

No. **15779**

Mortuary Record

Name Michael E. Shea
Court St. Francis No. 25
Date of Initiation August 23-1910
Date of Death Nov-8-1930
Age at Death 62 years
Cause of Death Chronic Myocarditis Insufficiency
Duration of Disease 3 months
Certificate of Death Received Nov 10-1910
Beneficiaries Wife, Ellen

To Whom Paid Widow
Date of Payment Nov. 10 1930
Second Nat Bank No. Check 825

Length of Membership:
20 years 2 months 15 days

1930 - 11 - 8

1910 - 8 - 23

20 - 2 - 15

Payment withheld awaiting _____

Attending Physician John R. Reynolds M.D.

READ THIS TO THE COURT

HIGH STANDING COMMITTEE
MASSACHUSETTS CATHOLIC ORDER OF FORESTERS

To the Chief Ranger, Officers and Members of St. Francis Court No. 25

At a meeting of the High Standing Committee held this 4th day Aug 1910
the application of Michael E. Shea Age 42
occupation Dept of Health was APPROVED. Assessment \$ 1.00

Note.—The High Standing Committee approves of this application, with the express stipulation and agreement that the parties to the contract have made true statements to the questions therein contained.

Attest

High Secretary-Treasurer.

REG. No. _____

COURT No. 25

Michael E. Shea
APPLICATION
and
Medical Examination

I certify that the above named applicant was
initiated by me on the 23rd

day of Aug 1910
Joseph J. McHeuley Chief Ranger.

I certify that I have made a record of the
initiation as above on the minutes of

St. Francis
COURT No. 25 MASSACHUSETTS
CATHOLIC ORDER OF FORESTERS,

Napoleon B. Grignon Rec. Sec.
Aug 23 1910

[Stamp Court Seal Here]

SEP 14 1910

Received \$3.00, as proposition and initiation
fee, \$ _____ Mortuary Assessment and \$1.00
for Emergency Fund.

Michael F. Riley Fin. Sec.
Date Aug 23 1910

PLEASE MAKE THE PROPER ENTRIES ON THIS PAPER AND RETURN TO THE HIGH
STANDING COMMITTEE IMMEDIATELY AFTER THE APPLICANT ABOVE NAMED IS INITIATED.

Applicant notified Aug 15 1910

N.B. Grignon
Recording Secretary.

Returned to High Standing Committee Sept 13 1910

2M, Dec. 1909.



Massachusetts Catholic Order of Foresters.

APPLICATION FOR AND CONTRACT OF MEMBERSHIP.

To the OFFICERS AND MEMBERS OF St. Francis COURT No. 25
of W. Quincy in the State of Mass
I hereby make application for membership in the above named Order, and for that purpose make the following statements as the basis of the contract between said Order and myself. I am a Roman Catholic. I agree that I will conform to, abide by, and be bound by the Constitution, By-Laws, Rules and Orders of the MASSACHUSETTS CATHOLIC ORDER OF FORESTERS now in force or hereafter adopted.
My name is Michael E. Shea Age at last birthday 42 years.
I reside at W. Quincy - Common St
I was born in W. Quincy on the 25 day of Dec in the year 1867
Father's Name in full William Shea
Mother's Name in full Margaret Shea
My occupation is Supt. of streets
My duties in such occupation are
Name and address of my employer is City of Quincy
I was married in Weymouth on the 26 day of the
month of June in the year of 1895 My age at marriage was 27 years.
My wife's name at time of marriage was Ellen Helligren
I direct that, upon my decease, all benefits to which I may be entitled from the MASSACHUSETTS CATHOLIC ORDER OF FORESTERS be paid to

| NAME IN FULL. | RELATIONSHIP. | RESIDENCE. |
|------------------------------------------------------|---------------|--------------------------------------|
| <u>Ellen Helligren</u> <u>Mrs Michael E. Shea</u> | <u>Wife</u> | <u>W. Quincy</u> <u>Common St</u> |

DECLARATION.—I, Michael E. Shea
do hereby warrant that all the statements and answers herein made by me are true; that I have not concealed any material fact, information or circumstance concerning the past or present state of my health or of my habits of life, and I do hereby consent and agree with said Order that any untrue or fraudulent statement made herein, or to any Medical Examiner of said Massachusetts Catholic Order of Foresters, or any concealment of facts or violation of any of the terms of this application and contract for membership, shall thereby forfeit my right to any benefit under the said contract and cancel all obligations to me of said Massachusetts Catholic Order of Foresters.

