



City of Cambridge

20.

IN CITY COUNCIL

May 9, 1994

COUNCILLOR SULLIVAN
MAYOR REEVES
COUNCILLOR TRIANTAFILLOU
COUNCILLOR WALSH

WHEREAS: This City Council was deeply saddened at learning of the death of **Ronald Edmund Perrotta** on May 3, 1996 at the age of forty-eight; and

WHEREAS: Ronald worked at MIT for many years; and

WHEREAS: Ronald was married to Eileen (Bracken); and

WHEREAS: Ronald's passing will leave a void in the lives of all of his surviving friends and family, his wife Eileen; his four children Angela, Lisa, Rhonda and Rachel; his son-in-law Philip; and his grandson Philip; and

WHEREAS: Ronald will be sorely missed by all he touched and loved; now therefore be it

RESOLVED: That this City Council go on record extending its deepest sympathy to the family of **Ronald Perrotta** at this time of such personal loss; and be it further

RESOLVED: That the City Clerk be and hereby is requested to forward a suitably engrossed copy of this resolution to the Perotta family on behalf of the entire City Council.

In City Council May 9, 1994.

Adopted by the affirmative vote of nine members.

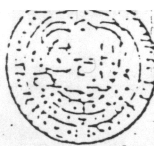
Attest:- D. Margaret Drury, City Clerk.

A true copy;

A handwritten signature in cursive script, reading "D. Margaret Drury".

ATTEST:-

D. Margaret Drury,
City Clerk



OFFICE OF THE CITY CLERK

CITY OF CAMBRIDGE

CITY HALL, CAMBRIDGE, MASSACHUSETTS 02139

D. MARGARET DRURY
CITY CLERK

(617) 349-4260

FAX (617) 349-4307

JOHN E. FLYNN
DEPUTY CITY CLERK

Mrs. Eileen Perrotta

35 Hovey Avenue #14
Cambridge, MA

Dear Mrs. Perrotta

Michael A.

Pursuant to the request of the City Council, ^{we are} ~~I am~~ forwarding to you the enclosed resolution submitted by Councillor Sullivan, ~~and~~ and co-sponsored by Mayor Kenneth Reeves and Councillors Katherine Tavanapillai and William Walsh on behalf of your late husband, Kenneth Perrotta.

As you will note, all members present were unanimous in their expression of Sympathy to you and your Family at this Time of such personal loss.

^{we} May ~~we~~ take the opportunity to express the Condolences of this office, as well as our apologies ^{for} the delay in forwarding this resolution to you. Very truly yours,

D. Margaret Drury
~~John E. Flynn~~
Deputy City Clerk

Enclosure

DONNA P. LOPEZ
~~John E. Flynn~~
Deputy City Clerk

MAS

Maya KR

KT

WW

5/9/94

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Ronald Edmund Perotta on May 3, 1996 at the
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of all of his/~~her~~ surviving friends and

family, his wife Eileen; his four children
Angela, Lisa, Rhonda and Rachel; his
son-in-law Philip; and his
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the entire City Council.

864-8549

616

INSTRUCTIONS ON REVERSE SIDE)
FOR USE BY
PHYSICIANS AND
MEDICAL EXAMINERS



The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH
REGISTRY OF VITAL RECORDS AND STATISTICS

