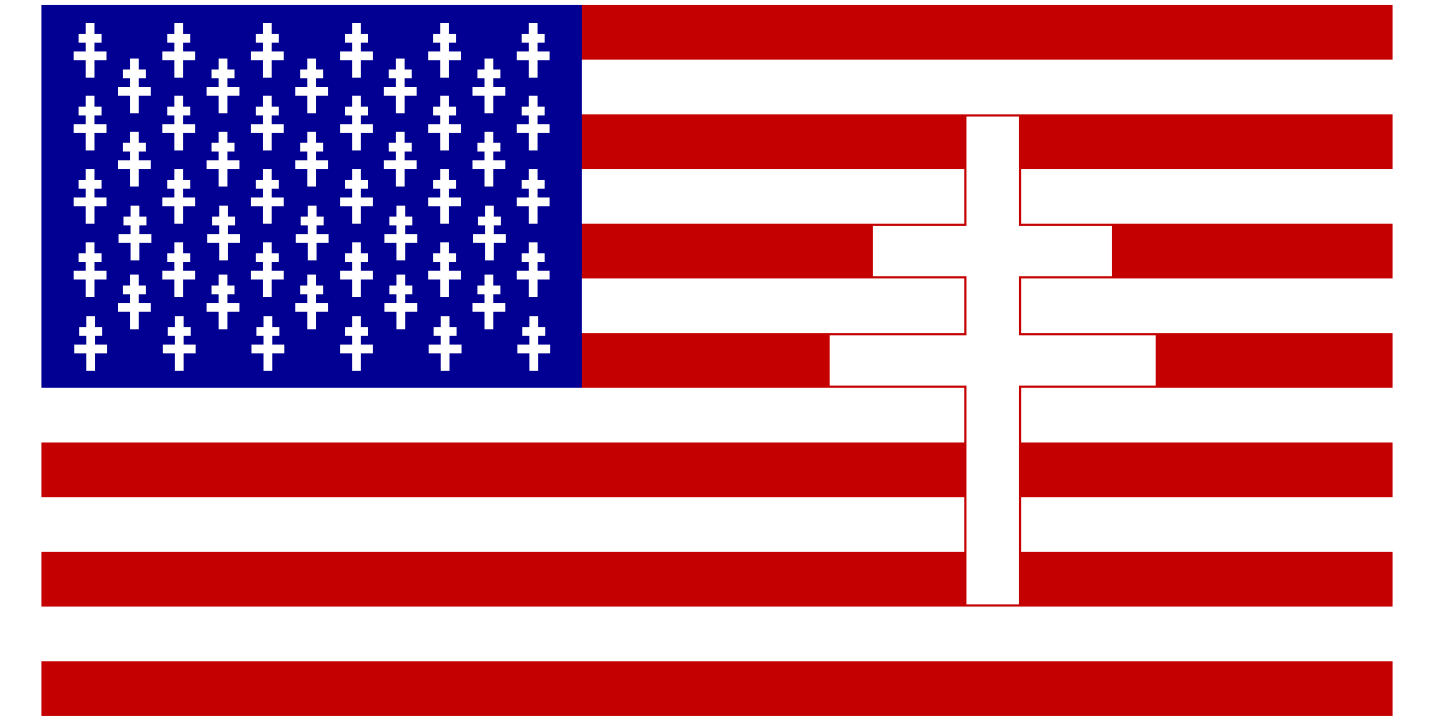
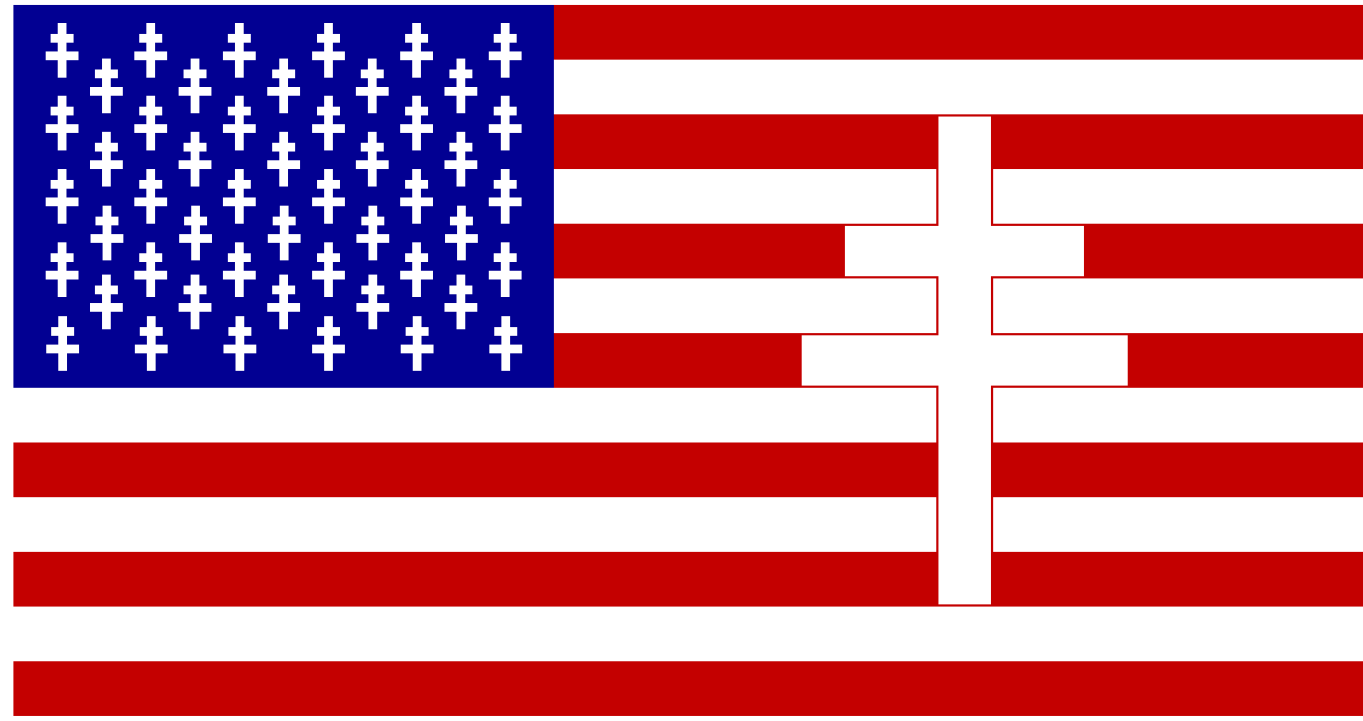


Coquin de Chien

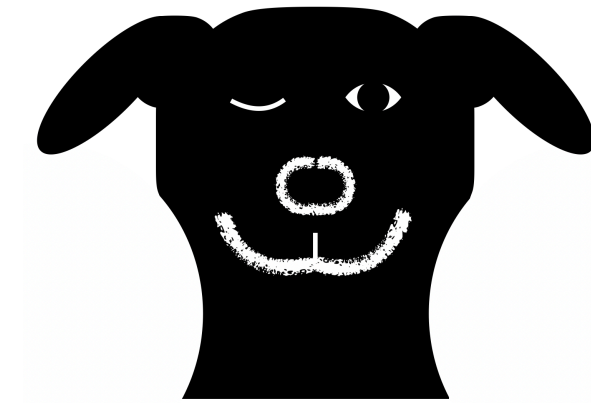
TW>TR: @JohnBeaudoinSr
or @Coquin_de_Chien
coquindechien.substack.com

John Paul Beaudoin, Sr.
<https://viaveravita.com>

2023-03-11



AGENDA



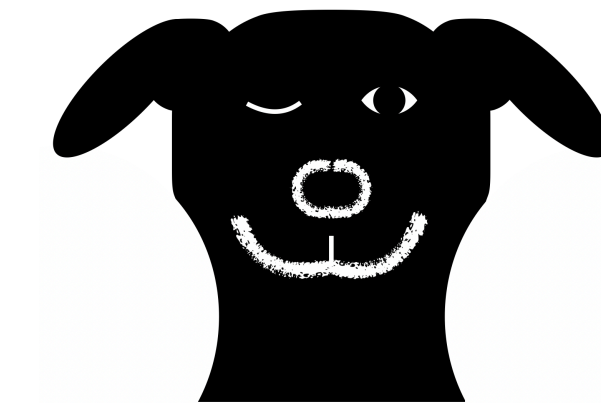
Part I

Massachusetts **Data Analysis**

Part II

Massachusetts **Fraud & Vaccine Deaths**

AGENDA



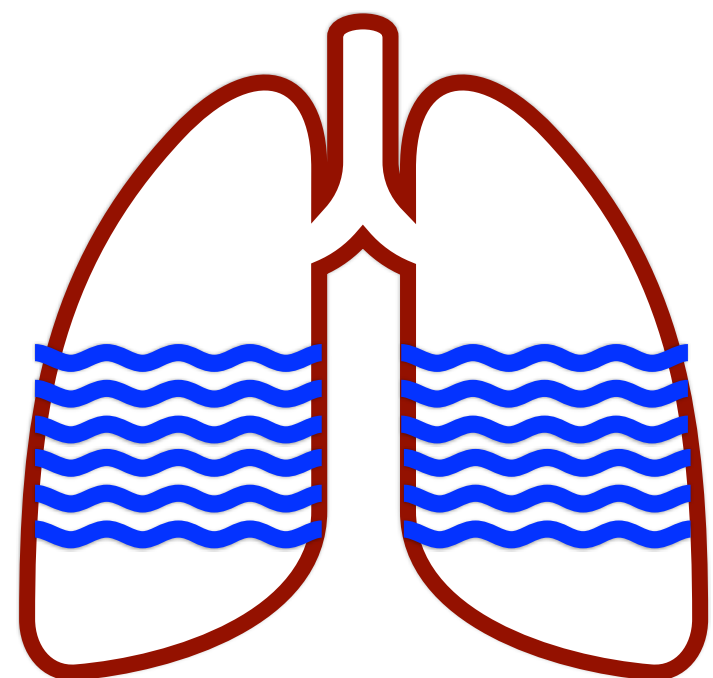
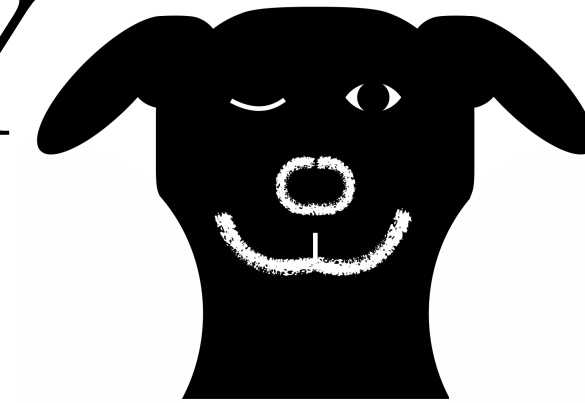
Part I


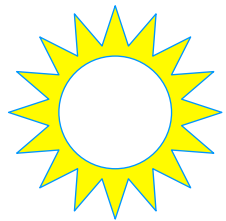

Massachusetts **Data Analysis**

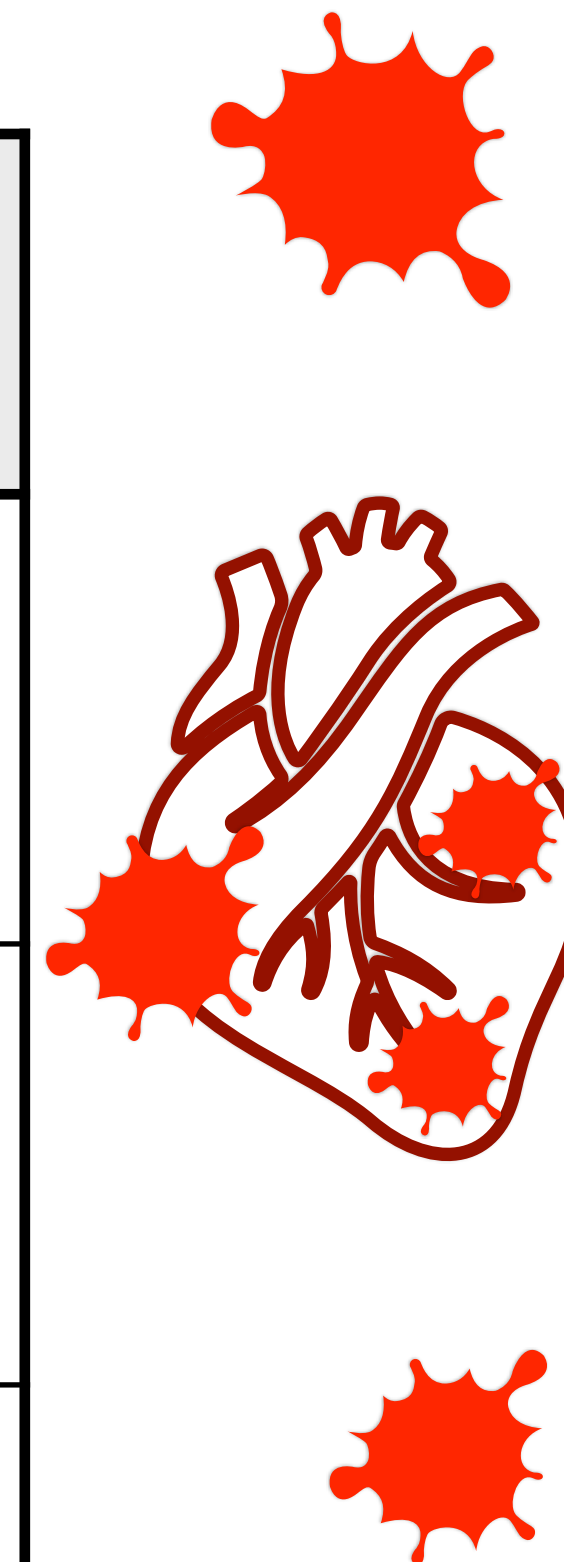
What happened at the margins tells the story

- Causes changed
- Ages changed
- Seasonality changed

MASSACHUSETTS EXCESS MORTALITY



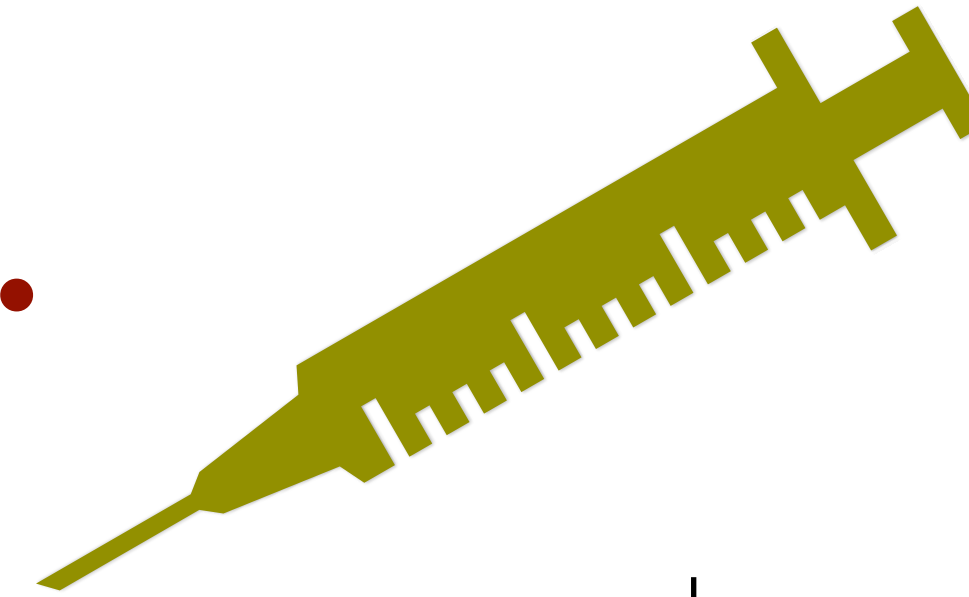
	2020	2021
What	Respiratory	Circulatory & Blood
Who	Age 79-82	Age 59-69
When	 Seasonal 	 Year-Round



Vaccine introduced



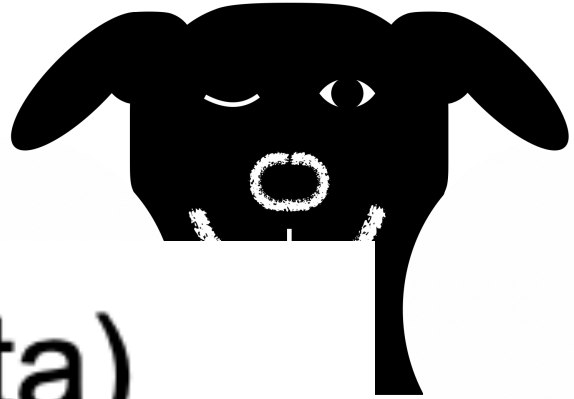
Then ...



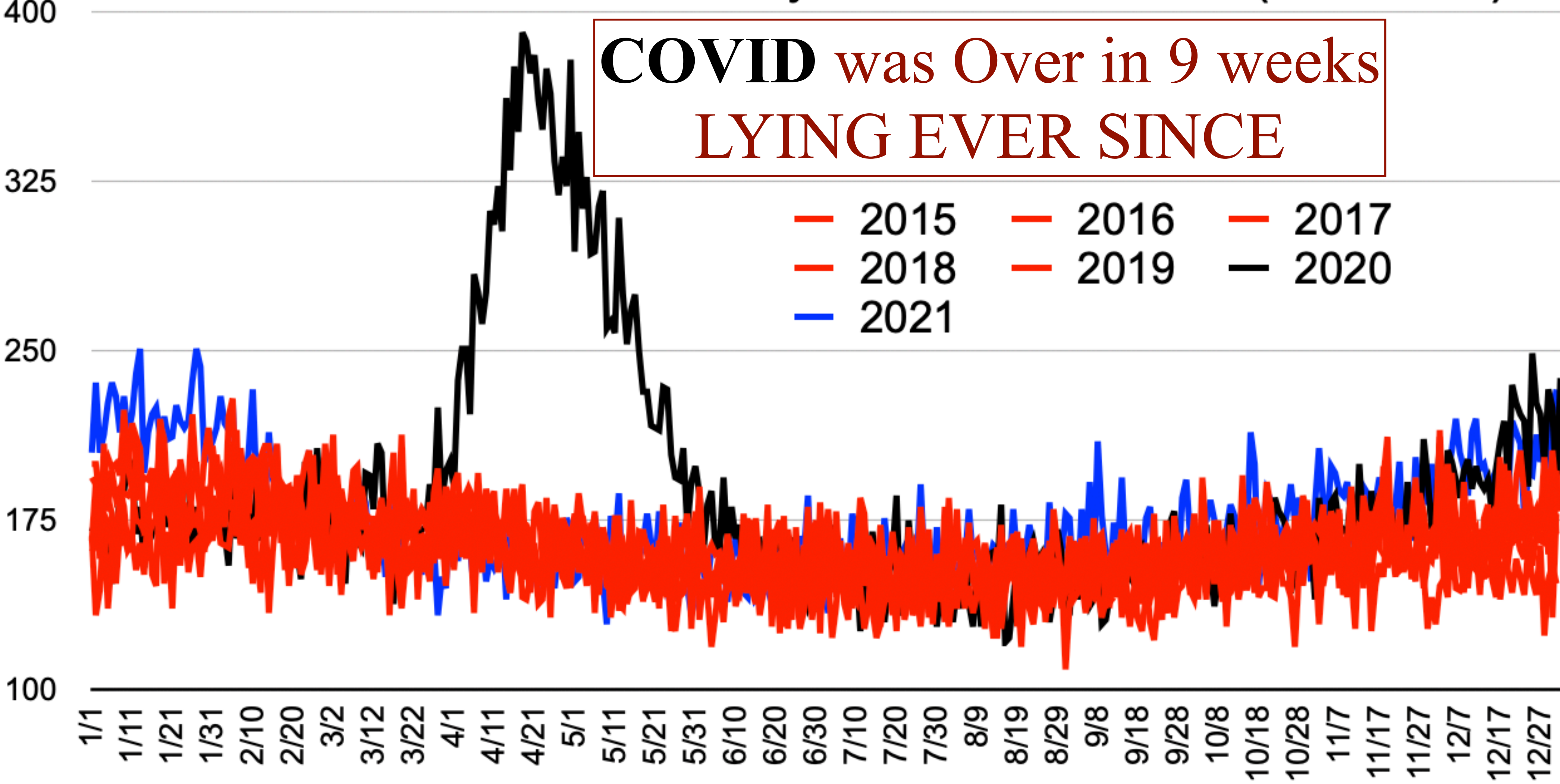
Deaths

All-Cause	↓
COVID	↓
Respiratory (Pneumonia)	↓
D Codes Blood forming	↑
I Codes Circulatory System	↑
C Codes Blood-related cancers	↑

MASSACHUSETTS PANDEMIC



Massachusetts All-Cause Daily Deaths 2015-2021 (Raw Data)

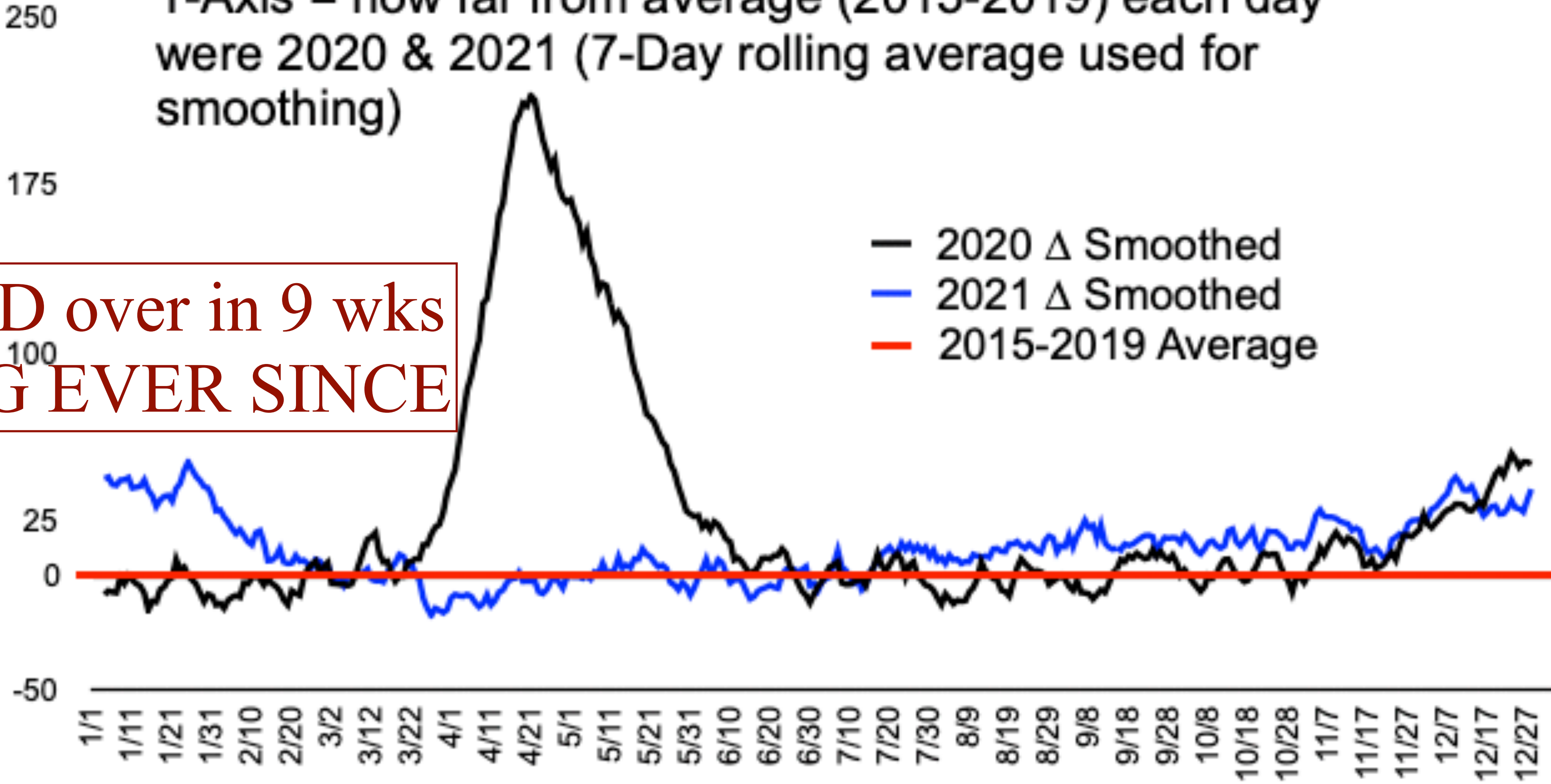


MASSACHUSETTS PANDEMIC



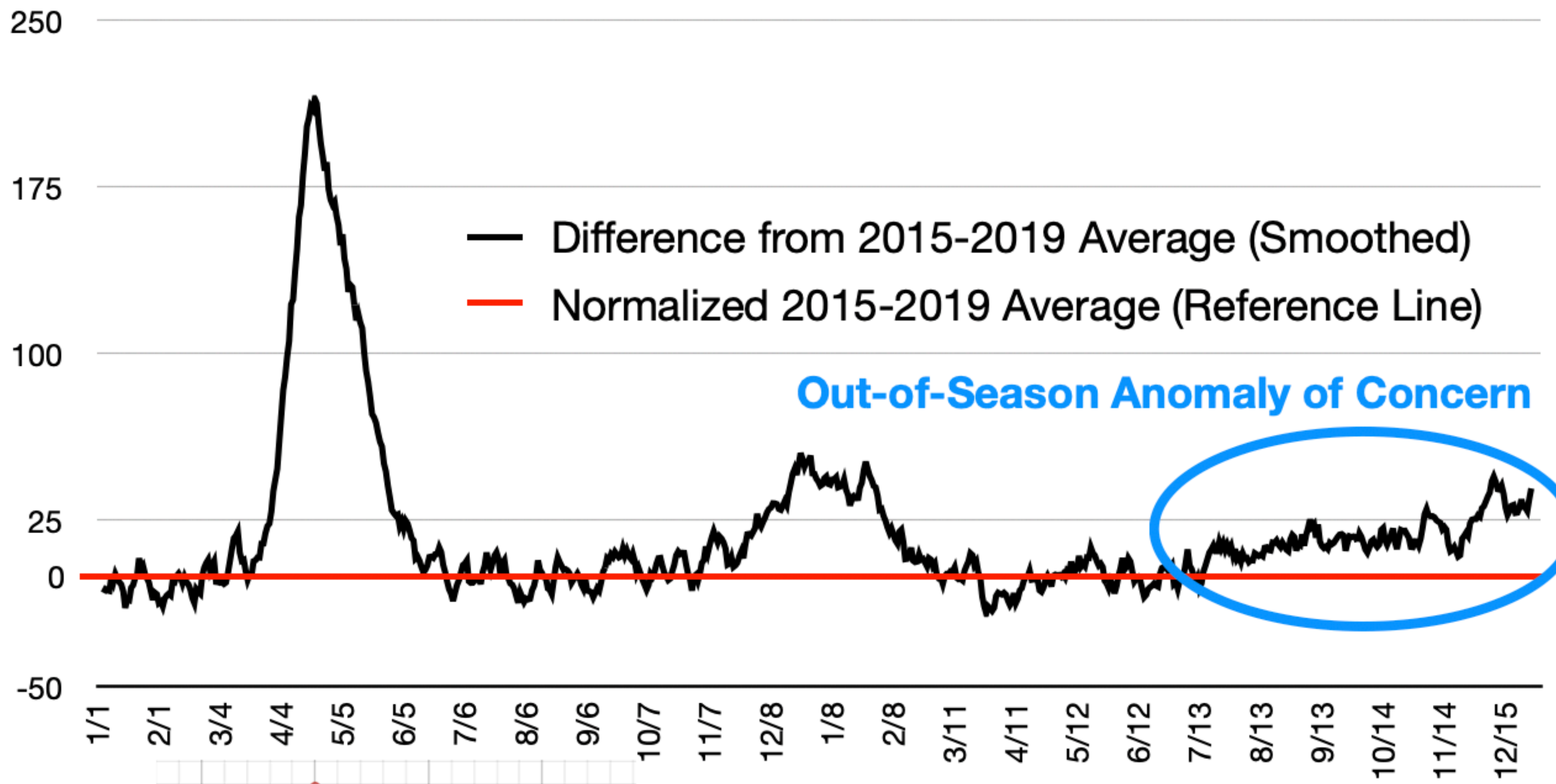
Massachusetts All-Cause Daily Deaths
Y-Axis = how far from average (2015-2019) each day
were 2020 & 2021 (7-Day rolling average used for
smoothing)