[SIGNED] Michael E. Shea Applicant
PROPOSED BY James Doyle
Witness to Signature Michael E. Shea
Date June 13 1900

CERTIFICATE OF CHIEF RANGER.

I hereby certify that the Committee on Investigation of the within-named applicant have reported favorably, and do recommend for admission.

Joseph J. McTear Chief Ranger. St. Francis Court No. 25 1900

REPORT OF MEDICAL EXAMINER.

1. Name and residence of applicant Michael C. Shea - Cincinnati, W. Quincy
 Age 42 How long have you personally known the applicant? 20 years
 If applicant is unknown to you, give name of officer or member guaranteeing the identity of applicant.

Name of identifier

Family History.—As far as you know, what is the age and present state of health of each of the persons now living? What was the age at death, date of death and cause of death of each of them, if deceased, and the duration of fatal illness? In giving cause of death avoid all indefinite terms, such as "Don't know," "Child-birth," "Change of Life," "Fever," "Exposure," etc. If the word child-birth is used, how long after delivery did death occur, and were there any symptoms of disease of chest, such as cough, expectoration, etc. When applicant cannot answer fully he should explain why he does not know.

| 2 Family Record of the Applicant. | LIVING. | | DEAD. | | | | |
|-----------------------------------------------------------|---------|------------------|---------------|----------------|--------------------------|----------------------------|------------------|
| | Age. | State of Health. | Age at Death. | Date of Death. | Specific Cause of Death. | Duration of Fatal Illness. | Previous Health. |
| FATHER. | | | 59 | 21 yrs ago | Pneumonia | 3 wks | Good |
| MOTHER. | 75 | Good | | | | | |
| Are grand-parents on either side alive? <u>no</u> Specify | | | | | | | |

| | | | | | | | |
|--------------------|---------|------|--|-----------------|----------------------|--|--|
| BROTHERS. | | | | | | | |
| How many living... | 1 alive | well | | | | | |
| How many dead... | one | | | Died in infancy | Cause & date unknown | | |
| SISTERS. | | | | | | | |
| How many living... | 4 alive | well | | | | | |
| How many dead... | one | | | Died in infancy | Cause & date unknown | | |

3. What are the actual duties of applicant's occupation? Supt of Streets - Quincy
 Any change of same the past two years? no If so, why, and give former employment

4. Has any of applicant's relatives, including uncles and aunts, been affected with Consumption, Rheumatism, Gout, Insanity, Scrofula, Cancer, or any hereditary disease, or has any relative attempted suicide? If so, name all such with particulars.
no

5. Has there been within two years among the members of applicant's household a case of Cancer or Consumption? no

6. Has applicant ever had any severe illness, injury or undergone any surgical operation? State when and give particulars, with name and address of attending physician.
no

7. Has applicant ever had Inflammatory Rheumatism? no How many attacks? —
 Date of last attack? — Duration and sequelae? —

8. Does applicant use intoxicating liquors? yes If so, give kind and quantity used daily, weekly or monthly.
Occasional glass of beer

If total abstainer, state how long? — former habits? no

9. Has applicant ever been under treatment for alcoholic habit? no

10. Is applicant a pensioner? no Has applicant ever applied for a pension? no

11. Has applicant's weight recently increased or diminished? no If so, state particulars? —

12. Has applicant ever applied for membership in the Order? no If so, what Court? —

13. Is applicant now insured? yes If so, give companies, societies and amounts? New York Life 1000.00

14. Has applicant ever been rejected for insurance? no If so, give name of organization, when and where? —

15. Is applicant engaged in any way in the manufacture or sale of intoxicating liquors as a beverage? no

16. When did applicant last consult a physician? not since childhood

17. Give name and address of Medical Adviser? A. J. Reynolds - W. Quincy

REPORT OF MEDICAL EXAMINER.