REGISTERED NUMBER

STATE USE ONLY

DATE USE ONLY	DECEDENT NAME FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (Mo., Day, Yr.)		
PLACE	1 Ronald		Edmund		Perrotta		M	May 3, 1994		
HOSP	PLACE OF DEATH (City/Town)		COUNTY OF DEATH		HOSPITAL OR OTHER INSTITUTION (Name (if not in other, give street and number))					
TYPE	4a Burlington		4b Middlesex		4c Lahey Clinic					
VER	PLACE OF DEATH (Check only one)		HOSPITAL:		SOCIAL SECURITY NUMBER		IF US WAR VETERAN SPECIFY WAR			
NO	☐ Inpatient ☐ ER/Outpatient ☒ XDOA ☐ OTHER:		☐ Nursing Home ☐ Residence ☐ Other (Specify)		6 024-34-7795		7			
EDUC	WAS DECEDENT OF HISPANIC ORIGIN? (Yes, Specify Puerto Rican, Dominican, Cuban, etc.)		RACE (e.g. White, Black, American Indian, etc.) (Specify)		DECEDENT'S EDUCATION (Highest Grade Completed)					
AGE	5a ☐ NO ☐ YES 5b Specify		6a White		9 12					
DATE	AGE - Last Birthday (Yr.)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (Mo., Day, Yr.)		BIRTHPLACE (City and State or Foreign Country)	
TIME	10a 48		MOS		DAYS		10b Feb. 26, 1946		11 Woburn, Massachusetts	
STATE	MARRIED NEVER MARRIED WIDOWED OR DIVORCED		LAST SPOUSE (If wife, give maiden name)		USUAL OCCUPATION (Prior - if retired)		KIND OF BUSINESS OR INDUSTRY			
CITY	12 Married		13 Eileen Bracken		14a Custodian		14b Research Lab			
COUNTY	RESIDENCE - NO. & ST., CITY/TOWN, COUNTY, STATE/COUNTRY		15a 35 Hovey Ave. #14 Cambridge, Middlesex, Massachusetts		15b 02138					
ZIP	FATHER - FULL NAME		STATE OF BIRTH (If not in U.S., name country)		MOTHER - NAME (GIVEN) (MAIDEN)		STATE OF BIRTH (If not in U.S., name country)			
STATE	16 Angelo Perrotta		Massachusetts		18 Rachael Leonardis		Massachusetts			
CITY	INFORMANT'S NAME		MAILING ADDRESS - NO. & ST., CITY/TOWN, STATE, ZIP CODE		RELATIONSHIP					
COUNTY	20 Eileen Perrotta		21 35 Hovey Ave. #14 Cambridge, MA 02138		22 Wife					
ZIP	METHOD OF DISPOSITION		FUNERAL SERVICE LICENSEE		LICENSE #					
DATE	☐ BURIAL ☒ CREMATION ☐ ENTOMBMENT ☐ REMOVAL FROM STATE ☐ DONATION ☐ OTH. SPEC.		24 Frederick N. Dello Russo		25 5168					
TIME	23 PLACE OF DISPOSITION (Name of Cemetery, Crematory or other)		26 LOCATION (City/Town, State)							
STATE	27 Woodlawn Crematory		28 Everett, Massachusetts							
CITY	DATE OF DISPOSITION		NAME AND ADDRESS OF FACILITY		29					
COUNTY	May 6, 1994		Dello Russo Funeral Service Inc. 306 Main St. Medford, MA		02155					
ZIP	29 PART I - Enter the diseases, injuries, or complications that caused the death. Do not use only the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line (a through d). PRINT OR TYPE LEGIBLY.		Approximate Interval Between Onset and Death							
STATE	IMMEDIATE CAUSE (Final disease or condition resulting in death)		a		b		c		d	
CITY	Coronary Occlusion		Due to (or as a consequence of)		Due to (or as a consequence of)		Due to (or as a consequence of)		Due to (or as a consequence of)	
COUNTY	Sequitely list conditions, if any leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST.		c		c		c		c	
ZIP	PART II - Other significant conditions contributing to death but not resulting in underlying cause given in Part I.		WAS AUTOPSY PERFORMED? (Yes or No)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)					
DATE	30		31 No		32					
TIME	WAS CASE REFERRED TO ME?		34 MANNER OF DEATH		DATE OF INJURY (Mo., Day, Yr.)		TIME OF INJURY		INJURY AT WORK (Yes or No)	
STATE	33 Yes		☒ NATURAL ☐ HOMICIDE ☐ ACCIDENT ☐ SUICIDE ☐ PENDING INVESTIGATION		35a		35b M		35c	
CITY	DESCRIBE HOW INJURY OCCURRED		PLACE OF INJURY - At home, farm, street, factory, office, etc. Specify:		LOCATION (No. & St., City/Town, State)					
COUNTY	35d		35e		35f					
ZIP	36a To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title)		36b DATE SIGNED (Mo., Day, Yr.)		36c HOUR OF DEATH		36d M			
STATE	36d		36e		36f		36g		36h	
CITY	NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print)		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 and Title)		37b DATE SIGNED (Mo., Day, Yr.)		37c HOUR OF DEATH		37d M	
COUNTY	38		37e		37f		37g		37h	
ZIP	38		37e		37f		37g		37h	
DATE	WAS THERE AN RN PRONOUNCEMENT?		IF YES DATE PRONOUNCED		IF YES TIME PRONOUNCED		40b NAME OF PRONOUNCING REGISTERED NURSE		40c	
TIME	40a No		40b		40c		40d		40e	
STATE	DATE BURIAL PERMIT ISSUED		RECEIVED IN THE CITY/TOWN OF		DATE OF RECORD					
CITY	May 05, 1994		Burlington		May 05, 1994					
COUNTY	SIGNATURE OF HEALTH AGENT		CLERK'S SIGNATURE		43					
ZIP	41		42		43					