COVID over in 9 wks
LYING EVER SINCE





All-Cause Deaths 2020 & 2021 Continuous Timeline



2020 Standard Deviations from the 2015-2019 Mean for each Age group and Bimonthly period

2020	< 1 Mo.	1-4 mo.s	5-11 mo.s	1-4	5-11	12-15	16-24	25-44	45-54	55-59	60-64	65-74	75-79	80-84	85+
January 1 to 15	0.1	0.9	-0.7	0.0	-0.8	-1.4	-1.2	0.1	-0.6	-1.8	1.5	0.1	0.6	-1.4	-0.4
January 16 to 31	1.9	1.2	-1.1	0.1	0.3	0.0	0.9	-0.1	-1.1	0.3	0.3	-0.1	0.1	-0.4	-0.4
February 1 to 14	-1.5	0.4	-1.4	-2.9	-2.0	-0.3	2.1	0.9	-3.9	-0.9	0.3	1.2	2.7	0.0	-1.2
February 15-28/29	1.3	-1.1	-1.0	-1.0	1.1	0.5	-1.4	1.1	-1.2	1.2	2.6	2.6	8.5	-0.9	-0.8
March 1 to 15	-1.6	1.4	0.9	0.0	-1.9	-1.0	0.1	0.6	-0.2	-1.1	2.1	1.8	1.5	1.7	-0.8
March 16 to 31	0.1	-0.9	-0.3	-0.5	-0.3	-0.9	-1.9	0.8	-0.4	0.4	1.2	1.1	7.6	2.2	0.5
April 1 to 15	1.8	-0.4	-1.0	-0.4	-1.1	0.0	-1.7	2.7	1.2	2.9	12.7	27.7	25.7	19.9	16.3
April 16 to 30	-1.2	-1.6	1.6	-1.4	-2.6	0.6	0.9	4.6	2.4	7.5	11.4	36.2	34.0	16.3	43.3
May 1 to 15	-1.1	-0.4	1.4	-1.2	-0.4	1.4	-0.7	3.5	3.3	4.5	7.8	16.1	14.2	12.2	24.2
May 16 to 31	-0.5	-0.6	-1.4	-1.1	-0.5	1.4	0.1	2.8	0.8	2.7	2.3	8.9	7.8	6.7	21.3
June 1 to 15	-0.8	1.7	-1.2	0.0	-1.2	-1.1	-2.7	4.8	-0.7	0.5	0.4	2.7	3.8	0.2	3.8
June 16 to 30	-0.9	-2.8	-1.1	-1.1	2.2	0.8	-0.5	0.4	0.9	0.7	2.6	1.4	1.5	-1.5	-8.5
July 1 to 15	1.6	0.0	2.1	1.0	-1.8	0.2	-0.8	0.4	0.8	0.5	0.7	1.6	1.7	-1.5	-1.5
July 16 to 31	-0.4	-1.2	-1.0	0.3	-0.6	1.3	1.0	1.6	1.4	1.3	1.0	1.6	1.4	-2.2	-3.5
August 1 to 15	-0.4	-1.4	-1.2	-0.2	0.7	1.5	1.5	1.5	1.5	-1.8	1.3	0.5	1.9	-0.4	-3.6
August 16 to 31	-3.3	-0.3	1.6	-1.6	-1.4	1.6	-1.4	1.7	-0.9	-1.4	0.6	1.6	0.2	2.0	-1.9
September 1 to 15	1.1	1.6	2.9	-2.6	-2.7	-0.4	0.1	0.9	-0.5	-0.5	2.1	3.6	1.2	-2.9	-3.0
September 16-30	-1.2	-0.1	-0.2	0.8	-1.2	2.7	0.2	0.5	-0.7	1.4	1.4	0.7	2.0	1.3	0.4
October 1 to 15	0.5	0.3	0.2	0.2	-0.5	1.4	-0.1	0.4	0.3	0.6	0.0	7.6	-0.2	0.6	-2.0
October 16 to 31	-2.2	0.7	-0.6	-0.5	-1.2	0.5	-0.4	1.0	0.4	0.3	-0.5	2.1	1.2	-0.8	-1.1
November 1 to 15	-2.3	-2.0	-0.7	-0.8	-0.5	-0.2	-0.7	0.3	2.4	-0.1	2.1	2.7	3.7	-0.5	1.8
November 16-30	-2.9	2.8	0.2	-1.2	-0.4	-0.2	-0.8	1.9	0.6	0.3	-0.2	2.1	1.9	-0.0	1.3
December 1 to 15	0.4	-0.7	0.8	-1.0	-2.3	1.4	-0.7	-0.7	-0.9	0.3	0.6	3.7	3.3	3.5	2.6
December 16-31	0.0	-0.2	-0.8	-1.3	-1.4	-1.4	0.5	2.5	3.6	2.0	1.6	3.3	4.4	2.6	4.6

There is no 5-month lag

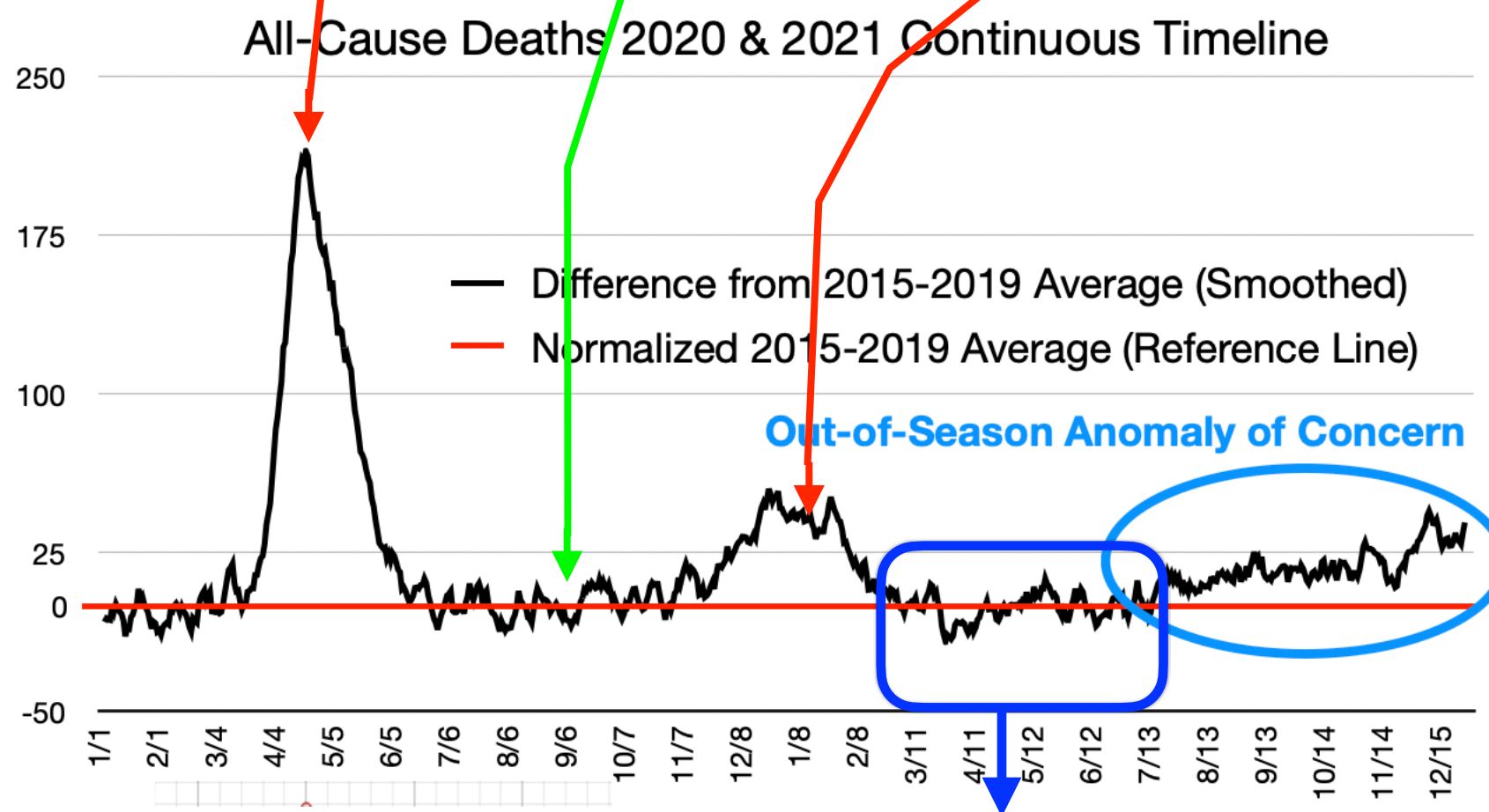
Pandemic (or ?)
ONLY 8-10wks
Ages 60+

Deficit because Dry
Tinder is empty

EXCESS = ALL YEAR LONG
Anomaly of concern is not just after July

NOTHING

Small winter wave



85+ deficit Feb to July cancels 60-84 excess

2021 Standard Deviations from the 2015-2019 Mean for each Age group and Bimonthly period

2021	< 1 Mo.	1-4 mo.s	5-11 mo.s	1-4	5-11	12-15	16-24	25-44	45-54	55-59	60-64	65-74	75-79	80-84	85+
January 1 to 15	0.3	-0.6	1.6	-1.4	2.4	0.4	-1.2	0.5	0.9	1.9	5.5	3.3	2.9	3.8	2.2
January 16 to 31	1.5	-0.6	-0.4	-0.5	0.3	0.7	0.2	1.4	-0.2	2.2	1.1	5.2	5.7	2.5	1.7
February 1 to 14	-2.0	-0.8	-1.4	-1.7	-0.4	-0.9	1.6	1.3	-0.5	1.3	1.8	4.9	3.5	1.4	0.0
February 15-28/29	-0.5	0.0	1.0	-1.0	-0.7	0.5	-1.4	2.4	-0.6	1.7	4.9	4.9	4.3	-1.5	-3.0
March 1 to 15	-1.0	0.0	-0.6	-1.6	-1.2	1.4	-0.3	1.3	0.8	0.5	2.4	1.8	2.3	-0.9	-2.3
March 16 to 31	-0.7	-0.9	-1.0	-0.5	0.2	0.2	-1.3	-0.3	-0.2	2.7	0.7	3.2	4.3	-1.0	-4.9
April 1 to 15	-0.1	-1.2	2.6	0.5	-0.4	2.0	-1.0	0.9	0.7	0.6	-0.9	3.8	-1.4	-2.1	-2.9
April 16 to 30	-0.9	0.4	-0.7	-1.4	-2.6	0.6	1.0	3.4	0.0	2.8	1.1	4.0	3.2	-0.6	-4.1
May 1 to 15	-0.7	0.1	-1.0	0.1	-0.4	2.9	0.4	1.3	0.1	1.3	2.5	2.4	-0.1	-0.6	-2.4
May 16 to 31	-1.5	-1.1	-1.4	0.7	0.1	-0.4	0.1	3.3	-3.0	-1.7	1.0	4.4	2.7	-0.0	-4.5
June 1 to 15	-0.8	1.7	-0.4	-1.0	-1.2	1.1	-1.5	0.1	-0.0	-0.1	1.0	2.4	4.5	-0.1	-7.0
June 16 to 30	-0.9	1.4	-1.1	0.3	-0.2	-1.2	-0.8	0.5	-0.2	-0.4	2.3	0.3	4.1	-1.2	-14.3
July 1 to 15	1.1	1.4	0.4	-0.2	3.8	-1.4	-2.9	0.6	1.1	-1.1	1.0	1.6	1.5	-0.2	-2.7
July 16 to 31	-0.4	3.3	-1.0	0.9	-0.6	-0.4	-1.9	2.4	-0.8	0.2	2.5	3.7	3.1	0.3	-0.6
August 1 to 15	-1.3	0.2	-1.2	-1.7	2.9	-2.6	0.8	1.7	0.0	3.1	2.1	1.6	1.6	-0.1	-0.9
August 16 to 31	-2.2	-0.3	0.8	-1.6	1.4	-0.2	1.4	1.5	0.1	1.4	1.3	3.2	3.5	5.6	-0.3
September 1 to 15	-2.5	1.6	2.9	10.2	-2.7	1.4	0.1	0.1	0.1	0.1	5.9	10.5	2.3	2.9	-0.4
September 16-30	-0.3	-0.4	0.6	2.4	-0.5	-1.8	-1.2	-1.2	-1.2	3.7	2.3	2.3	2.9	1.3	0.1
October 1 to 15	0.0	2.5	0.2	2.0	0.0	-1.4	0.1	0.1	0.1	4.0	1.0	9.3	2.3	-0.1	-0.5
October 16 to 31	-1.1	-0.4	0.9	-1.4	0.4	1.7	-0.1	0.1	0.1	4.8	0.8	3.2	2.2	2.2	-1.5
November 1 to 15	-1.2	-2.0	-0.7	-1.6	-0.5	0.6	-1.0	1.6	-0.9	0.2	3.8	3.9	6.1	3.2	2.0
November 16-30	-1.0	0.0	1.4	0.5	-0.4	-1.4	0.4	0.6	-0.3	1.9	1.6	2.5	2.8	0.7	1.5
December 1 to 15	-0.5	-2.6	0.0	0.2	-0.5	0.0	-0.9	3.7	1.8	1.3	2.3	4.0	4.1	3.7	1.1
December 16-31	-2.2	-2.6	-1.2	-0.7	-0.2	1.0	0.5	3.7	5.0	0.7	1.8	4.4	4.7	2.6	0.3

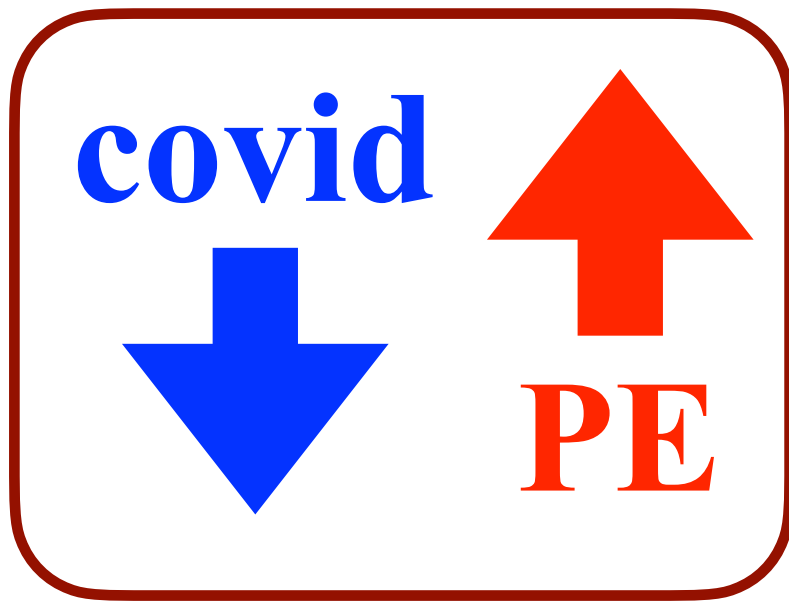
Investigate (next slide)

Reminder
5 secs Max

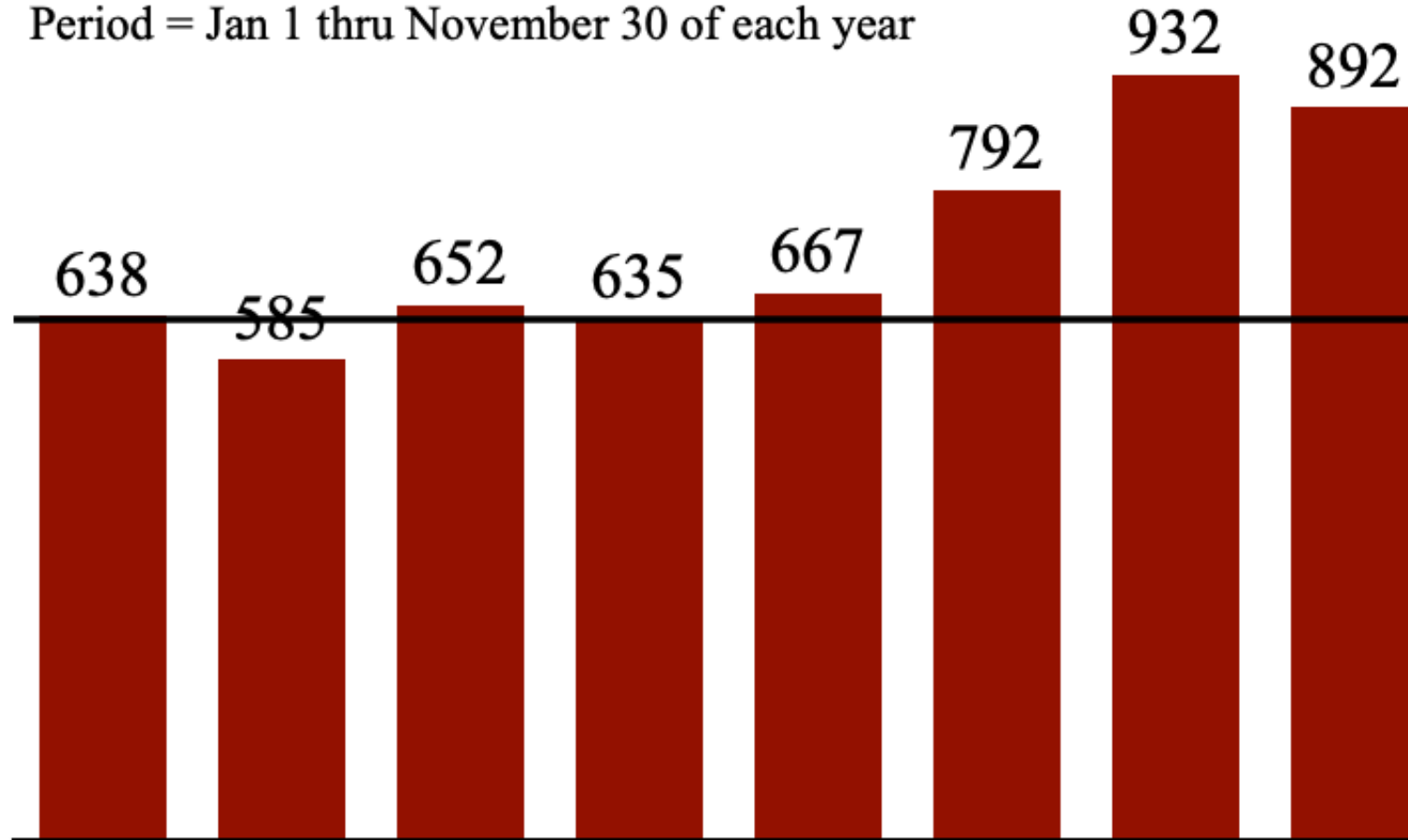
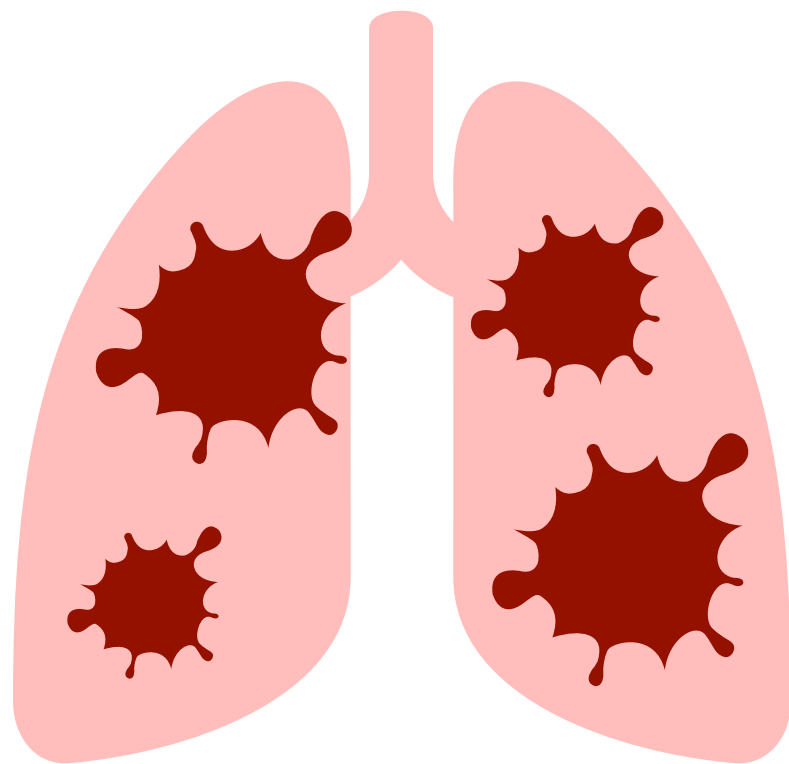
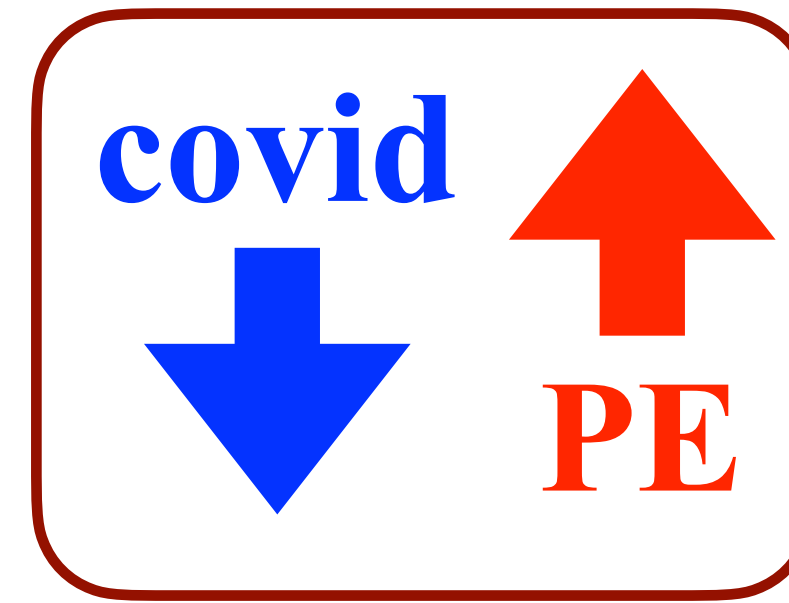
State File Number	Date of Death	Age	Sex	Immediate Cause of Death
41519	9/1/2021	70	M	CEREBRAL VASCULAR ACCIDENT
41911	9/1/2021	70	M	INTRACRANIAL HEMORRHAGE WITH HERNIATION
41995	9/3/2021	66	M	INTRACEREBRAL HEMORRHAGE ATRAUMATIC
46501	10/2/2021	72	M	CARDIOGENIC SHOCK
46768	10/1/2021	74	F	CEREBROVASCULAR ACCIDENT
46819	9/5/2021	72	M	PULMONARY EMBOLISM
46909	10/3/2021	72	F	PULMONARY EMBOLISM
46951	10/3/2021	72	F	PULMONARY EMBOLISM
47086	10/5/2021	68	F	PULMONARY EMBOLISM
47330	10/3/2021	65	F	CEREBRAL INFARCTION

