


REGISTRY DIVISION OF THE CITY OF BOSTON

COUNTY OF SUFFOLK, COMMONWEALTH OF MASSACHUSETTS, UNITED STATES OF AMERICA

001709

Certificate R No 40549

I, the undersigned, hereby certify that I hold the office of
 City Registrar of the City of Boston and I certify the following facts appear on the
 records of Births, Marriages and Deaths kept in said City as required by law.

 The Commonwealth of Massachusetts MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRY OF VITAL RECORDS AND STATISTICS		2009-8781	002121
1 DECEDENT - NAME FIRST MIDDLE LAST		2 SEX	3 DATE OF DEATH (Mo., Day, Yr.)
Julissa Brisman		F	April 14, 2009
4a PLACE OF DEATH (City/Town)	4b COUNTY OF DEATH	4c HOSPITAL OR OTHER INSTITUTION - Name (if not in either, give street and number)	
Boston	Suffolk	Boston Medical Center	
5 PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> DOA Other: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (specify):		6 SOCIAL SECURITY NUMBER	7 IF US WAR VETERAN (Specify War)
		126-66-2460	---
8a WAS DECEDENT OF HISPANIC ORIGIN? (if yes, specify)		8b RACE (specify)	9 DECEDENT'S EDUCATION (highest grade completed) (Elem-Sec (0-12) College (1-4, 5+))
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes: Dominican		White	1
10a AGE - Last Birthday (Yrs)	b UNDER 1 YEAR MOS DAYS HRS MINS	c UNDER 1 DAY HRS MINS	10d DATE OF BIRTH (Mo., Day, Yr.)
25			April 24, 1983
11 BIRTHPLACE (City and State or Foreign Country)		11 BIRTHPLACE (City and State or Foreign Country)	
New York, NY		New York, NY	
12 MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED		13 LAST SPOUSE (full name at birth or adoption)	14a USUAL OCCUPATION (Prior, if retired)
Never Married		---	Student
14b TYPE OF BUSINESS/INDUSTRY		15a RESIDENCE - No. and Street, City/Town, County, State/Country	
Education		10 West 107th Street., New York City, New York, NY	
15b Zip Code		16 FATHER - full name at birth or adoption	
10025		Hector Brisman	
17 STATE OF BIRTH (if not in US, name country)		18 MOTHER - full name at birth or adoption	19 STATE OF BIRTH (if not in US, name country)
Dominican		Carmen D. Guzman	Dominican
20 INFORMANT'S NAME		21 MAILING ADDRESS	22 RELATIONSHIP
Carmen D. Guzman		10 West 107th Street., New York City, NY	Mother
23 METHOD OF IMMEDIATE DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Donation <input type="checkbox"/> Other:		24 FUNERAL SERVICE LICENSEE OR OTHER DESIGNEE	25 LICENSE #
		George Faggas	5972
26a PLACE OF DISPOSITION (Name of cemetery, crematory, or other)		26b LOCATION (City/Town/State)	
Rosemount Crematory		Elizabeth, NJ	
27 DATE OF DISPOSITION (Mo., Day, Yr.)		28a/b NAME AND ADDRESS OF FACILITY OR OTHER DESIGNEE	
April 20, 2009		Faggas Funeral Home, 551 Mt. Auburn St., Watertown, MA 02472	
29 PART I - CAUSE OF DEATH - SEQUENTIALLY LIST IMMEDIATE CAUSE THEN ANTECEDENT CAUSES THEN UNDERLYING CAUSE		APPX INTERVAL	
a Immediate Cause		b Due to	
MULTIPLE GUNSHOT WOUNDS OF TORSO WITH INJURIES		OF HEART, AORTA, LUNG, SPINAL CORD, VERTEBRAE,	
c Due to		d Due to	
RIB, AND ILLUM			
30 PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH		31 AUTOPSY?	
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
34 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		35a DATE OF INJURY	35b TIME OF INJURY
		APRIL 14, 2009	10:13 PM
35d DESCRIBE HOW INJURY OCCURRED		35c PLACE OF INJURY (Type)	
SHOT BY OTHER(S)		HOTEL	
36 MEDICAL EXAMINER CERTIFICATION		35f LOCATION/ADDRESS OF INJURY	
MINDY J. HULL, MD 720 AUBURN STREET BOSTON MA 02118		110 HUNTINGTON AVENUE, BOSTON, MA	
37a On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) stated. (Signature)		37c APPIX TIME OF DEATH	37d DATE PRONOUNCED
<i>Mindy J. Hull</i>		10:13 PM	APRIL 14, 2009
40a RN/PA/NP PRONOUNCEMENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		40b IF YES, DATE	40c IF YES, TIME
41 DATE BURIAL PERMIT ISSUED		42 RECEIVED IN CITY/TOWN OF	
April 19, 2009		BOSTON	
BURIAL AGENT SIGNATURE		CLERK'S SIGNATURE	
Aisha Davis #2378		<i>Judith A. McLaughlin</i>	
		43 DATE OF RECORD	
		APR 22 2009	

I further hereby certify that by annexing the Records of the following cities and towns are in the custody of the City Registrar of Boston:

- Boston.....1637
- Chelsea.....1804
- Dorchester.....1868
- Roslindale.....1870
- South Boston.....1874
- Roxbury.....1874
- West Roxbury.....1912

WITNESS my hand and the SEAL of the CITY REGISTRAR

JUN 18 2009

on this Day of A.D.

Judith A. McLaughlin
 City Registrar

By Chapter 314 of the Acts of 1892, "the certificates or attestations of the Assistant City Registrars shall have the same force and effect as that of the City Registrar."