BLACK INK ONLY

10-189

RESOLUTIONS 1994

- | | May 9, 1994 |
|---|-------------|
| 315. Resolutions to be prepared on the death of Ronald Perrotta. (Sullivan, Mayor Reeves, Triantafillou and Walsh) | |
| 316. Resolutions on the Golden Wedding Anniversary of Mr. and Mrs. Cruickshank. (Sullivan, Mayor Reeves, Russell, Triantafillou and Walsh) | |
| 317. Resolutions on the death of Agnes Desmond. (Toomey, Mayor Reeves, Sullivan and Triantafillou) | |
| 318. Resolutions on the death of Lawrence Stone, Jr. (Sullivan, Mayor Reeves, Toomey, Triantafillou and Walsh) | |
| 319. Resolutions on Continental Cablevision is sponsoring a visit to the C-Span School Bus at the Kennedy School of Government for Cambridge teachers and students. (Walsh, Sullivan and Toomey) | |
| 320. Resolution supporting Paul Farmer for his life long dedication to ensuring that the poor received proper health care services. (Mayor Reeves, Born, Duehay, Russell, Triantafillou and Sullivan) | |
| 321. Resolutions congratulating to Cambridge Camping Association for their outstanding and unselfish contributions. (Mayor Reeves, Born, Duehay, Myers, Russell, Sullivan, Toomey, Triantafillou and Walsh) | |
| 322. Resolutions on the death of Aaron Arthur Kennedy. (Mayor Reeves and Triantafillou) | |
| 323. Resolutions on Michael Muehe as the new ADA Coordinator/Director of the Commission for Person with Disabilities. (Mayor Reeves, Born, Duehay, Myers, Russell, Sullivan, Toomey, Triantafillou and Walsh) | |

over

worked at MIT for many years

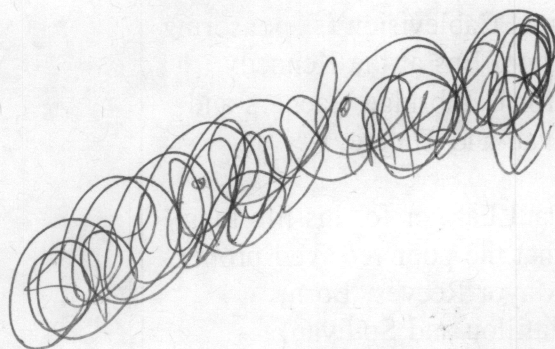
Four children

Angela Lisa Rhonda

+ Rachel

one son-in-law
Philip

① Grandson
Philip





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IN CITY COUNCIL
May 9, 1994

COUNCILLOR SULLIVAN
MAYOR REEVES
COUNCILLOR TRIANTAFILLOU
COUNCILLOR WALSH

ORDERED: That the City Clerk be and hereby is requested to prepare a suitable resolution on the death of Ronald Edmund Perrotta, late Cambridge resident.

In City Council May 9, 1994.

Adopted by the affirmative vote of nine members.

Attest:- D. Margaret Drury, City Clerk.

A true copy;

ATTEST:- *D. Margaret Drury*

D. Margaret Drury,
City Clerk

May 1, 1994

Councillor Sullivan

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Reivs, Miantafillou, Walsh

Consent Order #20

R-315

Councillor Sullivan re: Prepare
death resolution for Ronald Perrotta

In City Council May 9, 1994

Order adopted