Sept 1-15 & Oct 1-15

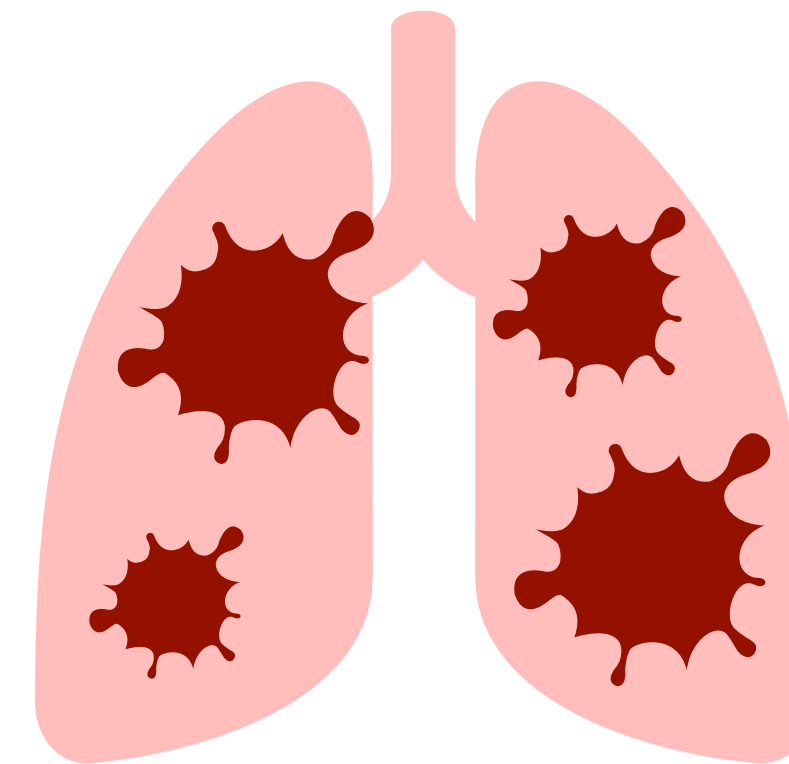
**PULMONARY
EMBOLI**



I26.9 Pulmonary embolism without
 mention of acute cor pulmonale
 Massachusetts Years 2015 thru 2022
 Period = Jan 1 thru November 30 of each year



2015 2016 2017 2018 2019 2020 2021 2022
 Data Source: Massachusetts Department of Public Health -
 VITAL system of Death Certificates dated January 2023



~ 494 Excess Pulmonary embolism
 deaths from January 1, 2021 to November
 30, 2022 in Massachusetts alone
 40% Excess in 2021
 29% Excess in 2022

PULMONARY EMBOLI

“I” Codes Circulatory 2021 > 2020



Reminder
5 secs Max

Actual vs Expected Δ Deaths involving ICD-10 Codes for 2020 and 2021 by AVERAGE and TREND methods

ICD Code	ICD Description						2020	2021	2020	2021
							AVERAGE method Δ	AVERAGE method Δ	AVERAGE EXCESS	AVERAGE EXCESS
Raw Data 2015	Raw Data 2016	Raw Data 2017	Raw Data 2018	Raw Data 2019	Raw Data 2020	Raw Data 2021	2020 TREND method Δ	2021 TREND method Δ	2020 TREND EXCESS	2021 TREND EXCESS
I712	Thoracic aortic aneurysm, without mention of rupture						10.5%	13.4%	3.6	4.6
43	31	27	31	40	38	39	16.6%	21.9%	5.4	7.0
I714	Abdominal aortic aneurysm, without mention of rupture						6.8%	21.1%	6.6	20.6
93	92	92	100	110	104	118	(5.5%)	3.3%	-6.0	3.8
I776	Arteritis unspecified						60.3%	47.4%	9.4	7.4
20	10	12	14	22	25	23	38.9%	22.3%	7.0	4.2
I779	Disorder of arteries and arterioles, unspecified						71.6%	34.3%	9.6	4.6
18	15	13	12	9	23	18	223.9%	260.0%	15.9	13.0
I80	Phlebitis and thrombophlebitis						22.2%	39.7%	52.0	93.0
212	267	263	219	209	286	327	31.3%	54.0%	68.2	114.6
I802	Phlebitis and thrombophlebitis of other deep vessels of lower extremities						22.0%	42.5%	47.2	91.2
193	247	243	199	192	262	306	31.1%	57.1%	62.2	111.2
I81	Portal vein thrombosis						43.6%	58.4%	8.8	11.8
17	20	22	22	20	29	32	28.3%	36.8%	6.4	8.6
I820	Budd-Chiari syndrome						122.2%	233.3%	2.2	4.2
2	3	0	2	2	4	6	166.7%	328.6%	2.5	4.6
I828	Embolism and thrombosis of other specified veins						45.2%	61.3%	2.8	3.8
6	6	7	3	9	9	10	26.8%	35.1%	1.9	2.6
I829	Embolism and thrombosis of unspecified vein						34.6%	44.2%	7.2	9.2
18	16	21	19	30	28	30	(3.1%)	(5.1%)	-0.9	-1.6
I85	Esophageal varices						4.9%	31.1%	2.8	17.8
45	63	70	44	64	60	75	(4.6%)	15.7%	-2.9	10.2
I9	Other and unspecified disorders of the circulatory system						19.4%	41.2%	66.0	140.0
328	314	357	331	370	406	480	9.6%	26.2%	35.7	99.6

“J” Codes Respiratory 2020 > 2021



Reminder
5 secs Max

Actual vs Expected Δ Deaths involving ICD-10 Codes for 2020 and 2021 by AVERAGE and TREND methods

ICD Code	ICD Description						2020 AVERAGE method Δ	2021 AVERAGE method Δ	2020 AVERAGE EXCESS	2021 AVERAGE EXCESS
	Raw Data 2015	Raw Data 2016	Raw Data 2017	Raw Data 2018	Raw Data 2019	Raw Data 2020	Raw Data 2021	2020 TREND method Δ	2021 TREND method Δ	2020 TREND EXCESS
R91	Abnormal findings in diagnostic of the lung						21.2%	50.5%	21.0	50.0
96	88	103	98	110	120	149	8.7%	30.5%	9.6	34.8
R99	Other ill-defined and unspecified causes of mortality						47.5%	325.2%	158.8	1,086.8
305	317	364	310	375	493	1,421	31.8%	266.8%	118.9	1,033.6
T881	Other complications following immunization, not elsewhere classified								0.0	1.0
0	0	0	0	0	0	1			0.0	1.0
Y590	Complications of medical and surgical care; Other and unspecified vaccines and biological substances; Viral vaccines								0.0	1.0
0	0	0	0	0	0	1			0.0	1.0
J	Diseases of the respiratory system						40.6%	21.0%	6,421.2	3,325.2
15,905	14,956	15,926	16,063	16,234	22,238	19,142	36.0%	15.9%	5,891.7	2,619.2
J10	influenza due to identified zoonotic or pandemic influenza virus						41.7%	(88.3%)	25.0	-53.0
2	23	86	127	62	85	7	(33.2%)	(95.3%)	-42.2	-142.6
J11	Influenza, virus not identified						0.5%	(90.7%)	0.6	-116.4
166	51	124	194	107	129	12	(5.1%)	(91.3%)	-6.9	-126.4
J12	Viral pneumonia, not elsewhere classified						3050.9%	890.6%	323.4	94.4
13	5	7	14	14	334	105	2302.9%	600.0%	320.1	90.0
J15	Bacterial pneumonia, not elsewhere classified						99.1%	94.1%	158.8	150.8
177	138	171	153	162	319	311	104.9%	101.7%	163.3	156.8
J189	Pneumonia, unspecified						76.3%	36.4%	2,663.8	1,272.8
3,893	3,465	3,549	3,325	3,234	6,157	4,766	101.5%	63.8%	3,101.2	1,856.0



N17.9 ACUTE RENAL
FAILURE
aka, Sudden Kidney
Failure

**PUBLIC HEALTH
EMERGENCY**

DEATH with Sudden Kidney Failure

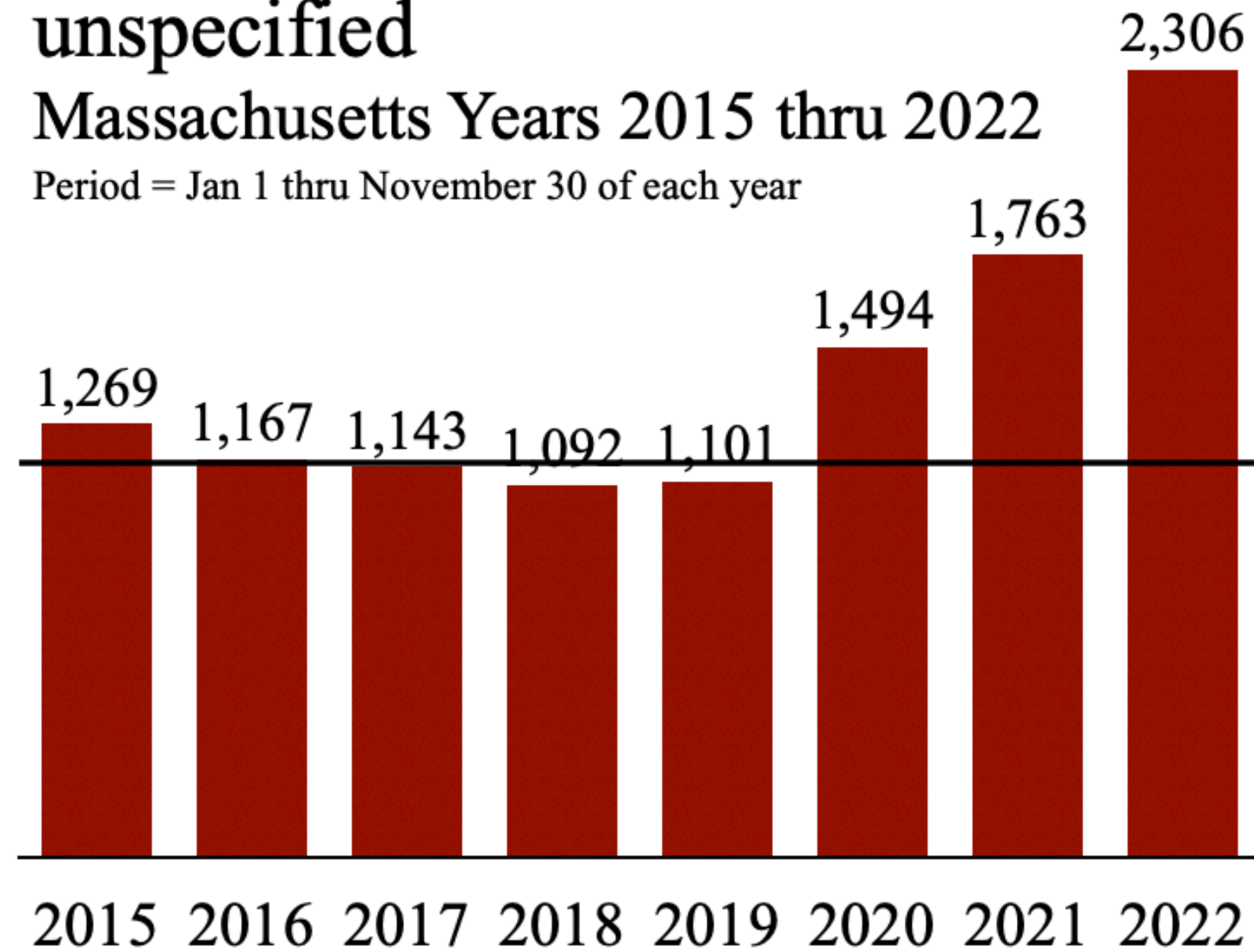
A REAL HEALTH EMERGENCY



N17.9 Acute renal failure, unspecified

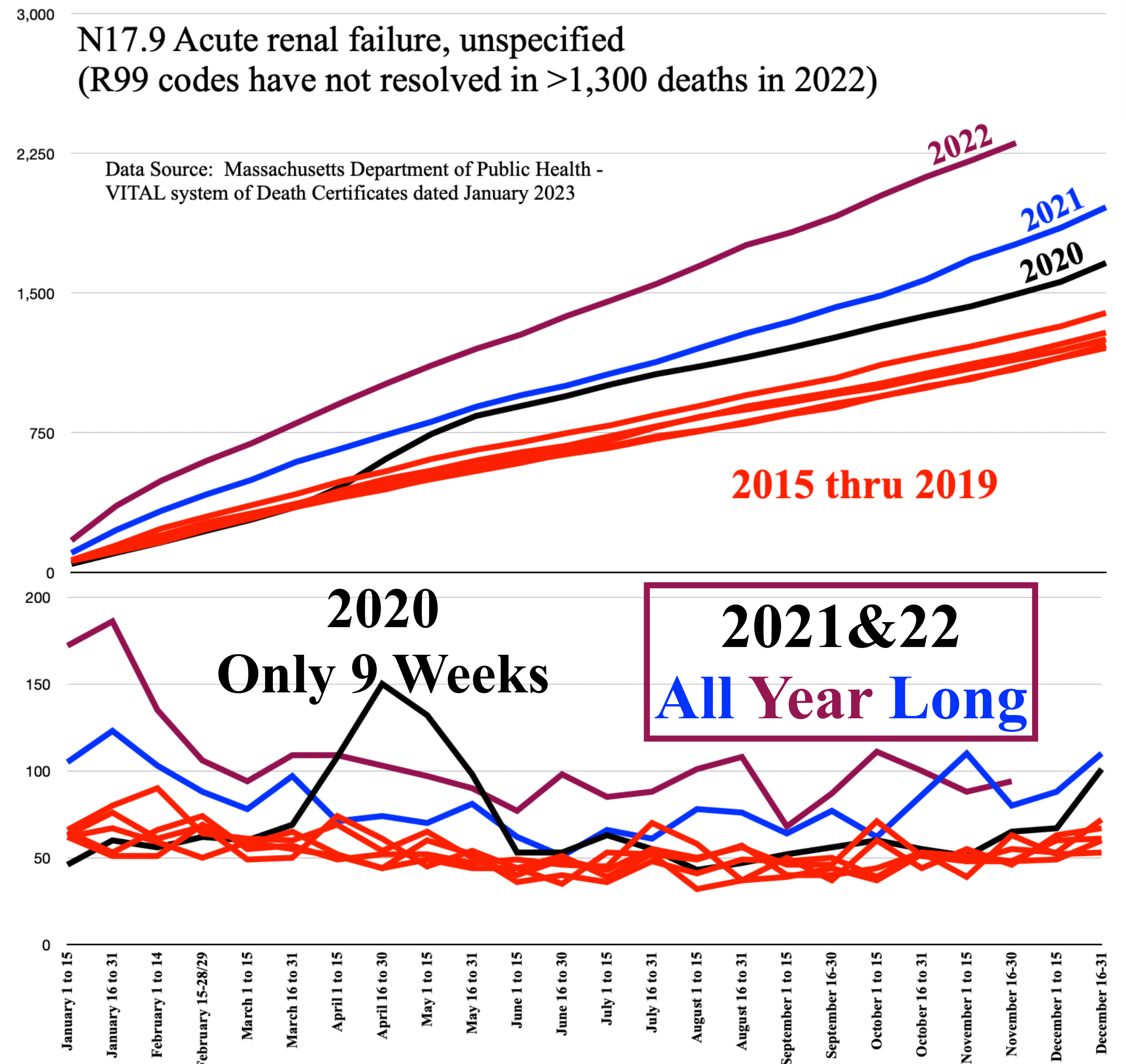
Massachusetts Years 2015 thru 2022

Period = Jan 1 thru November 30 of each year

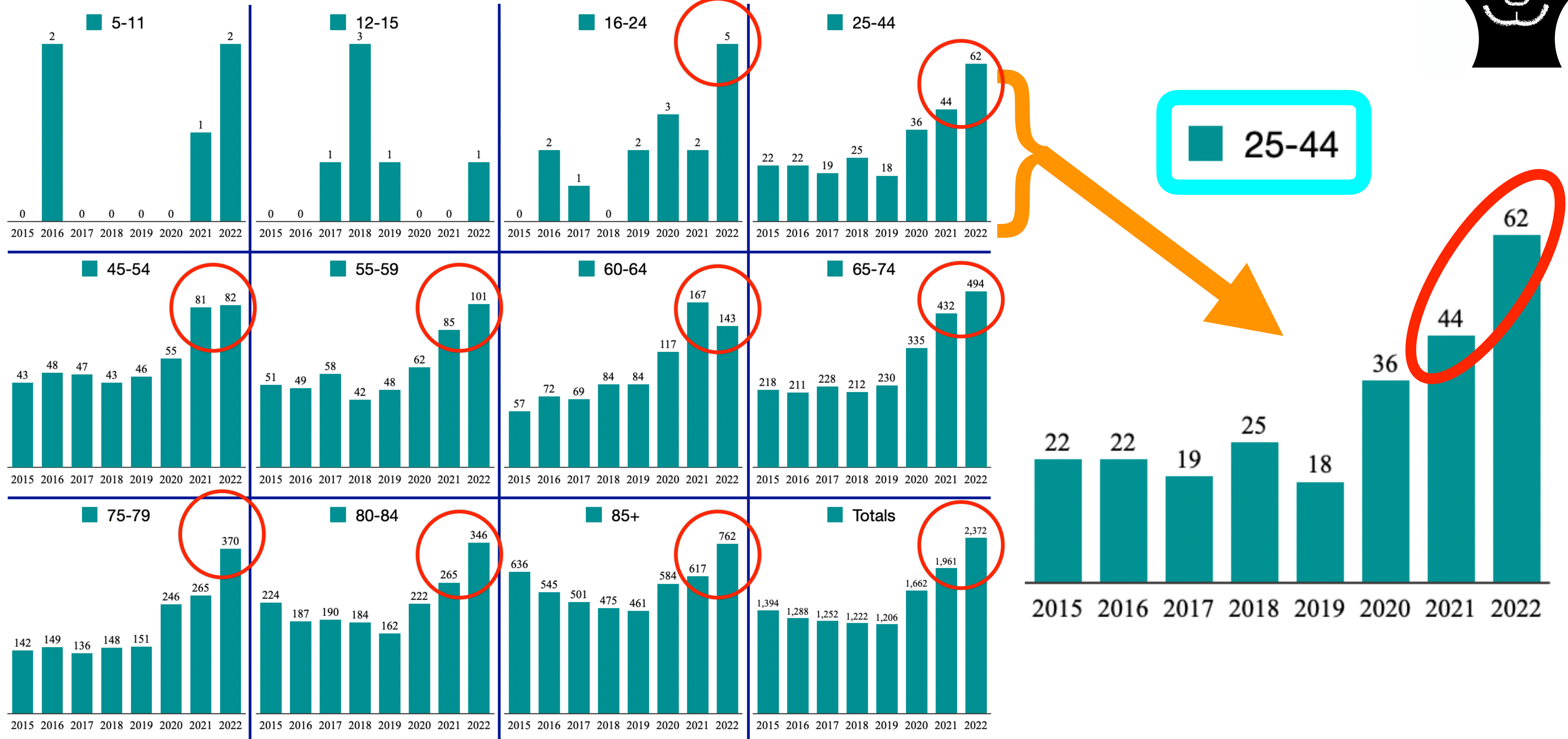


2015 2016 2017 2018 2019 2020 2021 2022
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

~ 1,840 Excess Acute renal failure deaths from January 1, 2021 to November 30, 2022 in Massachusetts alone
54% Excess in 2021
100% Excess in 2022

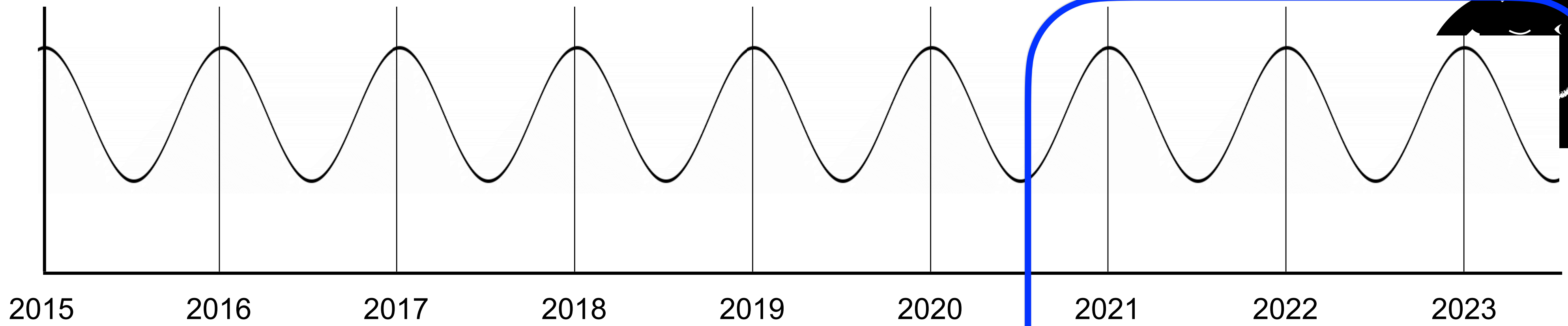


ARF - Sudden Kidney Failure

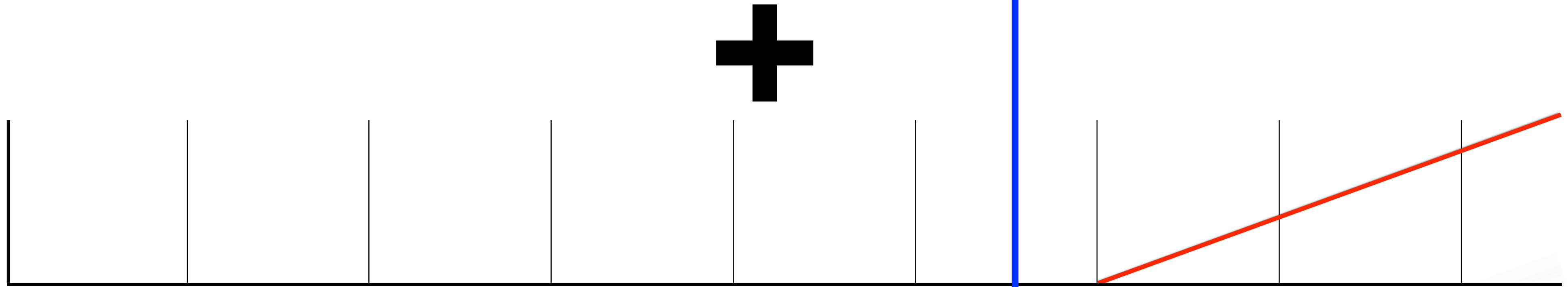


Deaths from N17.9 Acute renal failure, unspecified by Year and Age Groups
 Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

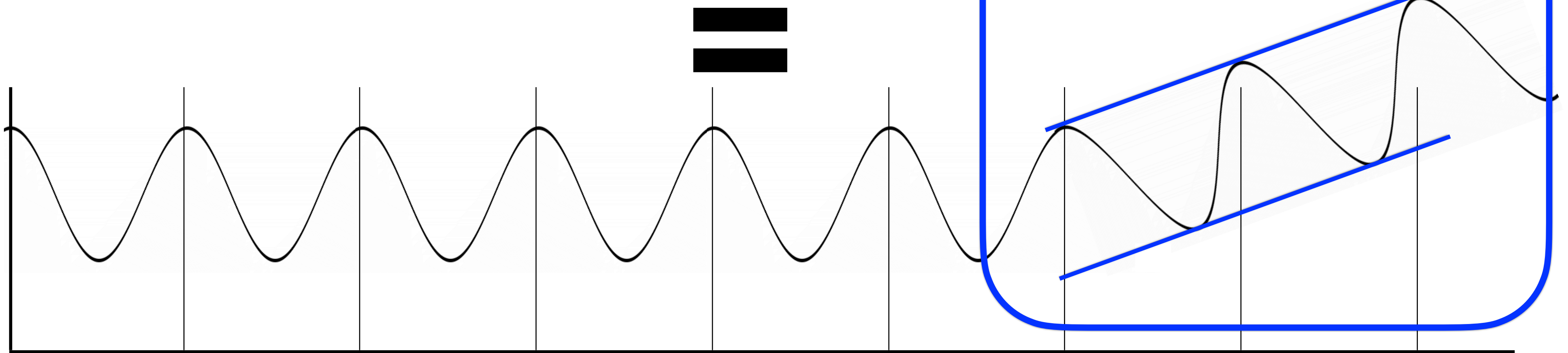
**Normal
Seasonality
of
Deaths**



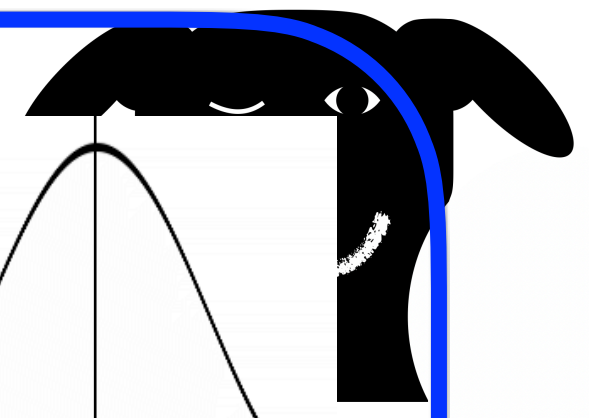
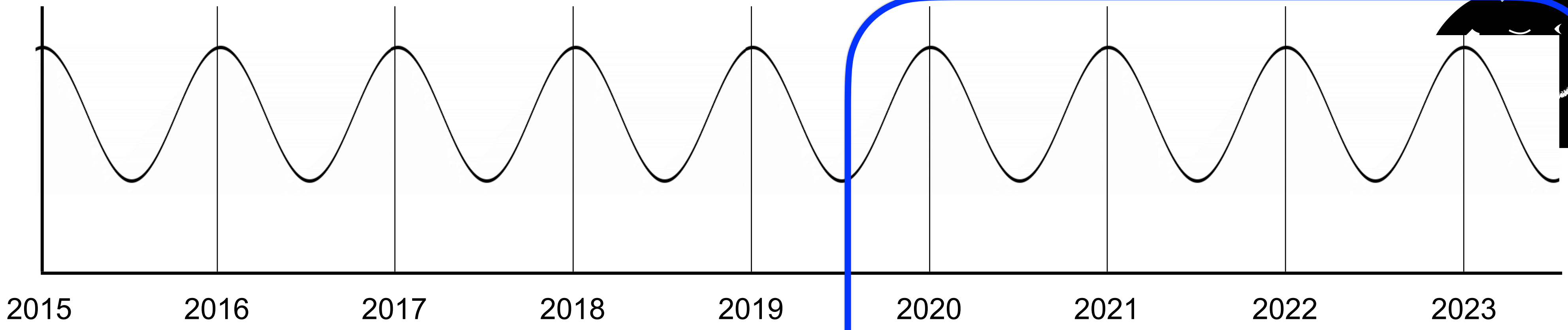
**Non-Seasonal
Steady-Growth
Anomaly
of
Deaths**