| | | | | | | | | |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------|------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 1 | Does the appearance of Applicant correspond with the age as given in application? <i>yes</i> | 2 | Does the Applicant's physical appearance indicate good health? <i>yes</i> | | | | | |
| 3 | What is Applicant's exact Height? <i>5 ft. 9 1/4 in.</i> | Exact Weight <i>157 lbs</i> | Measurements of Chest at level of Nipples. <table style="width: 100%;"> <tr> <td style="width: 50%;">Forced Expiration. <i>39 in.</i></td> <td style="width: 50%;">Forced Inspiration. <i>41.5 in.</i></td> </tr> </table> | Forced Expiration. <i>39 in.</i> | Forced Inspiration. <i>41.5 in.</i> | Measure of Abdomen at level of Umbilicus. <i>40 in.</i> | What is the temperature under tongue? <i>98.6</i> Time of day <i>7</i> M. | State rate and quality of Pulse. <i>80</i> Does it intermit or become irregular? <i>no</i> |
| Forced Expiration. <i>39 in.</i> | Forced Inspiration. <i>41.5 in.</i> | | | | | | | |
| 4 | Is the character of Respiration full, easy and regular? <i>yes</i> Is the murmur clear and distinct over area of both lungs? <i>yes</i> Is there entire absence of indication of disease respiratory tract? <i>yes</i> | | | | | | | |
| | Is the heart normal in size and location? <i>yes</i> Is the character of the heart's action uniform, free and steady? <i>yes</i> Are the valvular sounds healthy? <i>yes</i> Is there any indication of disease of heart or blood vessels? <i>no</i> | | | | | | | |
| 6 | ABDOMEN. Are there indications of disease of the liver, stomach or intestines? <i>no</i> If so, specify and give particulars. Is there any Umbilical, Inguinal, Femoral or Operative Herniæ present? <i>no</i> If so, is it reducible? <i>no</i> Is a properly fitting truss worn? <i>no</i> | | | | | | | |
| 7 | NERVOUS SYSTEM. Is there any history or symptoms of disease of the Nervous System? <i>no</i> | | | | | | | |
| 8 | VACCINATION. Has Applicant been successfully Vaccinated? <i>yes</i> Give location of scars or marks of small-pox? <i>RT arm</i> | | | | | | | |
| 9 | Is Applicant deaf, dumb, blind, or maimed in any way? <i>no</i> Has Applicant any specific or skin disease, extensive varicosities, or varicocele? <i>no</i> | | | | | | | |
| 10 | What is your opinion of the Applicant's habits in regard to the use of stimulants tobacco, etc.? <i>Not injurious to health</i> From your examination do you believe Applicant's answers to be true and full? <i>yes</i> | | | | | | | |
| 11 | Have you made the required examination of the Urine? <i>yes</i> Was the Urine passed in your presence? <i>yes</i> Is it clear or cloudy? <i>clear</i> Color <i>Normal</i> Sp. Gravity <i>10 no</i> Reaction <i>acid</i> Does it contain albumen? <i>no</i> Sugar <i>no</i> Abnormal deposits <i>no</i> | | | | | | | |
| 12 | Do you recommend the risk? <i>yes</i> Do you as an Examiner of the Order, with the best interest of the Order in mind, advise the acceptance of this risk? <i>yes</i> | | | | | | | |

Medical Examiners are at liberty to ask any other questions they may consider necessary in conducting their examinations.

Special Reports may be sent separately and are accepted as strictly confidential.

APPLICANT'S DECLARATION.—TO BE SIGNED IN PRESENCE OF THE MEDICAL EXAMINER.

I further declare, agree and warrant as before that my answers to the questions put by the Medical Examiner are correct and true, and that I am the person who signed the application on the first page; and who was examined.

Applicant sign here. ✓ *Michael E. Shea*

I Certify on My Honor that I have this day made a personal examination, in accordance with the rules, of the above named applicant, that the foregoing answers are in my own handwriting, and I have received my fee for said examination.

Examined at *Quincy*
this *4th* day of *August* 19*10*

M. D. *1909*
Graduated at *Harvard* Year *1903*
Residence *Quincy*

This Paper must be sent sealed to the High Secretary-Treasurer by the Medical Examiner.

No. *2207* Ct. *25*

Michael E. Shea

Occ. *Sup. of streets* Age *40*

~~SINGLE~~ ~~MARRIED~~ ~~WIDOWER~~

APPLICATION AND MEDICAL EXAMINATION

Memoranda High Medical Examiner.

age 40

Memoranda High Secretary-Treasurer
Wrote letter of Quincy Aug 11/10

AUG 5 - 1910

Approved. AUG 3, 1910

HIGH SECRETARY-TREASURER.

Edition Aug. 1908. 10M.

No record of previous application.

HAZARDOUS OCCUPATIONS.

Locomotive Firemen and Engineers.
Freight Brakemen and Conductors.
Yard Switchmen and Section Hands.
Electric Linemen.
Submarine Divers.
Workers in Explosives or Mines.
Members of Life-Saving Service.
Deep-Sea Fishermen.
Metal Polishers.
Men Engaged in Extinguishing Fires.
Soldiers or Sailors in Actual Warfare.
Persons Engaged in the Sale or Manufacture of Alcoholic Beverages.
Glass Blowers.
Stone Cutters Under Cover.

IMPORTANT.

