROWLEY</b>		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): <b>12 HURON ST. PROVIDENCE, R.I.</b>	
PART I DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
18 IMMEDIATE CAUSE			
(a) <b>CARDIOPULMONARY ARREST 2° TO ACUTE</b>			
DUE TO, OR AS A CONSEQUENCE OF:			
(b) <b>MYOCARDIAL INFARCTION 2° TO</b>			
DUE TO, OR AS A CONSEQUENCE OF:			
(c) <b>ASCVD</b>			
PART II OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			
<b>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>			
ACCIDENT (SPECIFY YES OR NO): <b>NO</b>	DATE OF INJURY (MONTH, DAY, YEAR): <b>7 21 76</b>	HOUR: <b>7 21 76</b>	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18): <b>NO</b>
INJURY AT WORK (SPECIFY YES OR NO): <b>NO</b>	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY): <b>NO</b>	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE): <b>NO</b>	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM: <b>7 21 76</b>		AND LAST SAW HIM/her ALIVE: <b>7 21 76</b>	I DID/DID NOT VIEW THE BODY AFTER DEATH: <b>DID</b>
PHYSICIAN—NAME (TYPE OR PRINT): <b>VIRGINIA SCHMIDT PARKER, MD</b>		SIGNATURE: <i>Virginia Schmidt Parker, MD</i>	DEGREE OR TITLE: <b>MD</b>
MAILING ADDRESS—PHYSICIAN: <b>RHODE ISLAND HOSPITAL, EDDY ST. PROVIDENCE R.I. 02902</b>		CITY OR TOWN: <b>PROVIDENCE</b>	STATE: <b>R.I.</b>
BURIAL, CREMATION, REMOVAL (SPECIFY): <b>BURIAL</b>	CEMETERY OR CREMATORY—NAME: <b>ST. FRANCIS CEMETERY</b>	LOCATION: <b>PAWTUCKET, R.I.</b>	
DATE: <b>JULY 24 1976</b>	FUNERAL HOME—NAME AND ADDRESS: <b>J.F. SKEFFINGTON 925 CHALKSTONE AVE. PROV. R.I.</b>		
FUNERAL DIRECTOR—SIGNATURE: <i>[Signature]</i>	REGISTRAR—SIGNATURE: <i>[Signature]</i>	DATE RECEIVED BY LOCAL REGISTRAR: <b>JUL 22 1976</b>	

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

*John C. Maccarone*

City Registrar