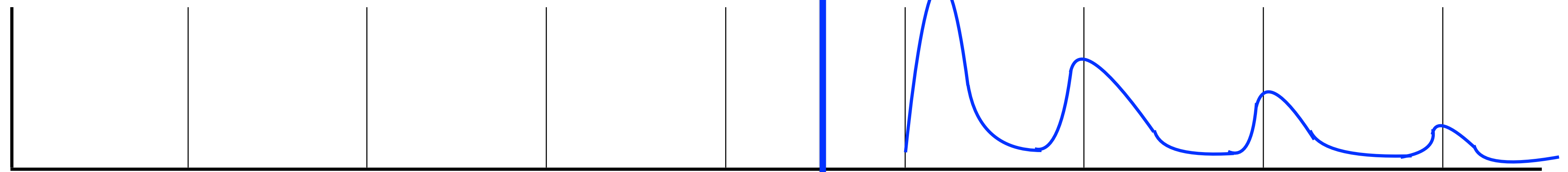
**Result
of
Above Waves
Summed**



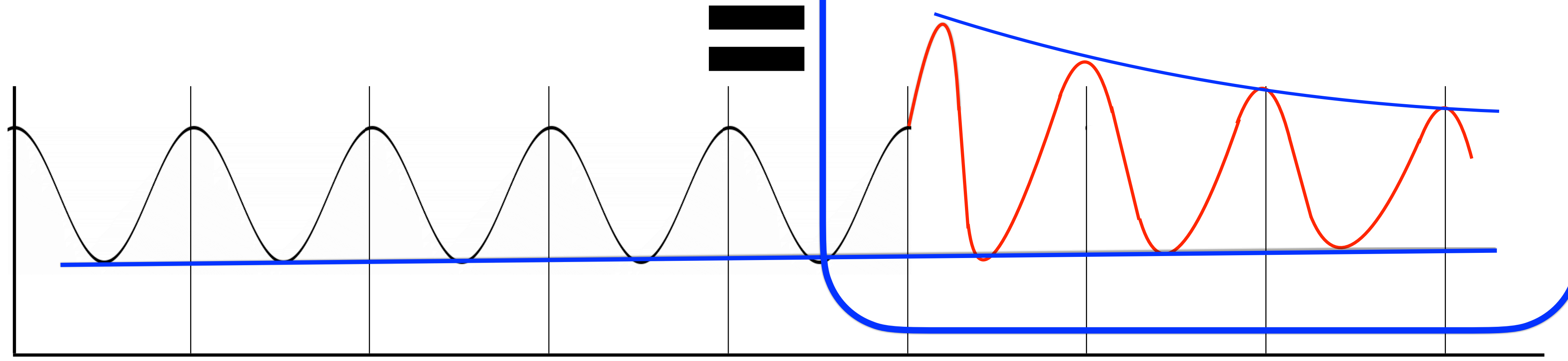
**Normal
Seasonality
of
Deaths**



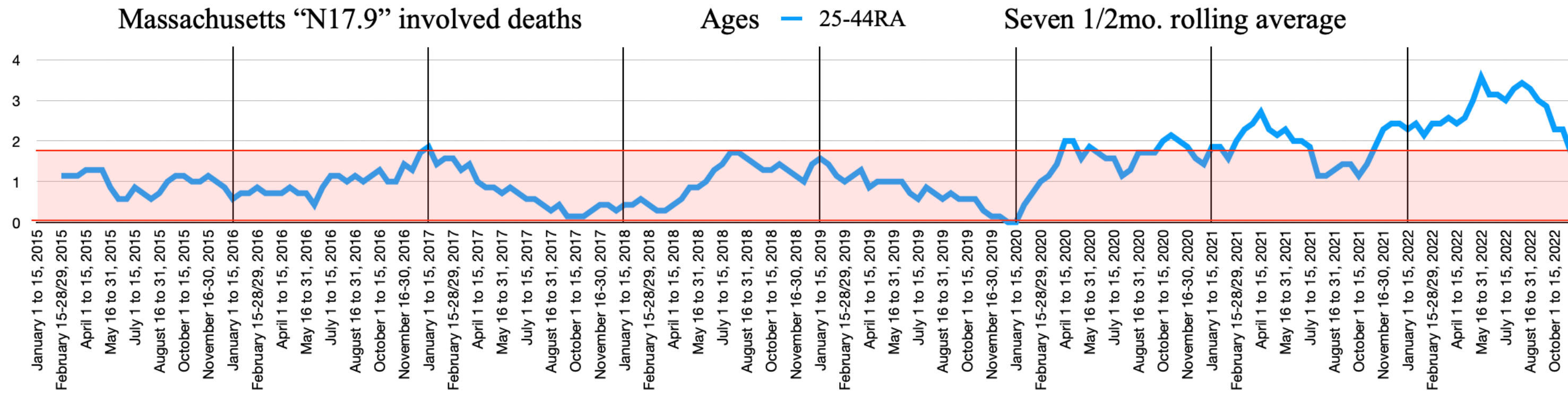
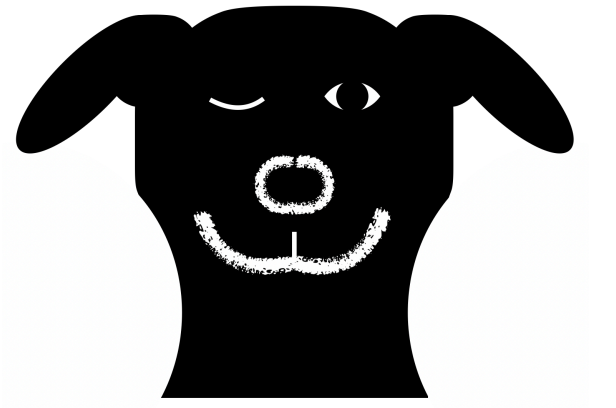
**Seasonal
Respiratory
Coronavirus
Deaths**



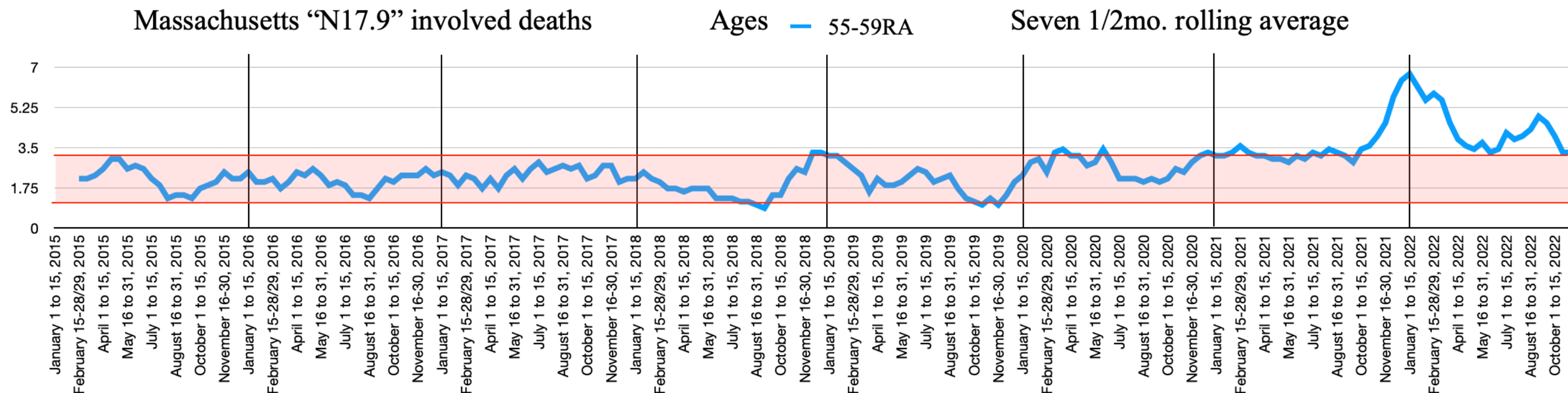
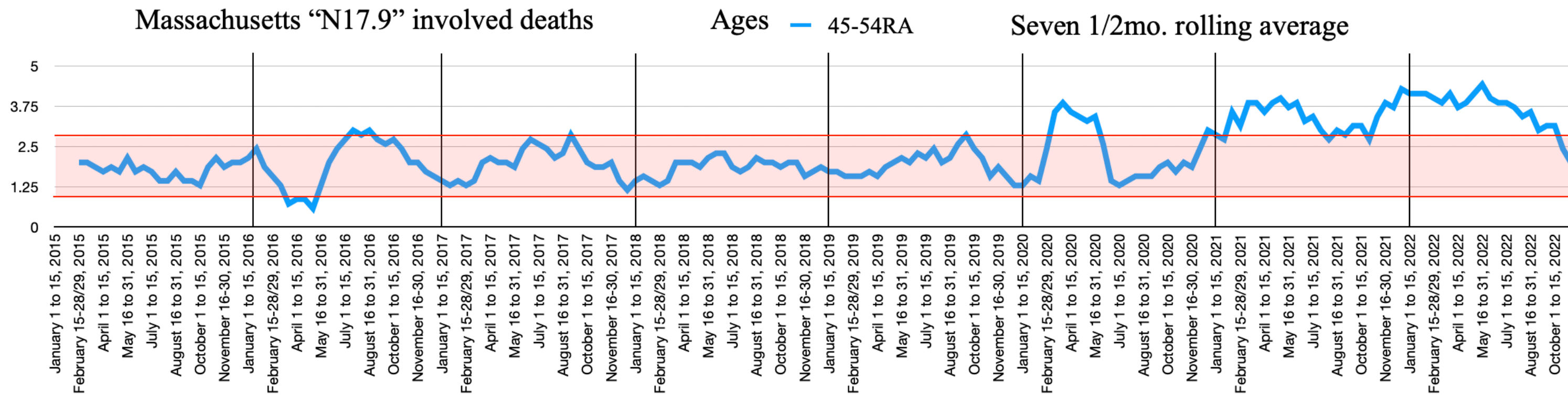
**Result
of
Above Waves
Summed**



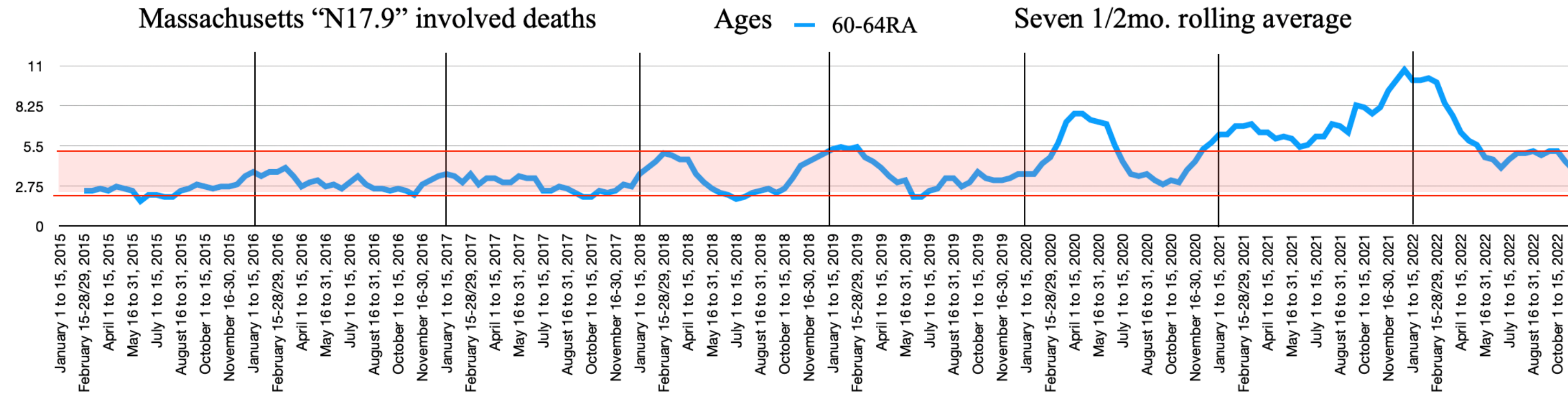
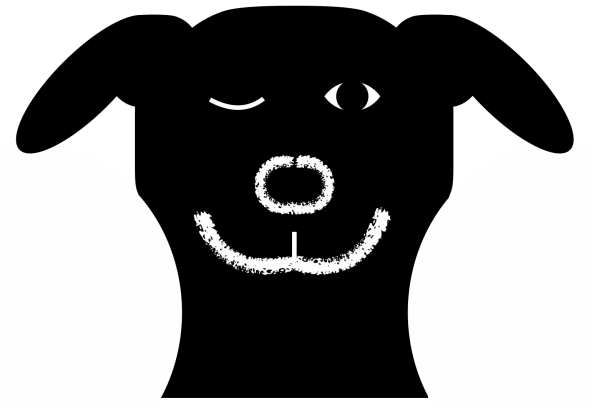
ARF - Sudden Kidney Failure



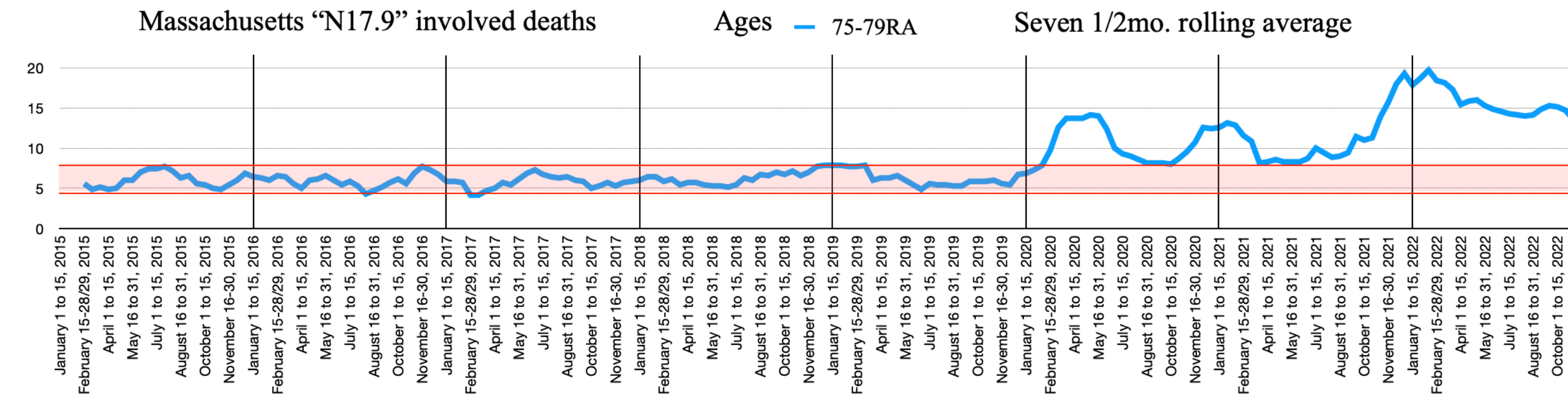
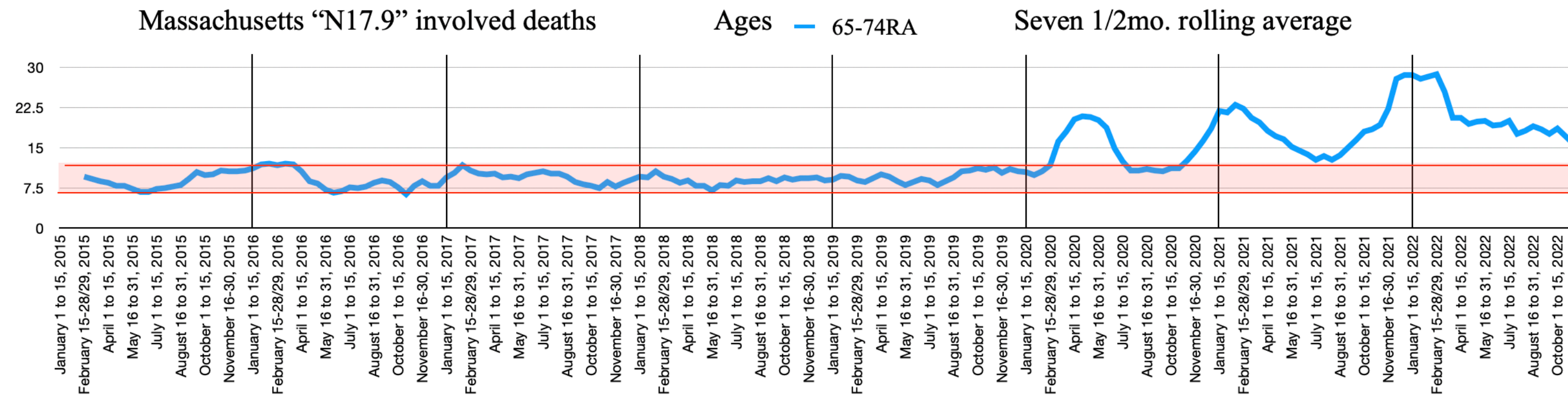
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023



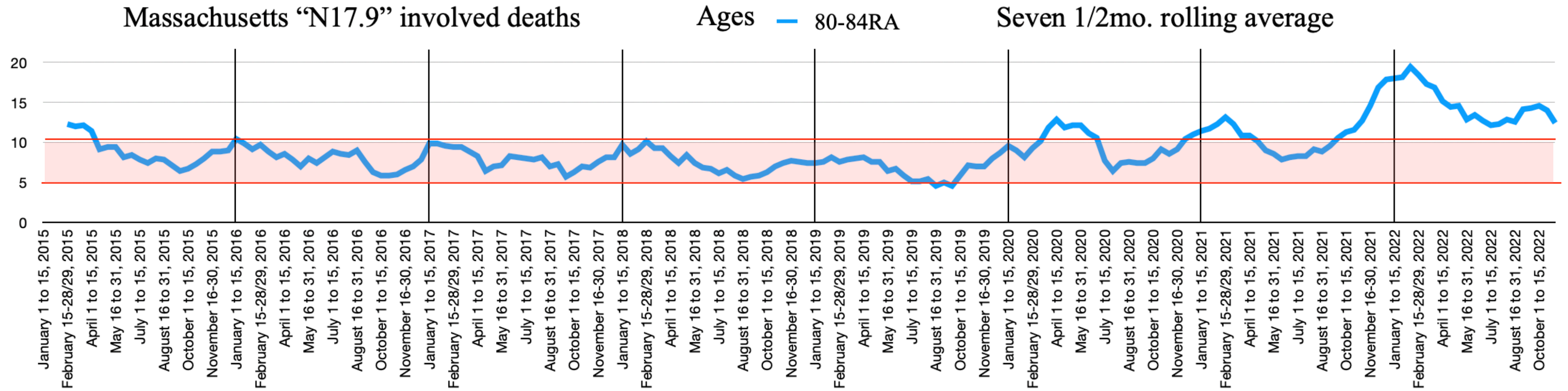
ARF - Sudden Kidney Failure



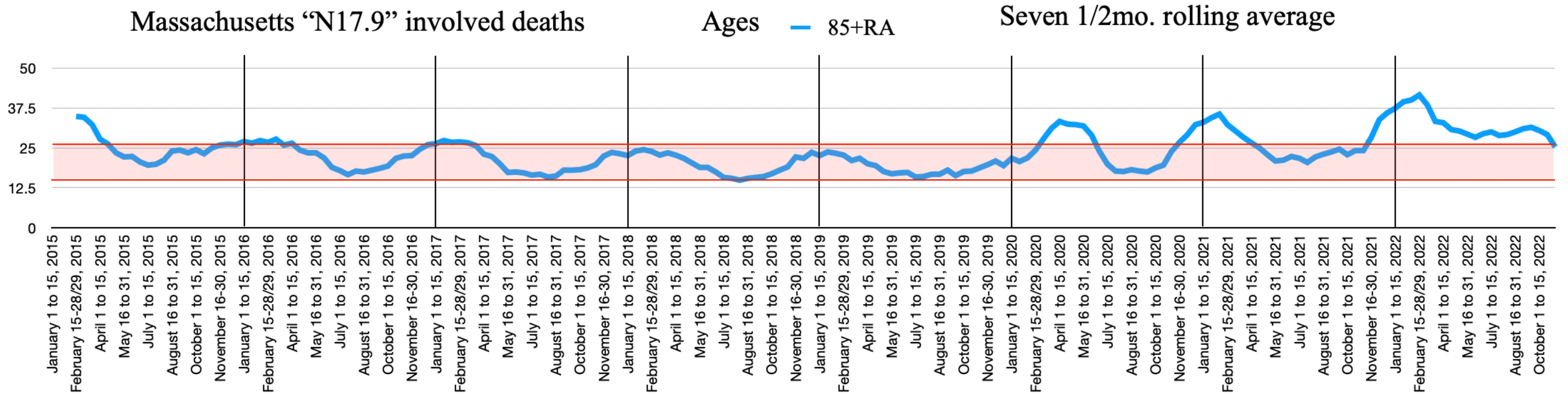
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023



ARF - Sudden Kidney Failure



Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023





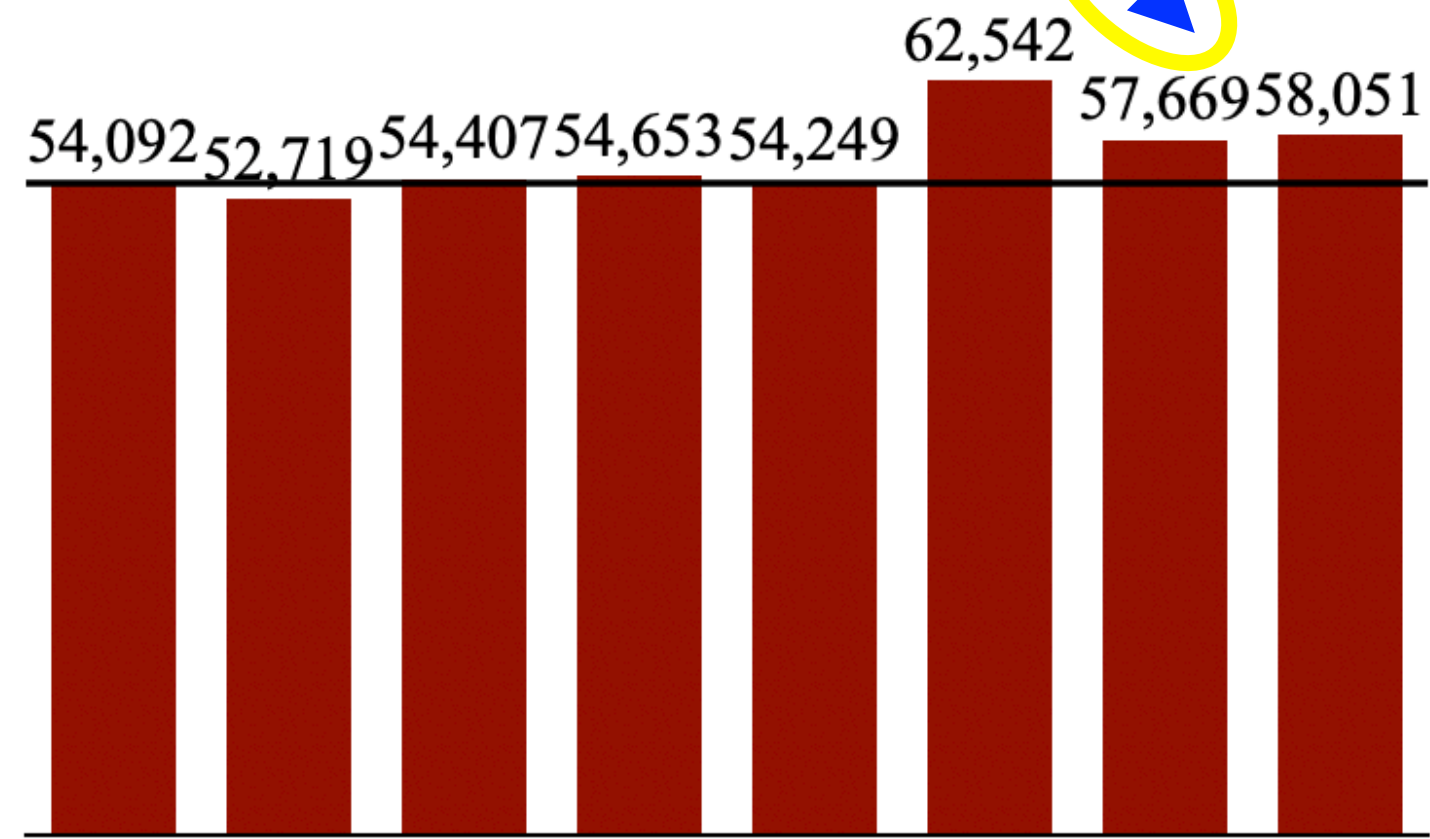
COVID-19 + All-Cause

“I” Codes + “J” Codes

**Age & Symptom Spectrum
Profiles**

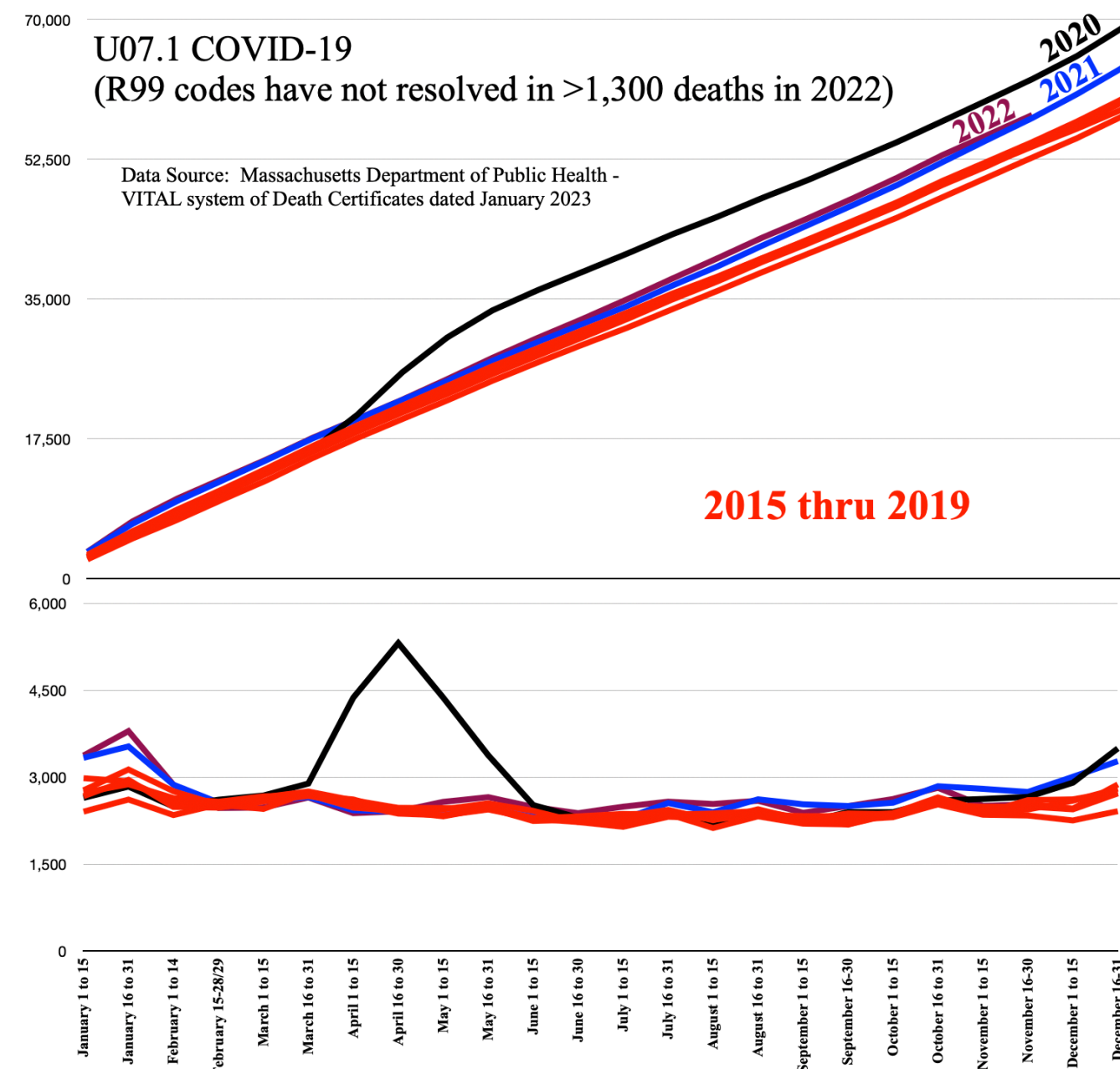
All-Cause Deaths Massachusetts Years 2015 thru 2022