Medical Examiners are forbidden to examine applicants unless known to them personally or the identity of the applicants are guaranteed to them by an officer or member of the Order.

The Court will forward this Application and fee of \$1.75 for examination direct to the Medical Examiner.

MASSACHUSETTS CATHOLIC

ORDER OF FORESTERS

CERTIFICATE OF DEATH

No person is authorized to waive any conditions which may be necessary for properly filling out this Certificate. The form must be filled out in detail.

This is to Certify That it appears upon the Records of
St Francis Court No. 25
 that Brother—Sister Michael E. Shea
 was initiated August 23 -, 1910
 in Saint Francis Court No. 25
 and who resided last at Samson St W. Quincy, Mass
 departed this life November 8, 1930
 aged 62 and at the time of his ~~other~~ death was a member in financial
 standing in St Francis Court, No. 25, and therefore,
 entitled to full rights of membership.

We also certify that we have seen the body and identified it as that of Brother
~~Sister~~ Michael E. Shea

(Court Seal)

Joseph J. Garity C. R.
Francis J. Gills Rec. Sec'y
Joseph W. Kruth Fin. Sec'y
Joseph C. O'Hagan Treas.

Certificate of Physician

The undersigned attended during last sickness the above-named
Michael Shea who died at
Quincy on the 8th day of Nov, 1930

How long have you known the deceased? 25 years

Were you attending Physician prior to last illness? yes

If deceased had any other Physician during last illness, give name and address:

no

What was the duration of last sickness? About three months

What was cause of death? Chronic myocardial insufficiency

Were there any complications? no

I certify on my honor that the above statements are true:
 Graduated at University of St. Joseph M. D.

In the year 1905 Residing at Quincy Mass



To the High Standing Committee

— of the —

Massachusetts Catholic Order of Foresters

The undersigned certify that the beneficiary named upon the records of the Court

Name Ellen Shea Relation Wife Age 6

Name _____ Relation _____ Age _____

Name _____ Relation _____ Age _____

and now resides at No. Common St. N. Quincy Town, City.
(Please give the address of each beneficiary and give age after each name)

Where any of the beneficiaries are minors, a guardian must be appointed by the Probate Court

The family of said Michael Shea consist of

| RELATION | CHRISTIAN NAME | SURNAME | AGE |
|-----------------|-------------------------|------------------|-----------|
| <u>Daughter</u> | <u>(Mrs) Catherine</u> | <u>Keegan</u> | <u>34</u> |
| <u>"</u> | <u>Mrs. Ellen Helen</u> | <u>Campfield</u> | <u>32</u> |
| <u>"</u> | <u>(Miss) Marjorie</u> | <u>Shea</u> | <u>30</u> |
| | <u>(Mrs) Alice</u> | <u>Cashman</u> | <u>21</u> |
| | <u>(Miss) Anna</u> | <u>Shea</u> | <u>25</u> |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Be sure and insert age after each name

We, Officers of St. Francis Court No. 25 certify that the foregoing statements are true in every particular.

Signed, Joseph J. Carity C. R.

Francis J. Gillis Rec. Sec'y

Joseph W. Frutts Fin. Sec'y

Joseph B. Thayer Treas.

Approved: _____ High Chief Ranger.

19 _____ High Medical Examiner.

COUNTERSIGNED

By *Francis J. Connel*
Asst. High Secretary Treasurer

\$1000⁰⁰

No. 8925

MASSACHUSETTS CATHOLIC ORDER OF FORESTERS.

The Second National Bank

OF BOSTON

5-17

Boston, Mass.

Nov 10 1920

Pay to the order of *Edwin Shea*

EXACTLY \$1000 & 00 CTS.

Dollars

Massachusetts Catholic Order of Foresters.

Joseph P. McCabe
High Chief Ranger

By *Joseph J. Farrester*
High Secretary Treasurer

WILL BUCKLEY, BOSTON

Commonwealth of Massachusetts.

City Clerk's Office, Quincy, Aug. 8, 19 10

I, Harrison A. Keith hereby certify that I hold the office of City Clerk, and have the custody of the Records of this City relating to **Births**, and that the following is a copy from the Record of Births in said City:

Date of Birth December 25, 1867.

Name of Child Michael Shea

Sex, M. Place of Birth Quincy

Residence of Parents Quincy

Name of Father William Shea

Birthplace of Father Ireland

Occupation of Father Laborer

Name of Mother Margaret Riley

Birthplace of Mother Ireland

IN WITNESS WHEREOF I hereunto set my hand and the seal of said City, the day and year first above written.



Harrison A. Keith
City Clerk.