Period = Jan 1 thru November 30 of each year



2015 2016 2017 2018 2019 2020 2021 2022

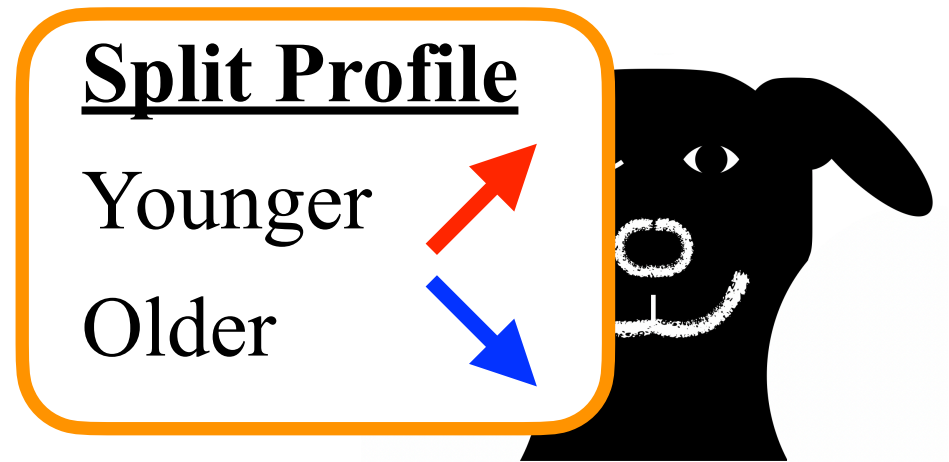
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023



All-Cause Deaths

Δ (2020 to 2021)

Increase
Decrease

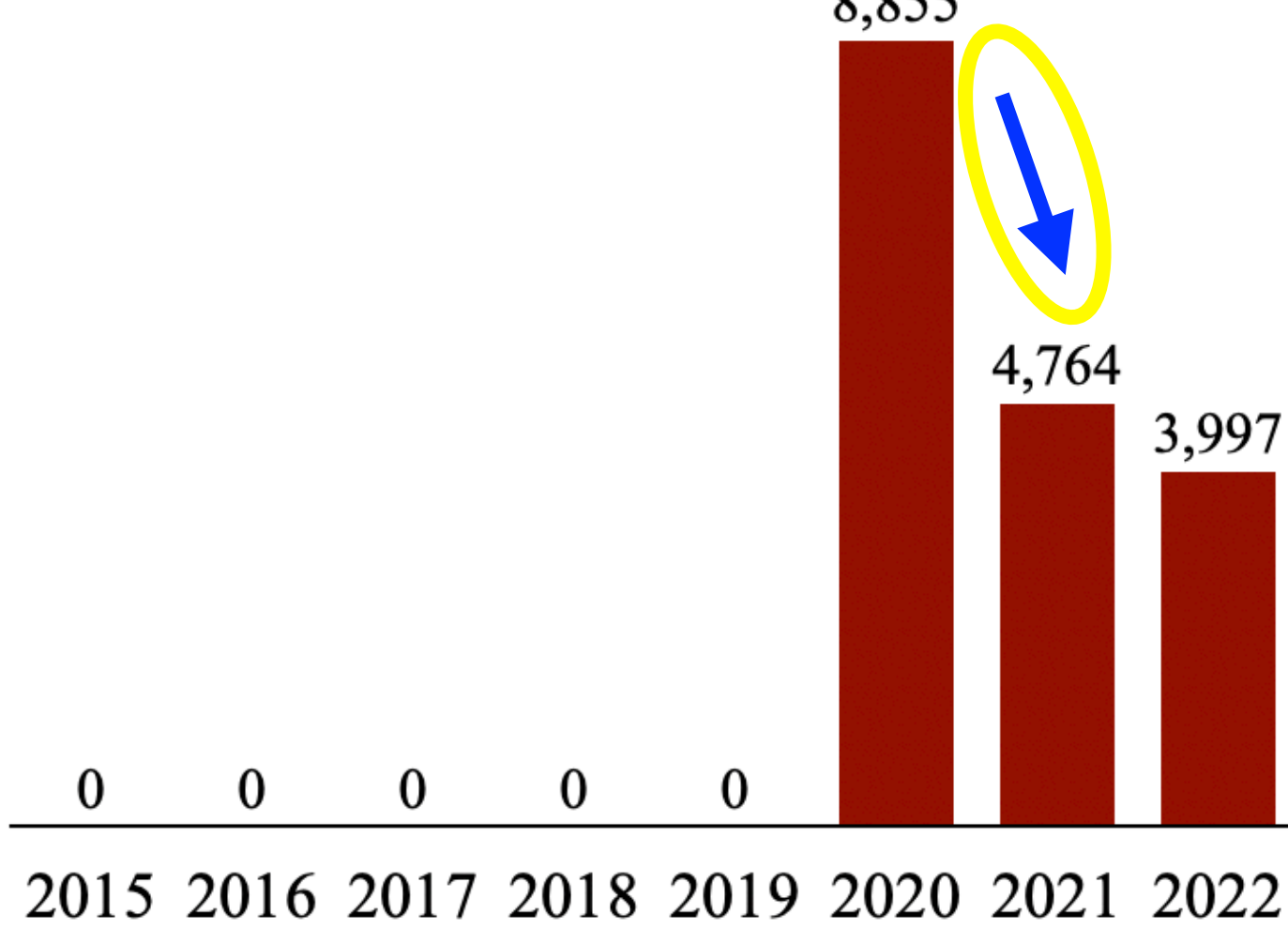


Deaths from All Causes by Year and Age Groups

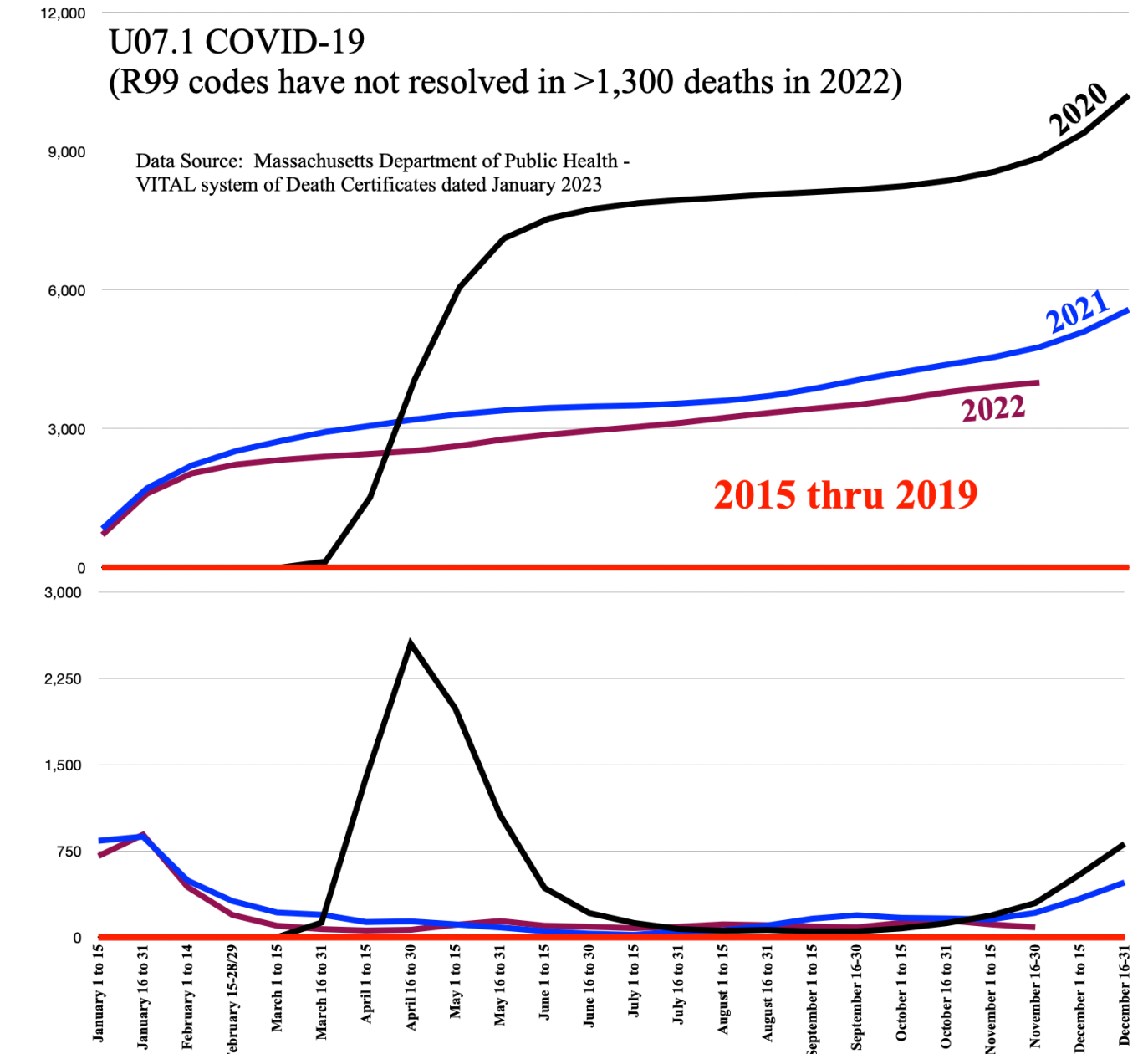
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

U07.1 COVID-19 Massachusetts Years 2015 thru 2022

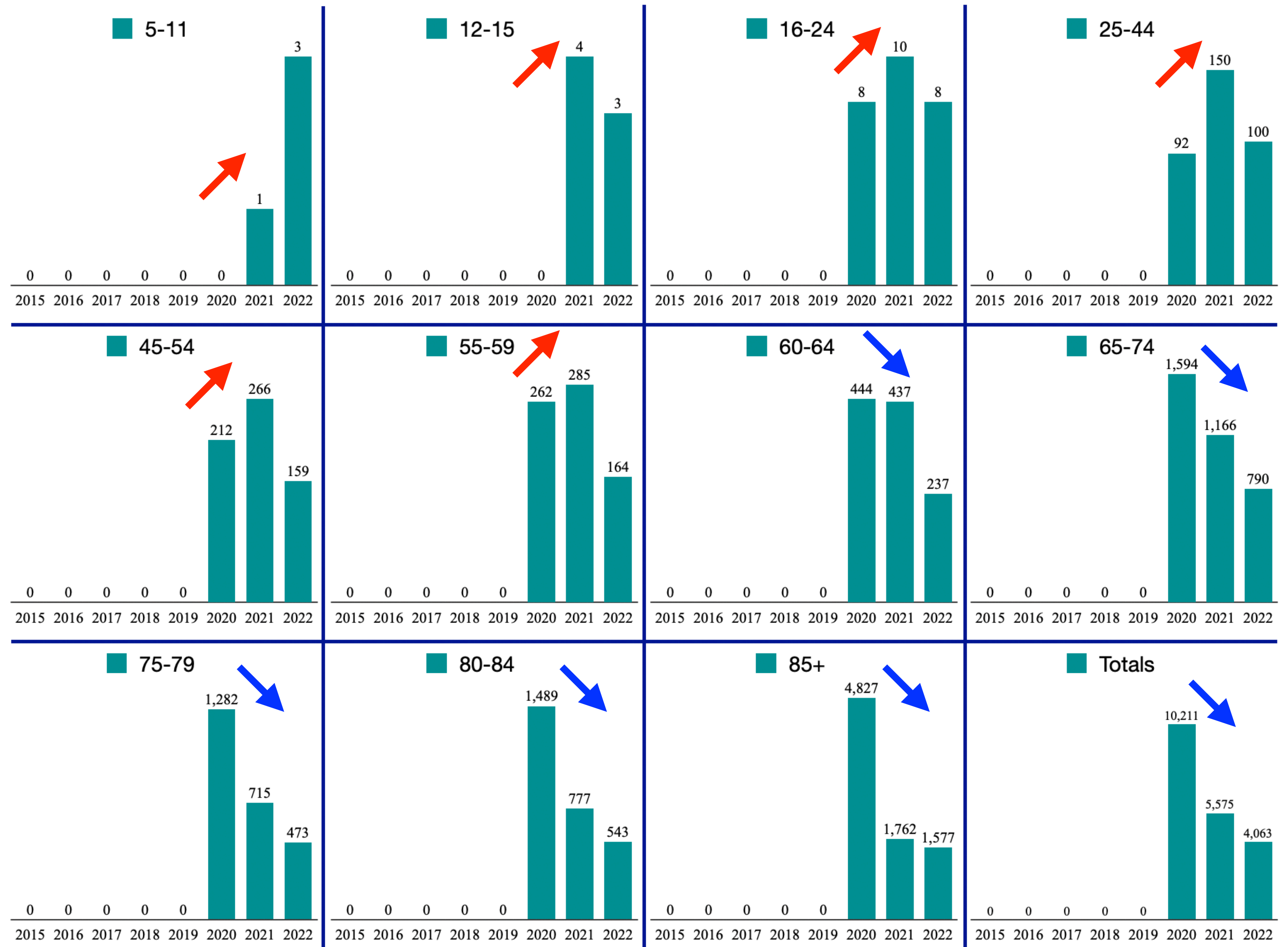
Period = Jan 1 thru November 30 of each year



Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023



Covid Deaths

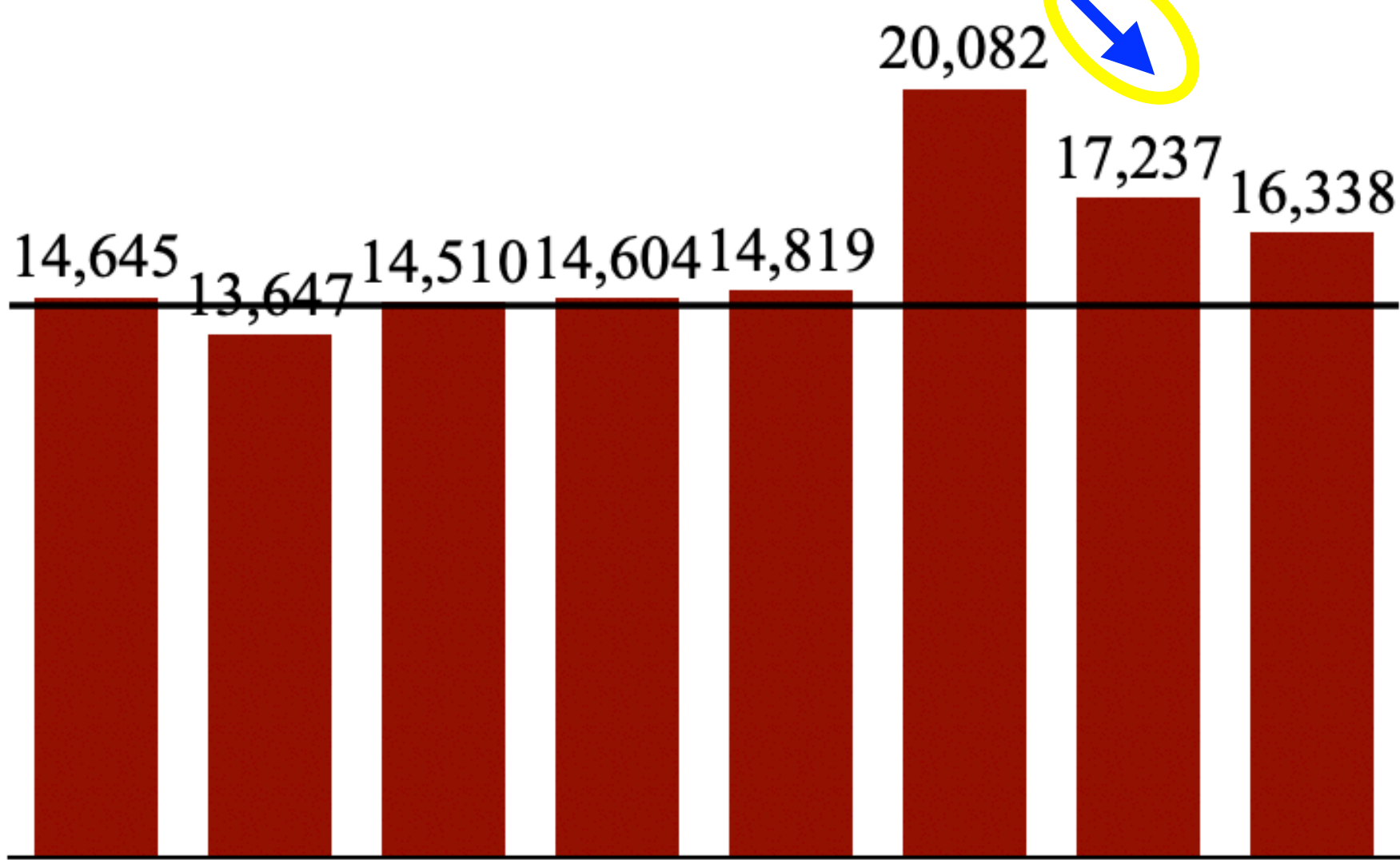


Deaths from U07.1 COVID-19 by Year and Age Groups
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

J Codes - All respiratory

Massachusetts Years 2015 thru 2022

Period = Jan 1 thru November 30 of each year



2015 2016 2017 2018 2019 2020 2021 2022

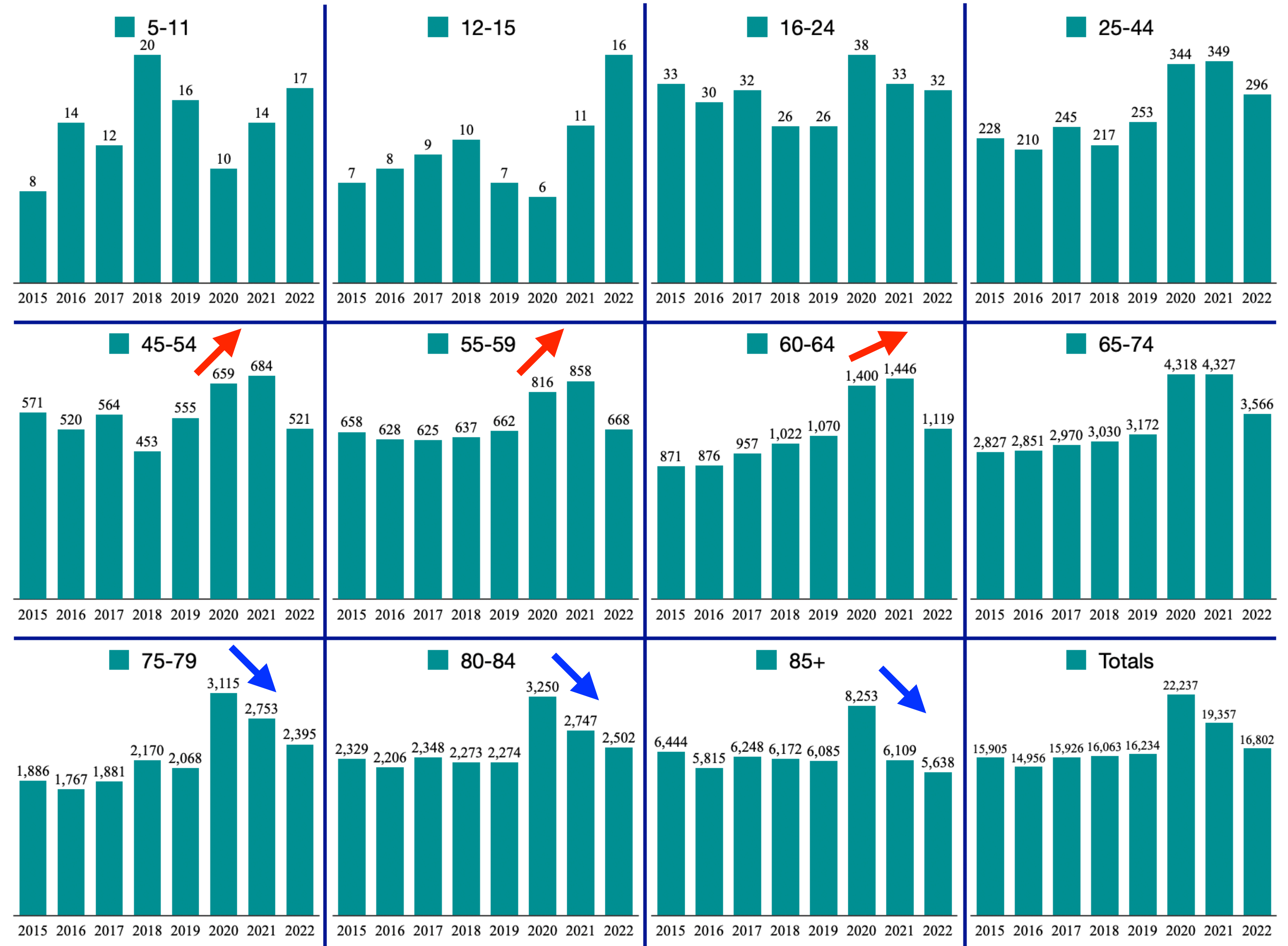
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

~ 4,075 Excess J Codes - All respiratory deaths from January 1, 2021 to November 30, 2022 in Massachusetts alone

17% Excess in 2021

8% Excess in 2022

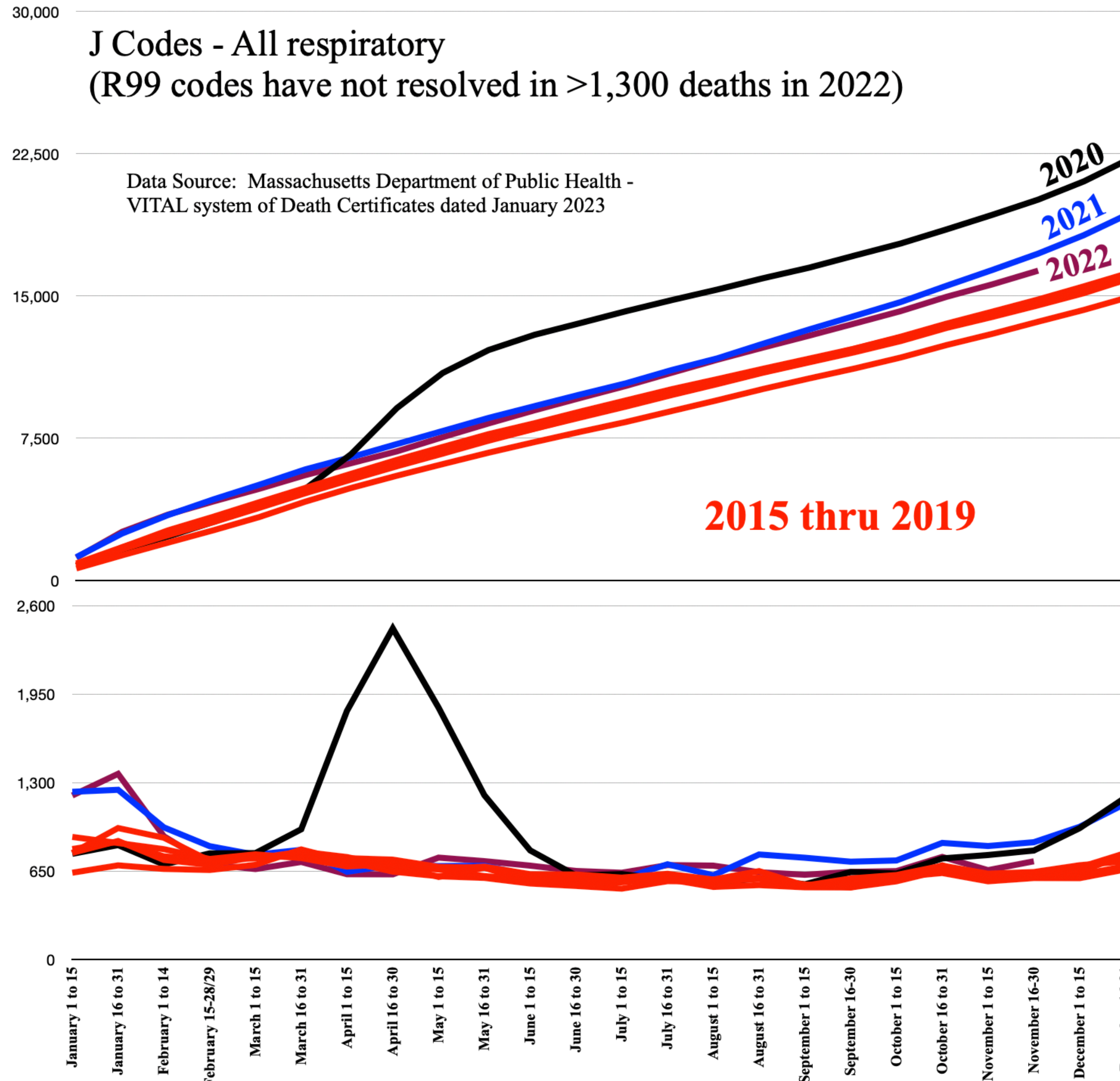
Respiratory Deaths



J Codes - All respiratory

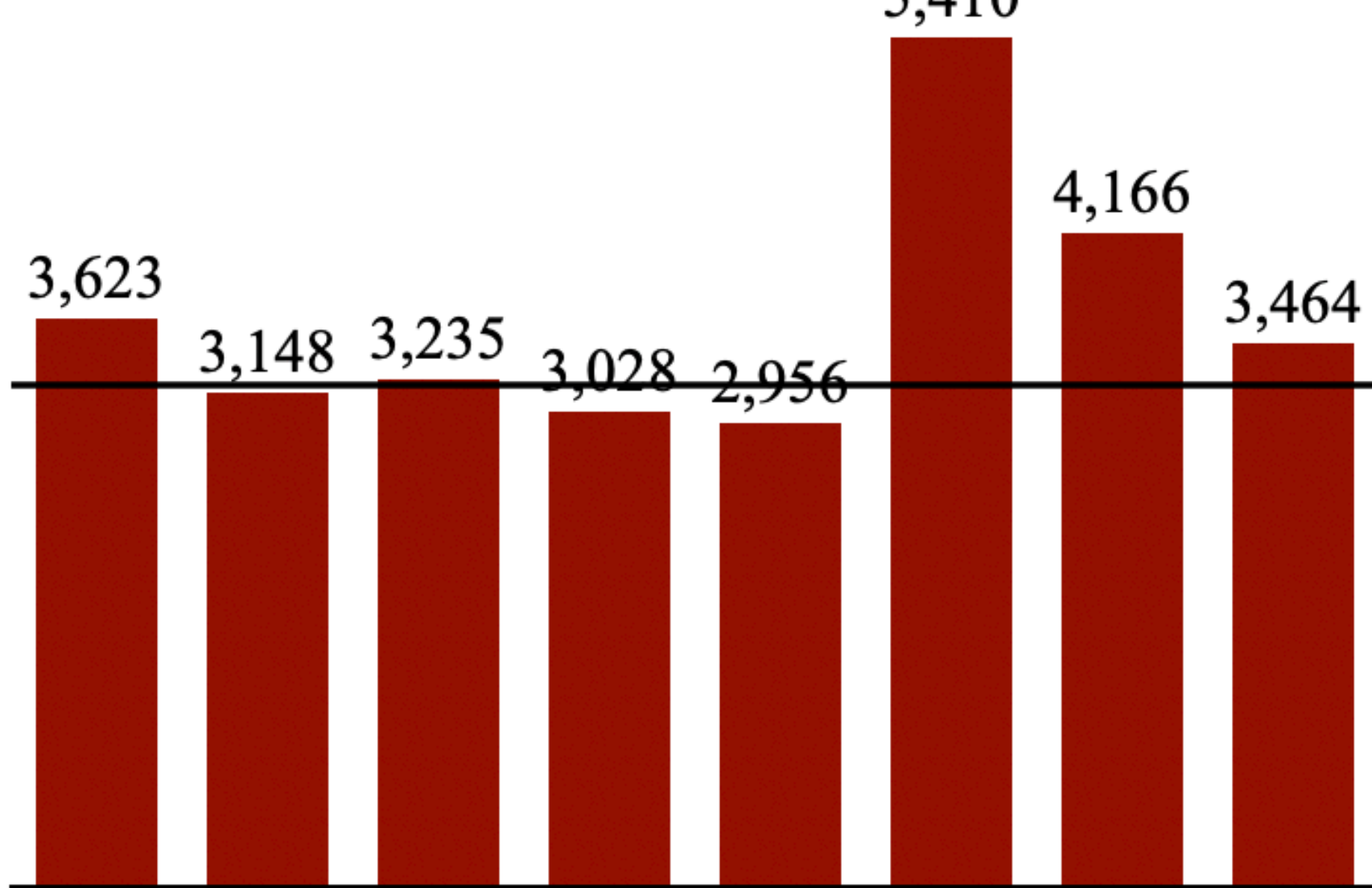
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

Respiratory Deaths



J18.9 Pneumonia, unspecified Massachusetts Years 2015 thru 2022

Period = Jan 1 thru November 30 of each year



2015 2016 2017 2018 2019 2020 2021 2022

Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

~ 1,572 Excess Pneumonia,
unspecified deaths from January 1, 2021 to
November 30, 2022 in Massachusetts
alone
37% Excess in 2021
8% Excess in 2022

J18.9 Pneumonia

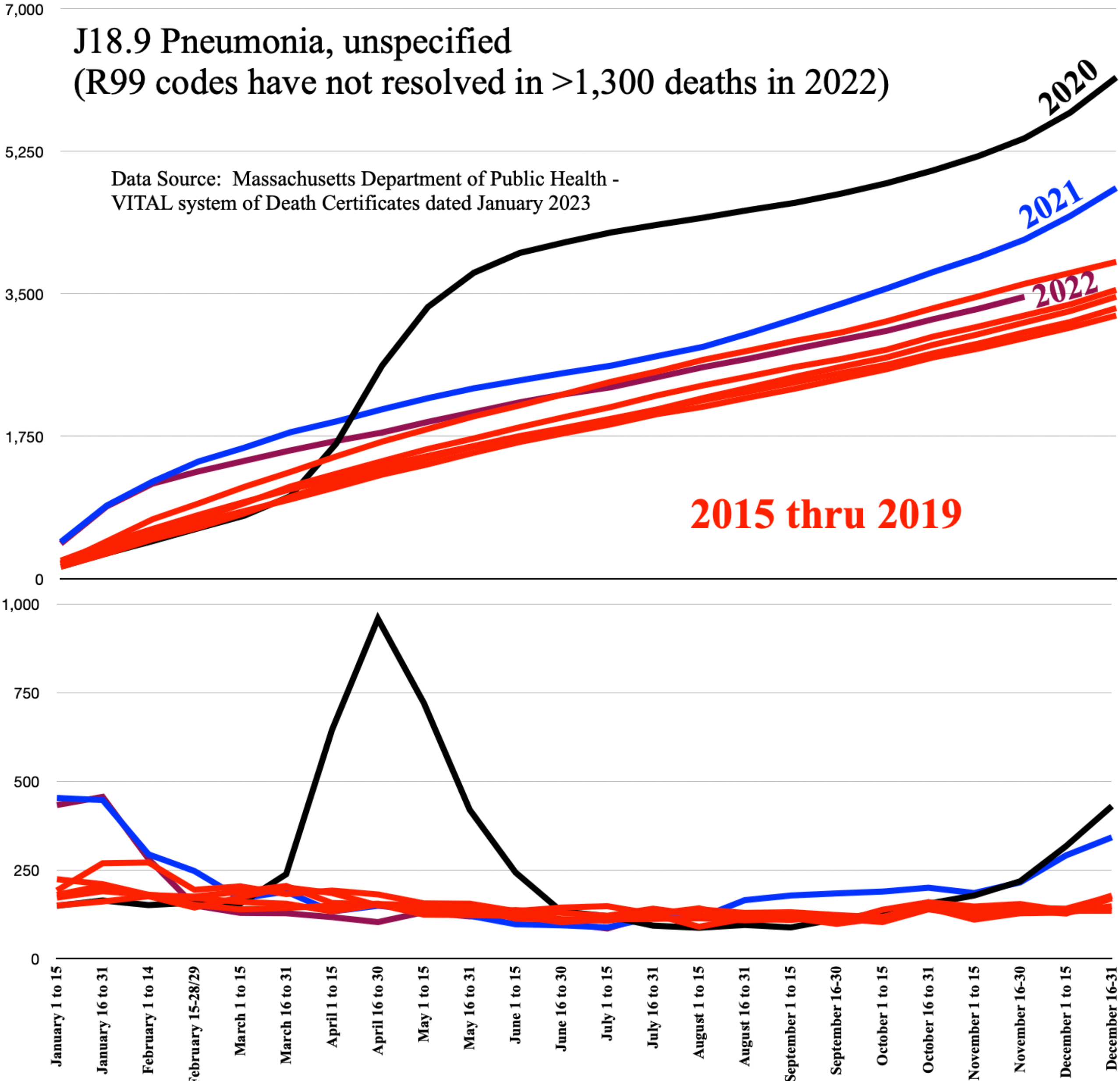
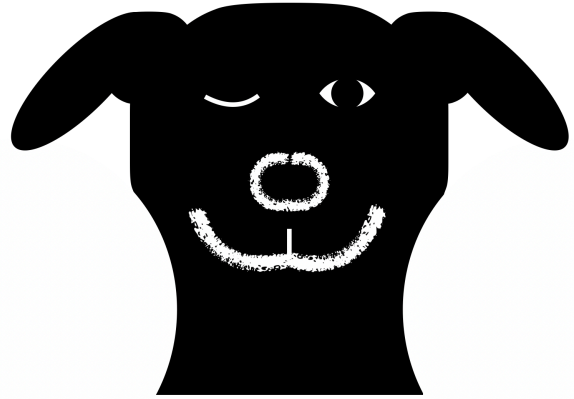


Why MORE pneumonia deaths in the year of vaccination 2021 under 65yo?



J18.9 Pneumonia, unspecified
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates
dated January 2023

J18.9 Pneumonia



2015 thru 2019



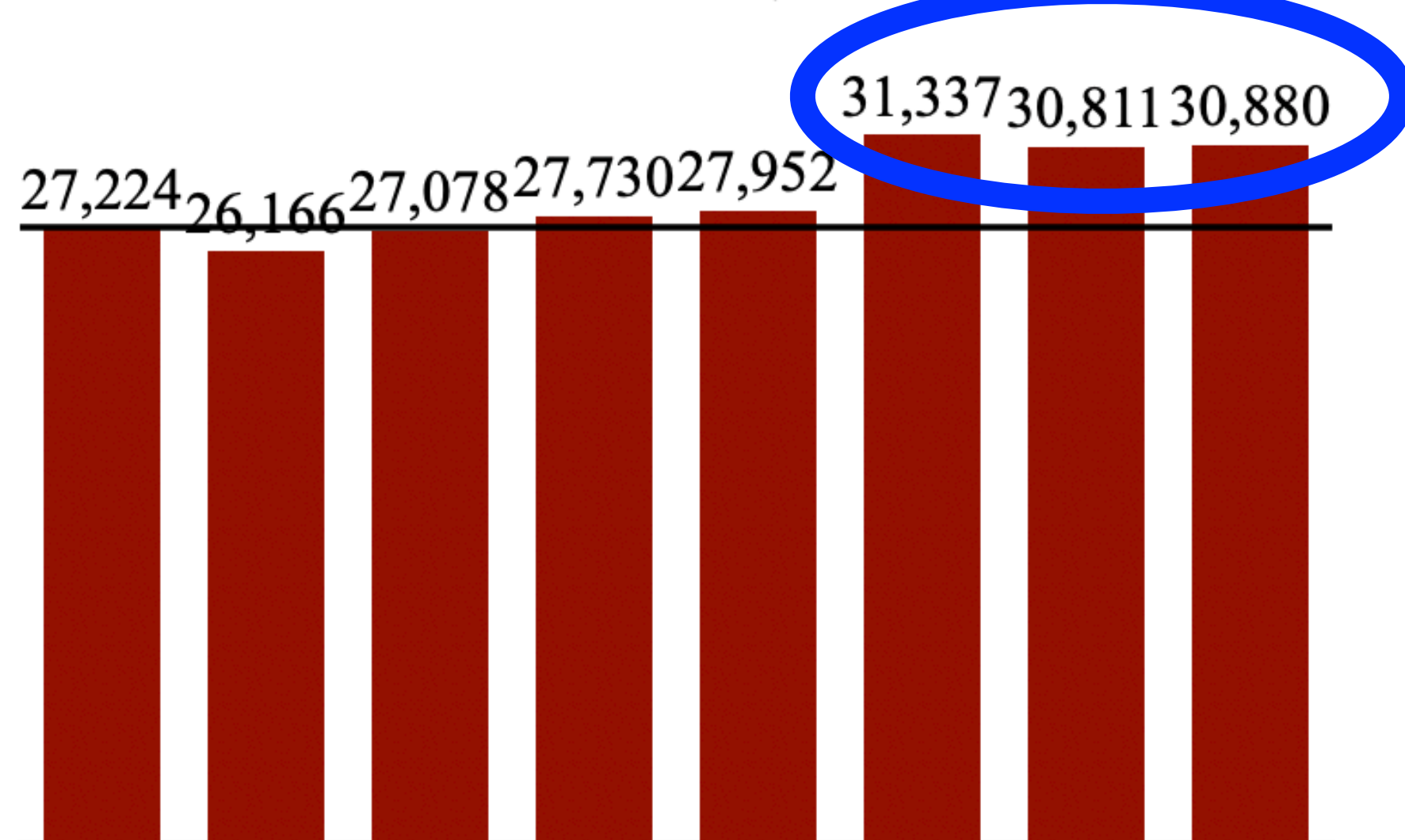
“I” Codes

Circulatory System - **Blood transport system**

I Codes - Diseases of the circulatory system

Massachusetts Years 2015 thru 2022

Period = Jan 1 thru November 30 of each year



2015 2016 2017 2018 2019 2020 2021 2022

Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

~ 4,776 Excess I Codes - Circulatory system deaths from January 1, 2021 to November 30, 2022 in Massachusetts alone

8% Excess in 2021

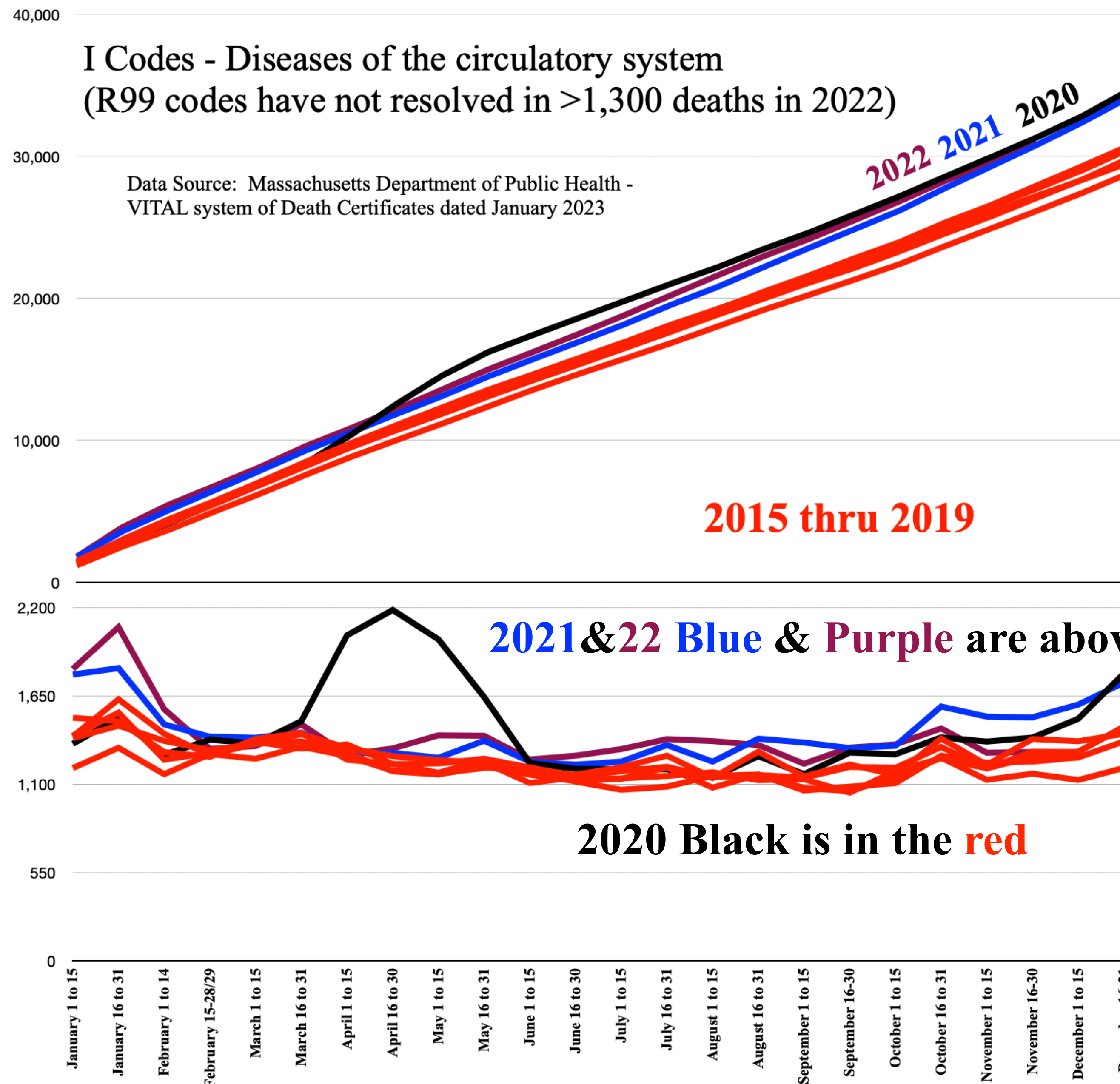
7% Excess in 2022

Circulatory Deaths

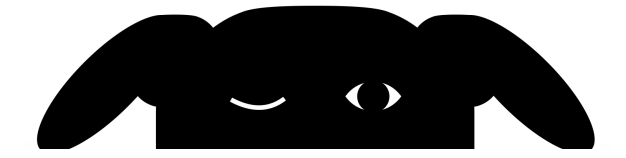


I Codes - Diseases of the circulatory system

Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

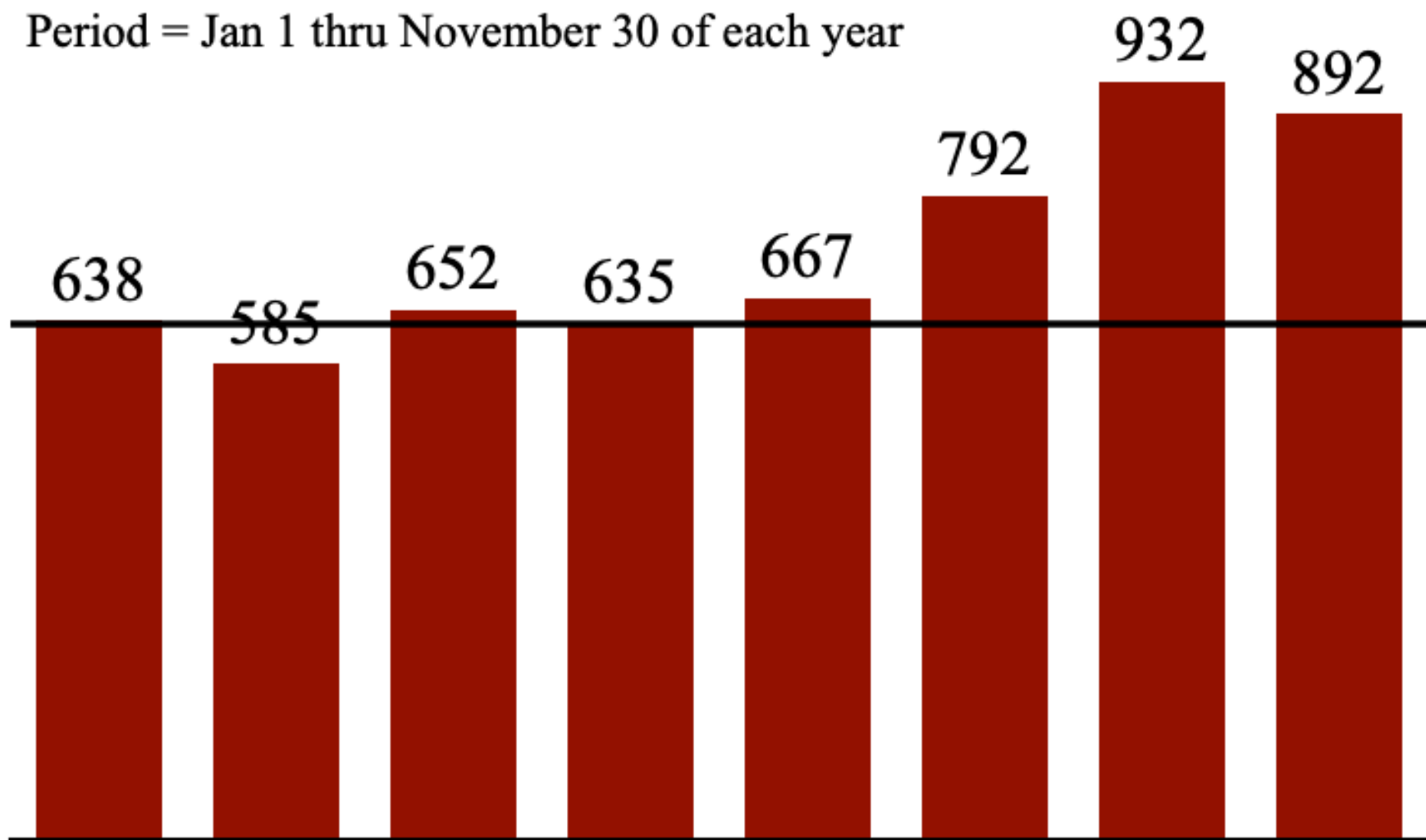


Pulmonary Embolism Deaths



I26.9 Pulmonary embolism without mention of acute cor pulmonale
Massachusetts Years 2015 thru 2022

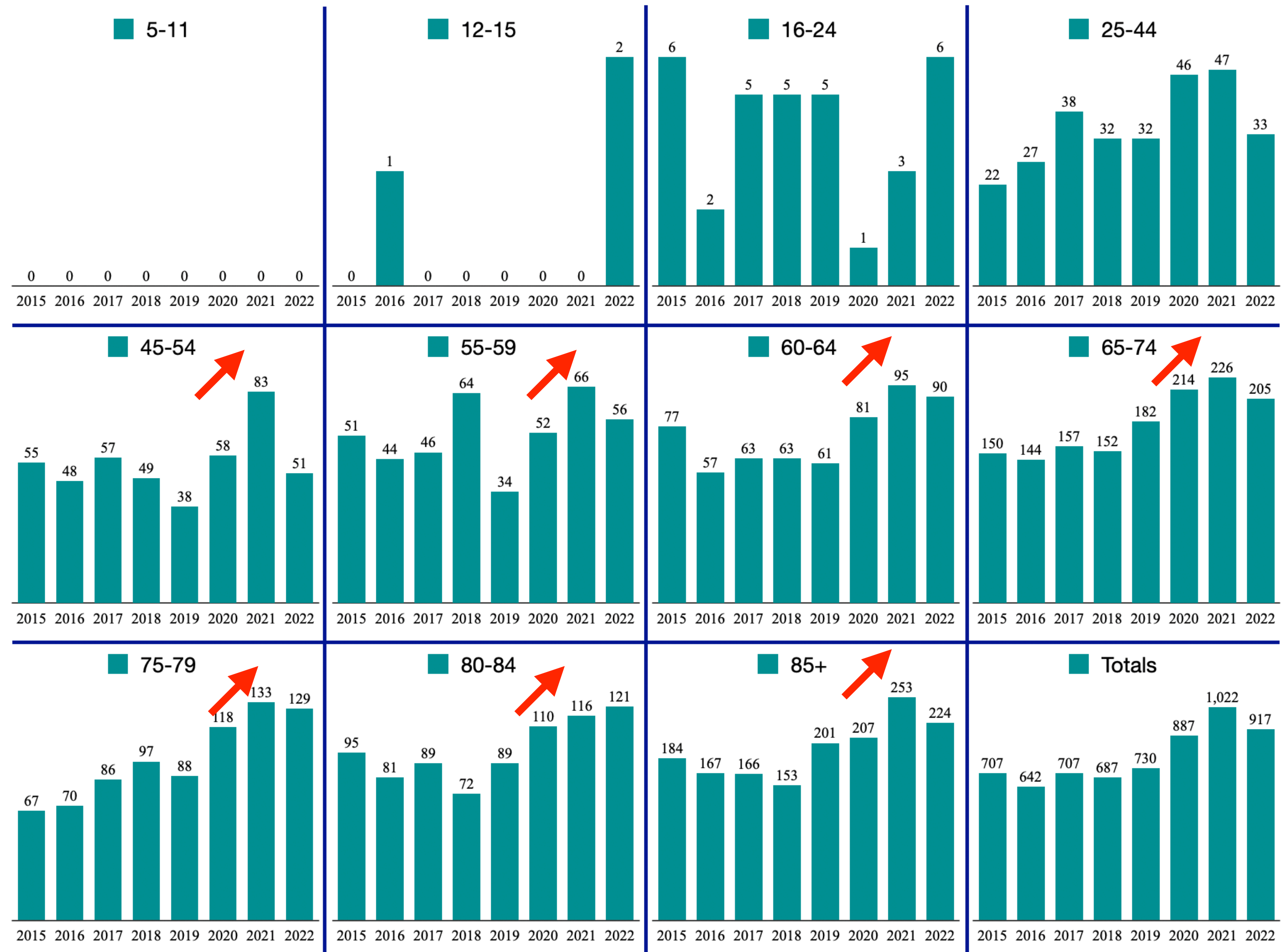
Period = Jan 1 thru November 30 of each year



2015 2016 2017 2018 2019 2020 2021 2022

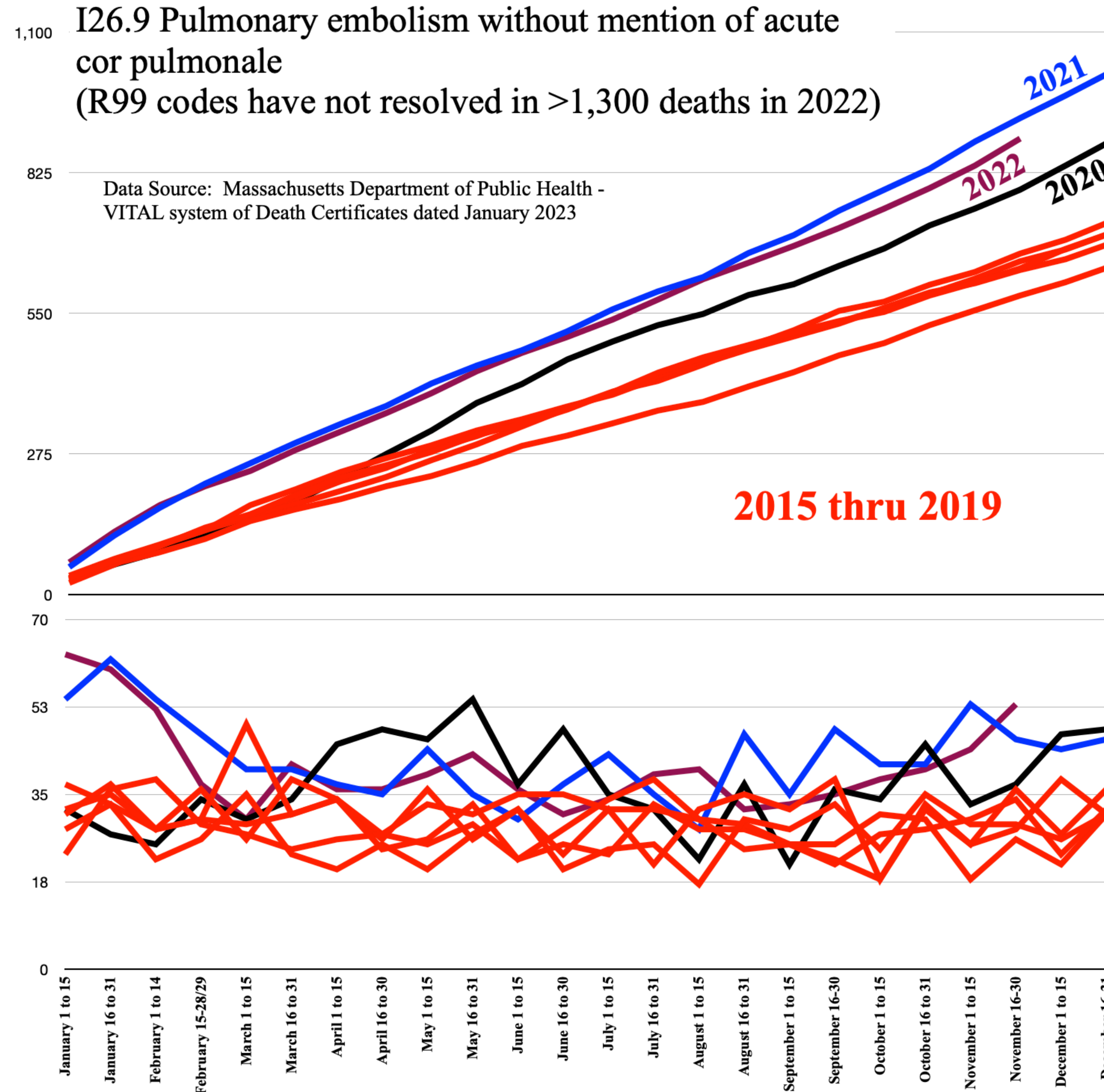
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

~ 494 Excess Pulmonary embolism deaths from January 1, 2021 to November 30, 2022 in Massachusetts alone
40% Excess in 2021
29% Excess in 2022



Deaths from I26.9 Pulmonary embolism without mention of acute cor pulmonale by Year and Age Groups
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

Pulmonary Embolism Deaths

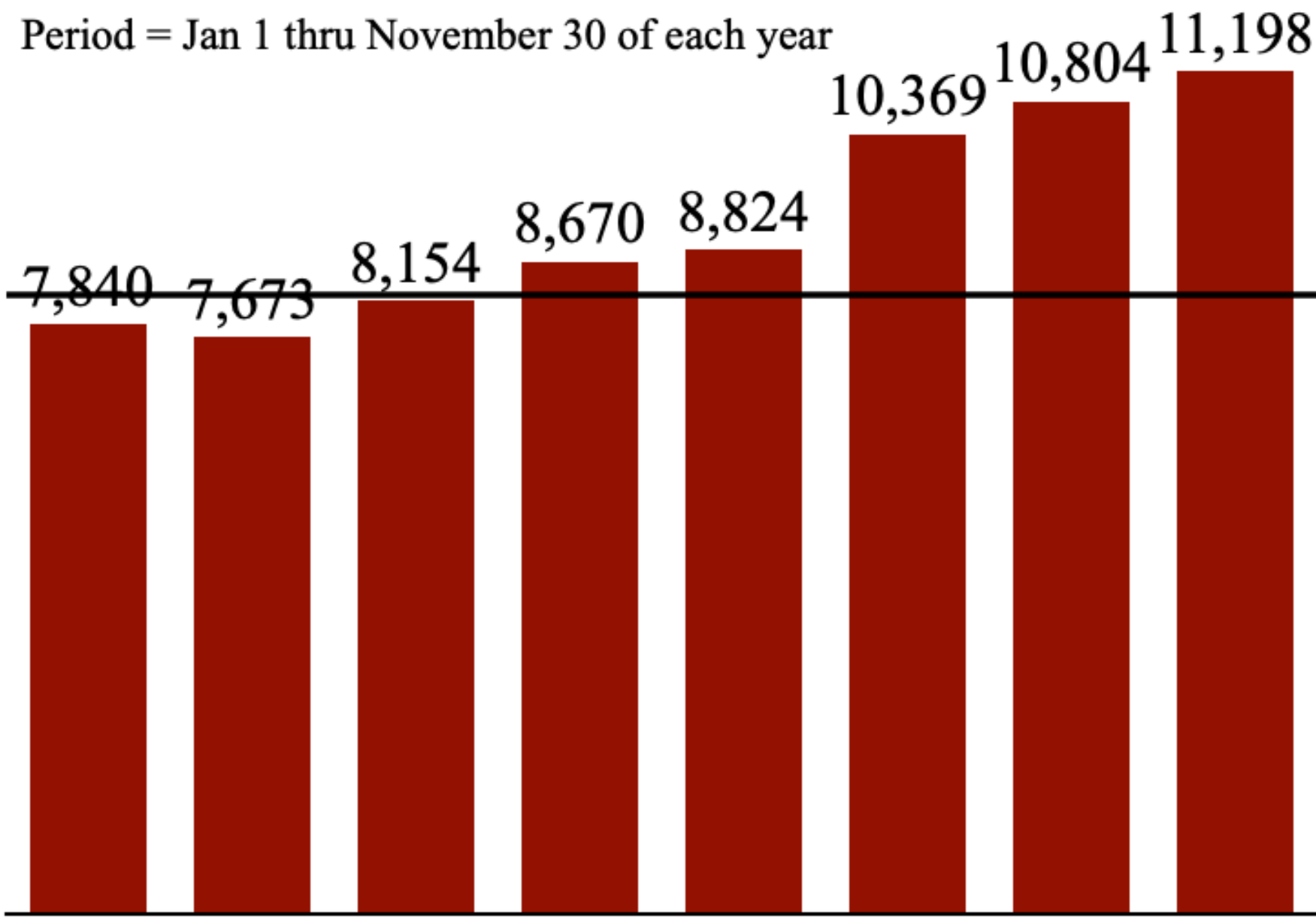


I46.9 Cardiac arrest

I46.9 Cardiac arrest, unspecified

Massachusetts Years 2015 thru 2022

Period = Jan 1 thru November 30 of each year

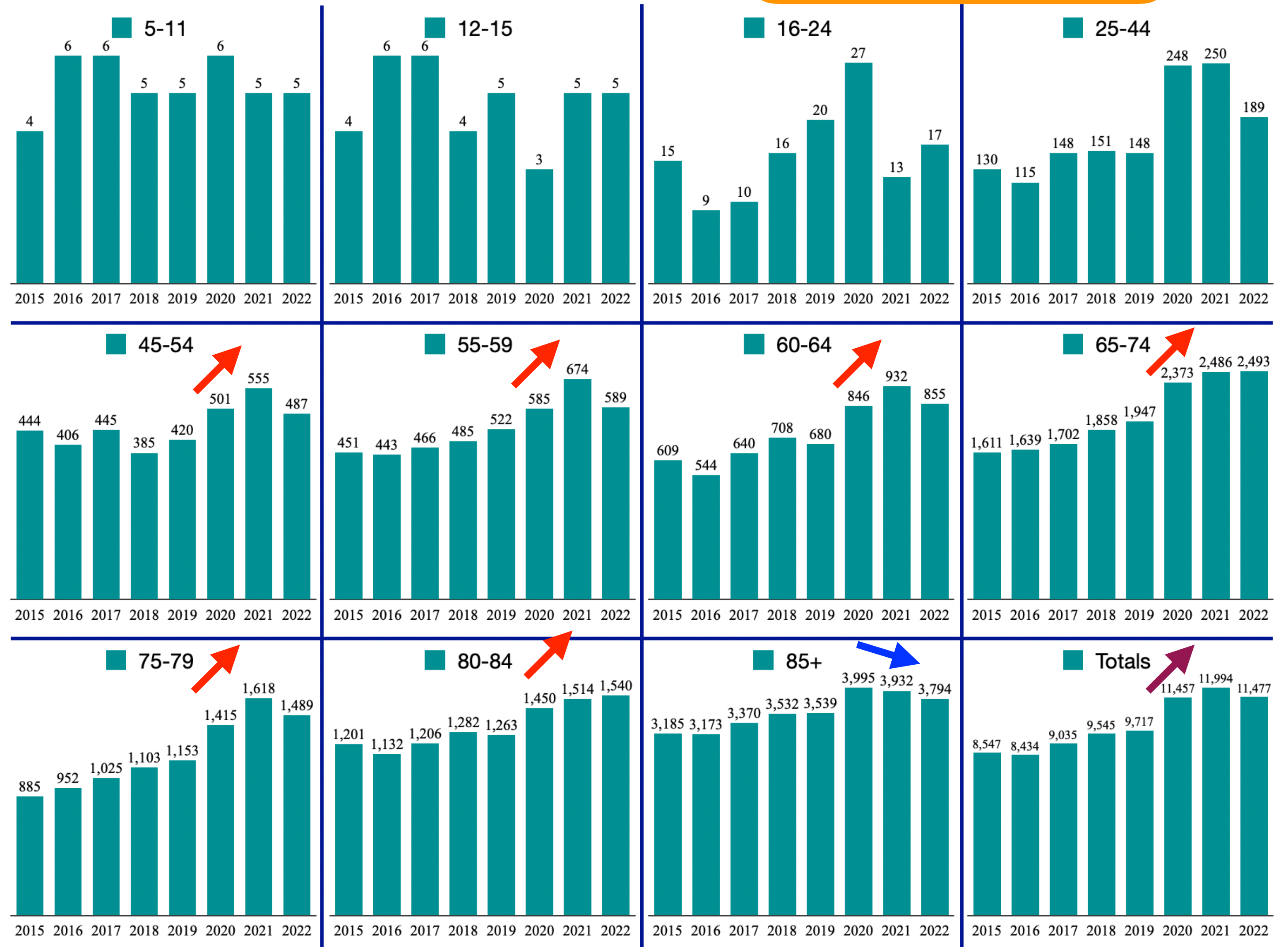


2015 2016 2017 2018 2019 2020 2021 2022

Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

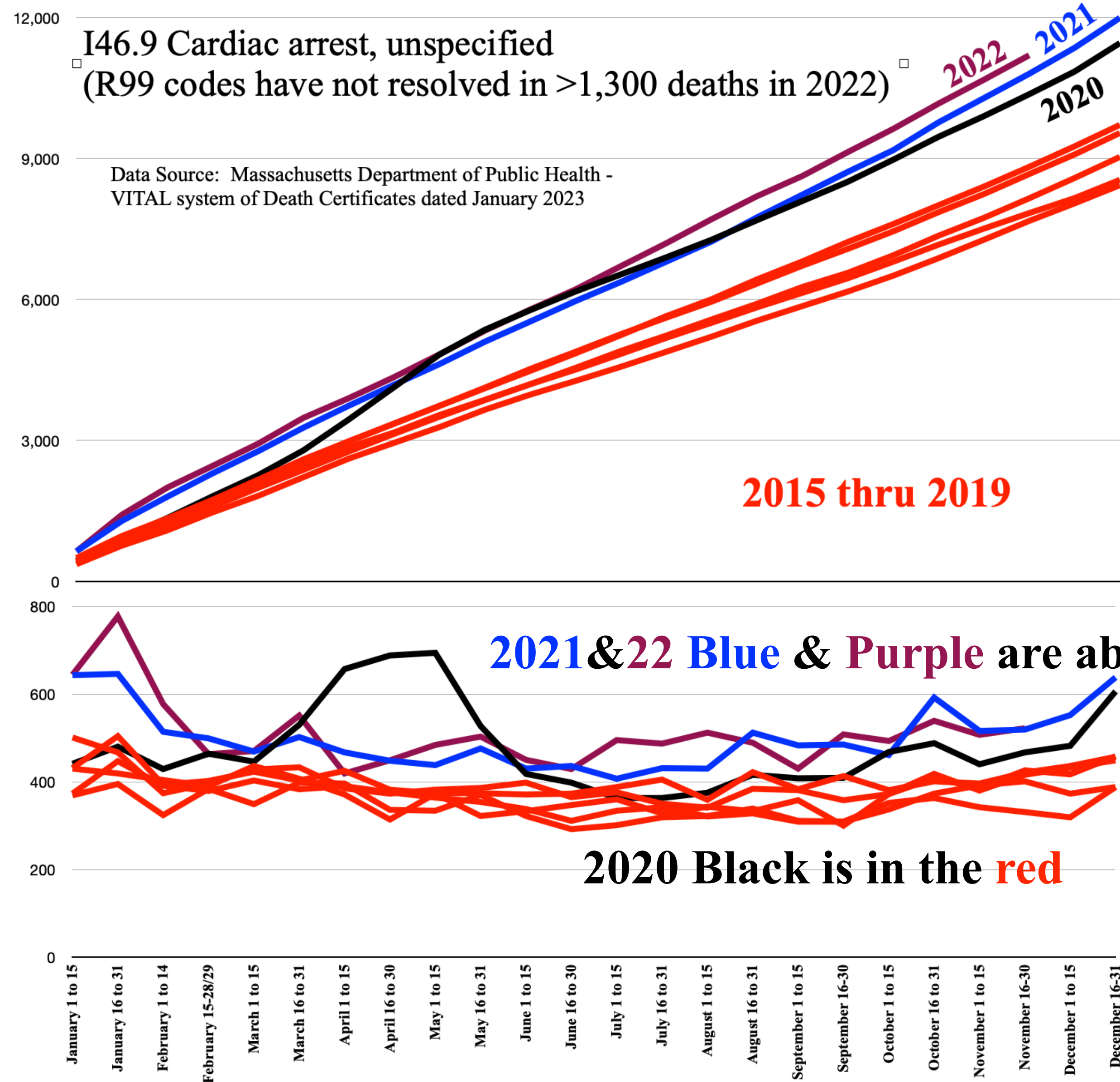
~ 3,041 Excess Cardiac arrest deaths from January 1, 2021 to November 30, 2022 in Massachusetts alone
 15% Excess in 2021
 15% Excess in 2022

Full Positive Profile
 Younger
 Older
 Except 85+



Deaths from I46.9 Cardiac arrest, unspecified by Year and Age Groups
 Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

I46.9 Cardiac arrest

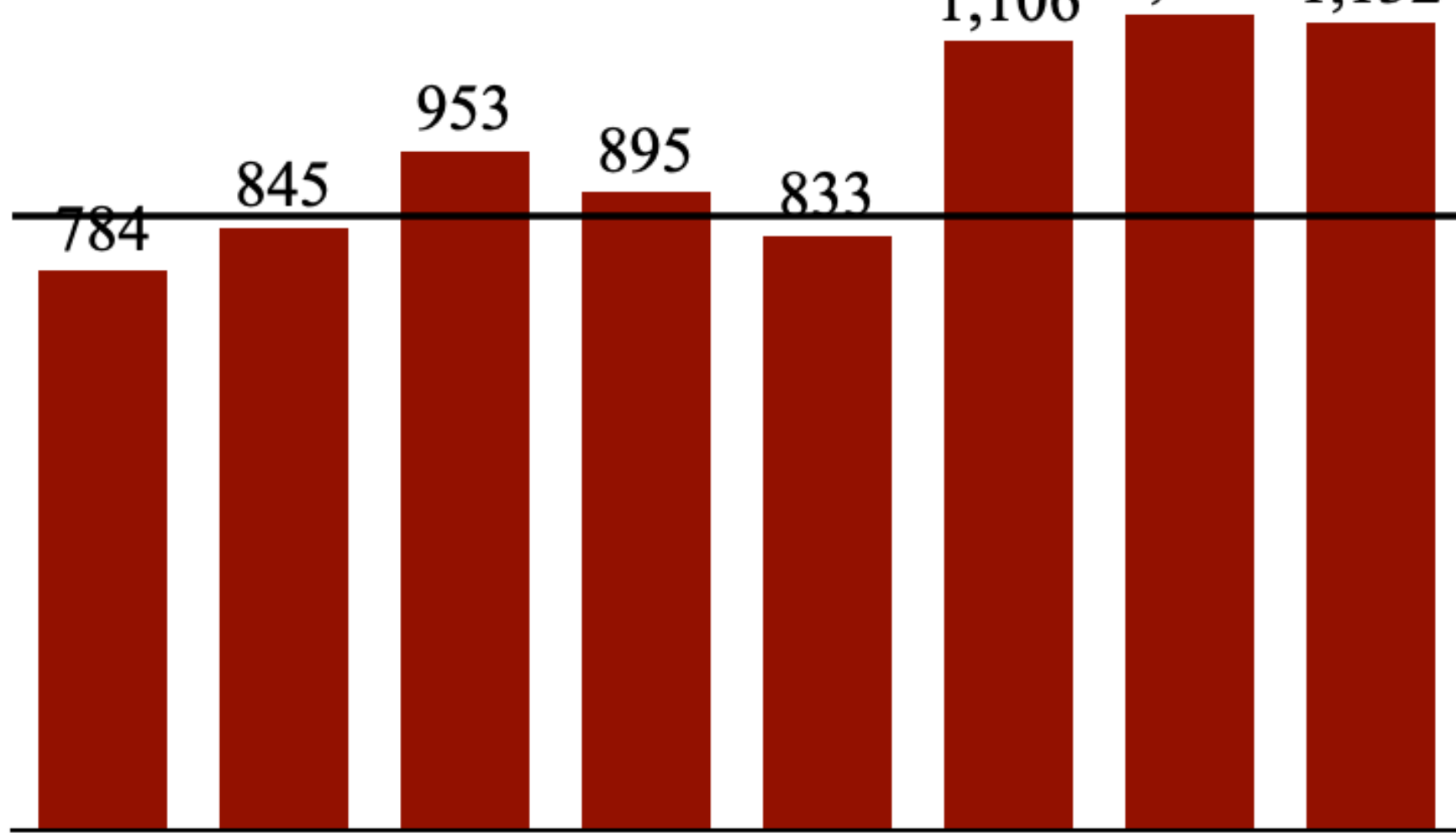


I49.9 Cardiac arrhythmia

I49.9 Cardiac arrhythmia, unspecified

Massachusetts Years 2015 thru 2022

Period = Jan 1 thru November 30 of each year

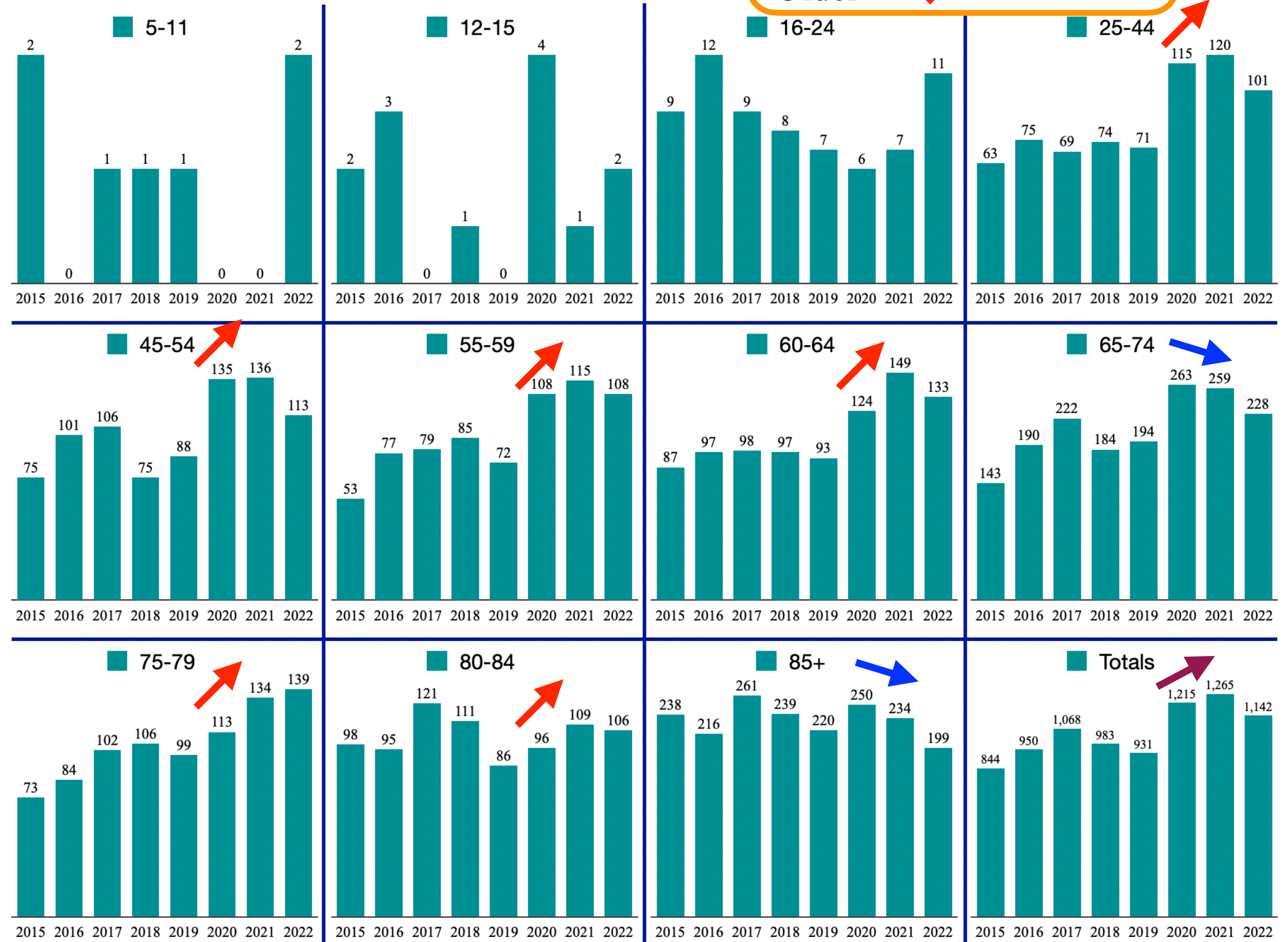


2015 2016 2017 2018 2019 2020 2021 2022

Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

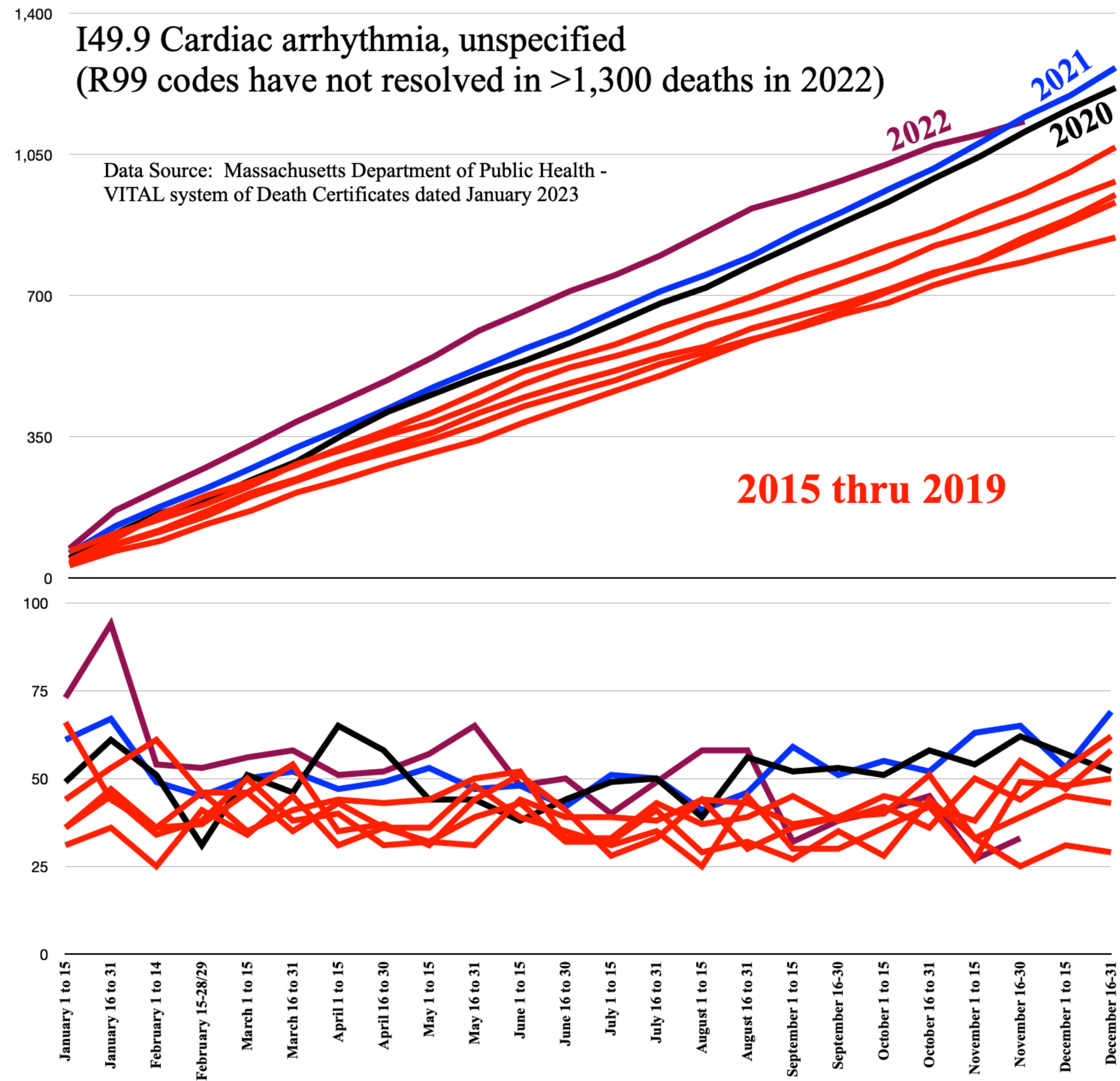
~ 423 Excess Cardiac arrhythmia deaths from January 1, 2021 to November 30, 2022 in Massachusetts alone
 22% Excess in 2021
 21% Excess in 2022

Full Positive Profile
 Younger \nearrow Except 65-74
 Older \nearrow & 85+



I49.9 Cardiac arrhythmia, unspecified by Year and Age Groups
 Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

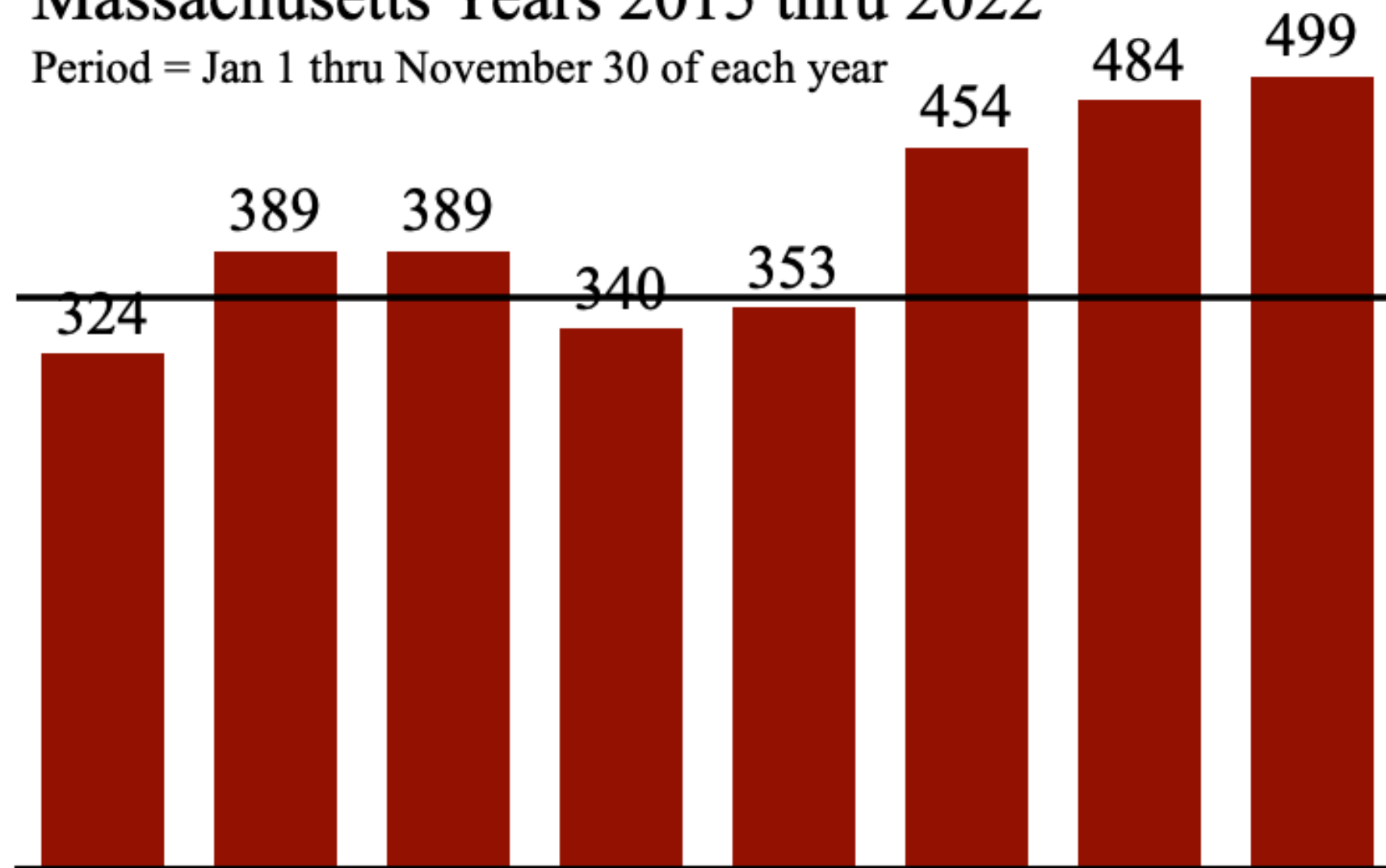
I49.9 Cardiac arrhythmia



I8 Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified

Massachusetts Years 2015 thru 2022

Period = Jan 1 thru November 30 of each year



2015 2016 2017 2018 2019 2020 2021 2022

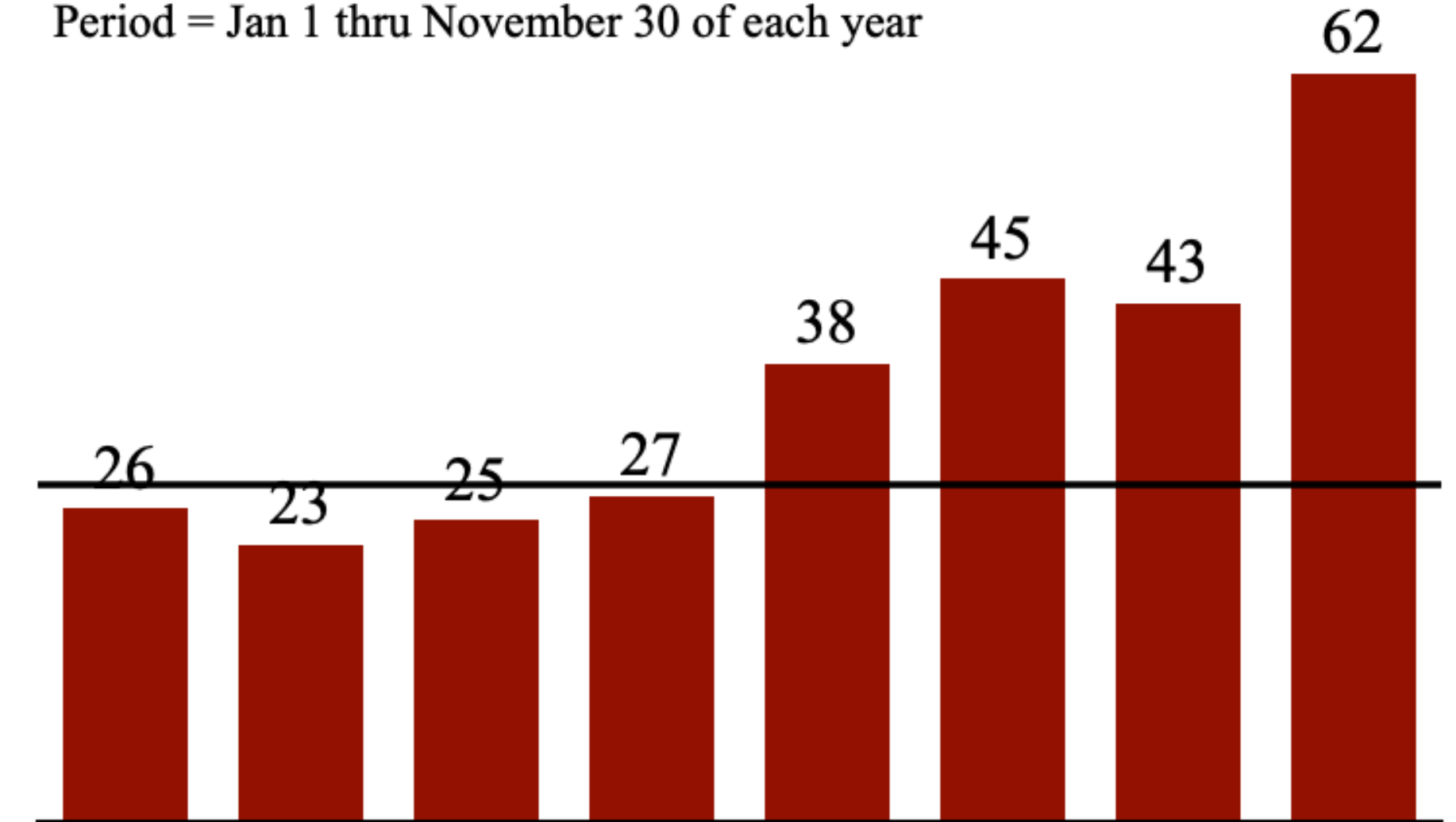
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

~ 269 Excess Veins, lymphatic vessels, and lymph node deaths from January 1, 2021 to November 30, 2022 in Massachusetts alone
 33% Excess in 2021
 37% Excess in 2022

I82 Other venous embolism and thrombosis

Massachusetts Years 2015 thru 2022

Period = Jan 1 thru November 30 of each year



2015 2016 2017 2018 2019 2020 2021 2022

Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

~ 22 Excess Other venous embolism and thrombosis deaths from January 1, 2021 to November 30, 2022 in Massachusetts alone
 4% Excess in 2021
 48% Excess in 2022



“D” Codes

Diseases of the **blood, blood-forming organs, immune mechanism** disorders, and benign neoplasms

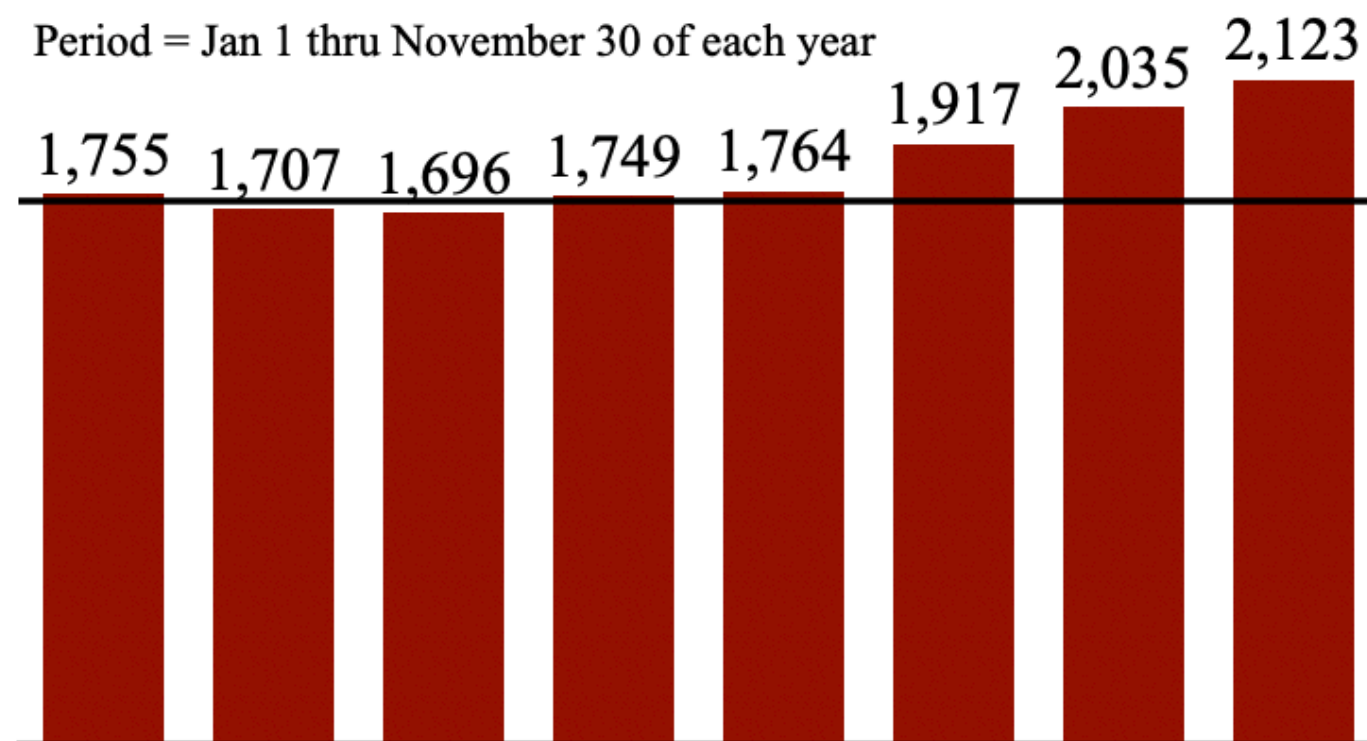
Benign neoplasms, blood, blood-forming organs, ... immune mechanism



D Codes - Benign neoplasms,
Neoplasms of unknown behavior,
Diseases of the blood and blood-
forming organs and certain
disorders involving the immune
mechanism

Massachusetts Years 2015 thru 2022

Period = Jan 1 thru November 30 of each year



2015 2016 2017 2018 2019 2020 2021 2022

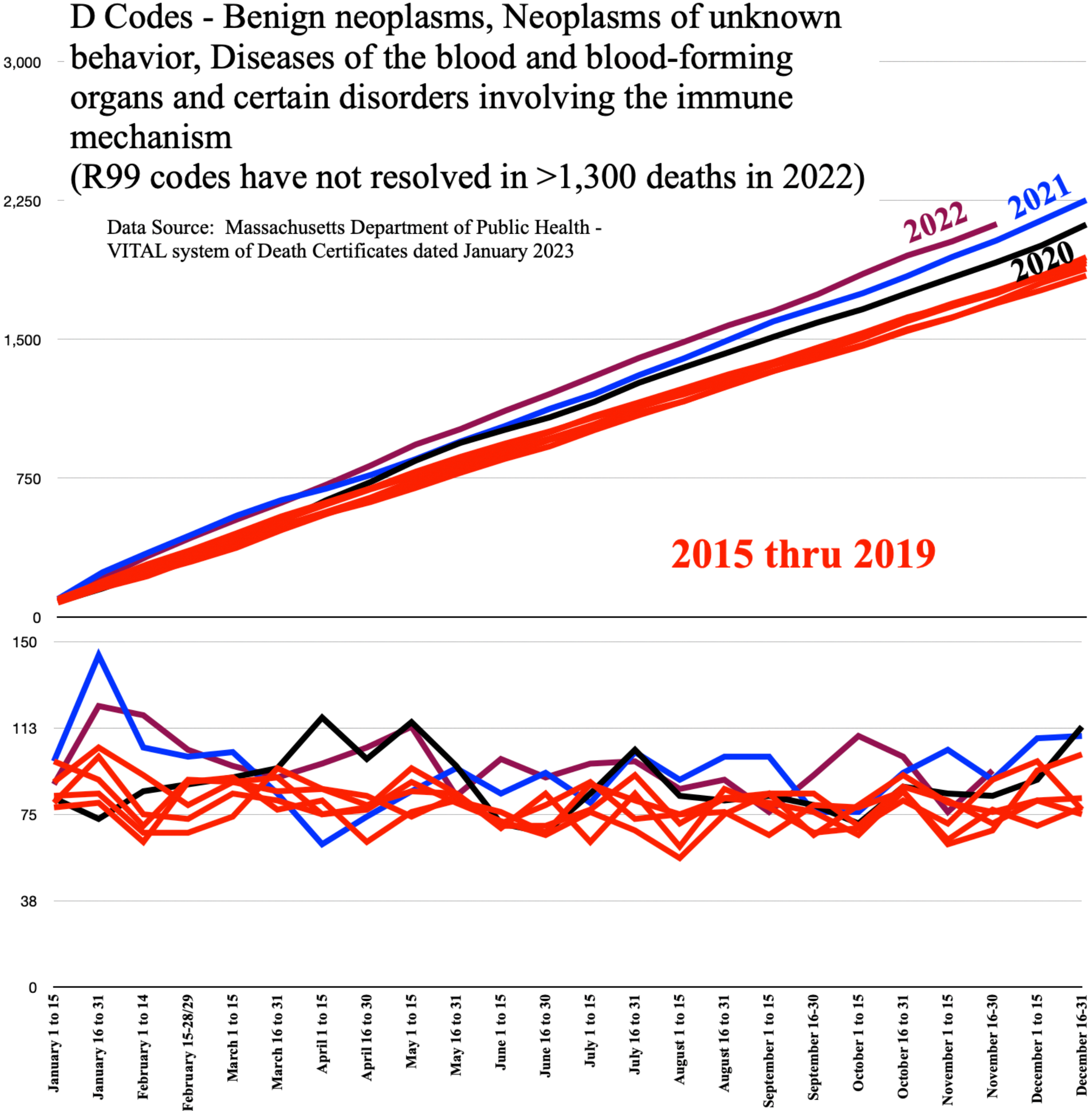
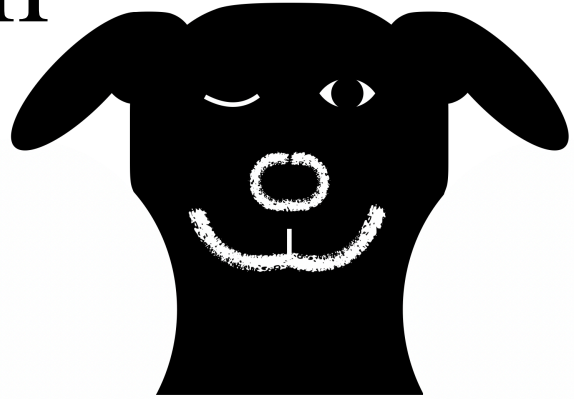
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

~ 672 Excess D Codes - Benign neoplasms, unknown neoplasms, blood and blood-forming organs and immune mechanism disorders deaths from January 1, 2021 to November 30, 2022 in Massachusetts alone
16% Excess in 2021
20% Excess in 2022

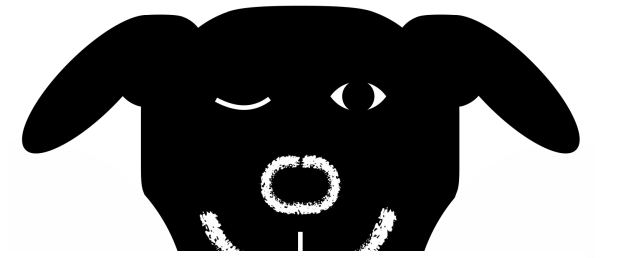


D Codes - Benign neoplasms, Neoplasms of unknown behavior, Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

Benign neoplasms, blood, blood-forming organs, ... immune mechanism



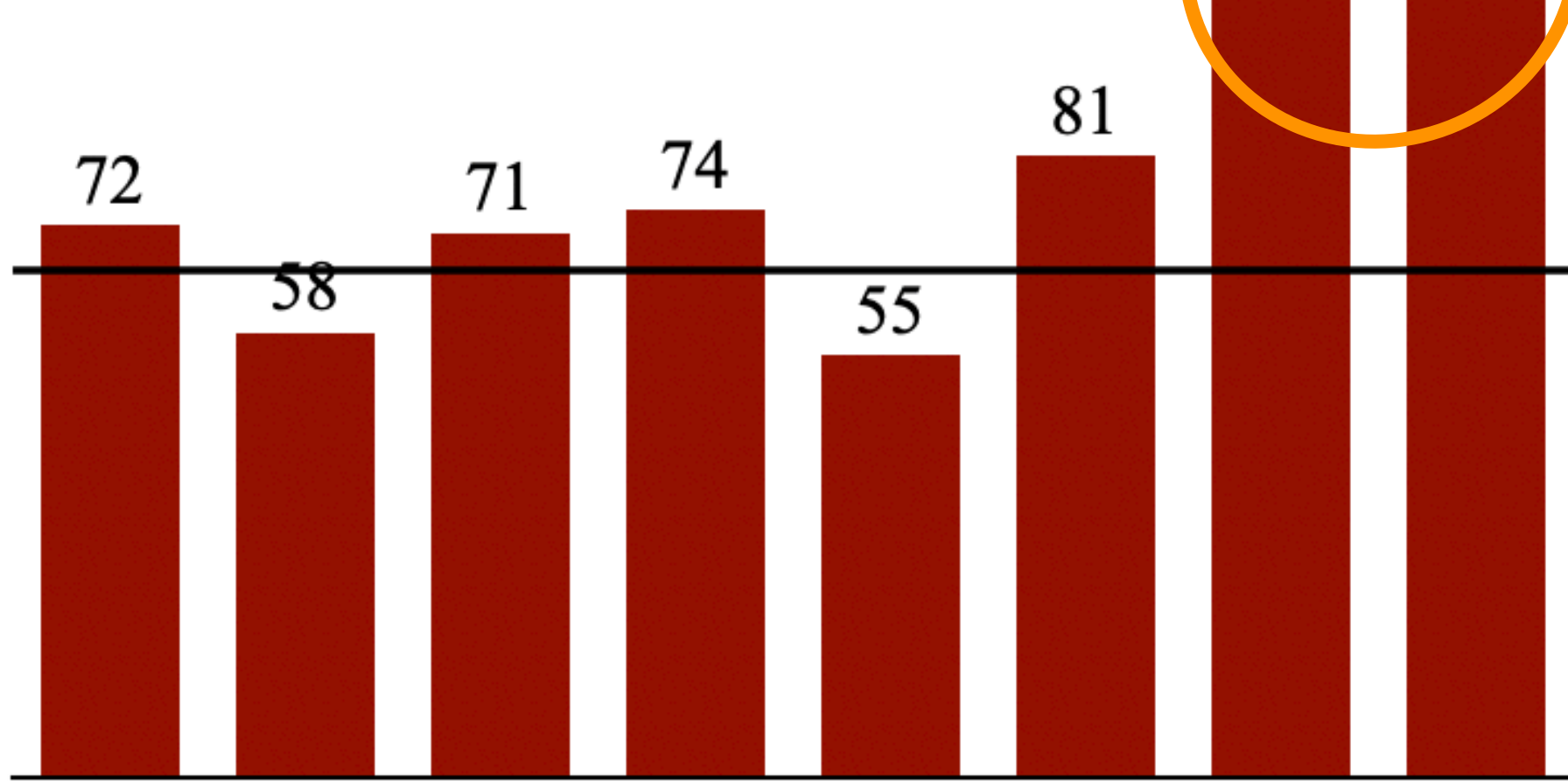
“D8” Codes - Disorders involving the immune mechanism



D8 Certain disorders involving the immune mechanism

Massachusetts Years 2015 thru 2022

Period = Jan 1 thru November 30 of each year



2015 2016 2017 2018 2019 2020 2021 2022

Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

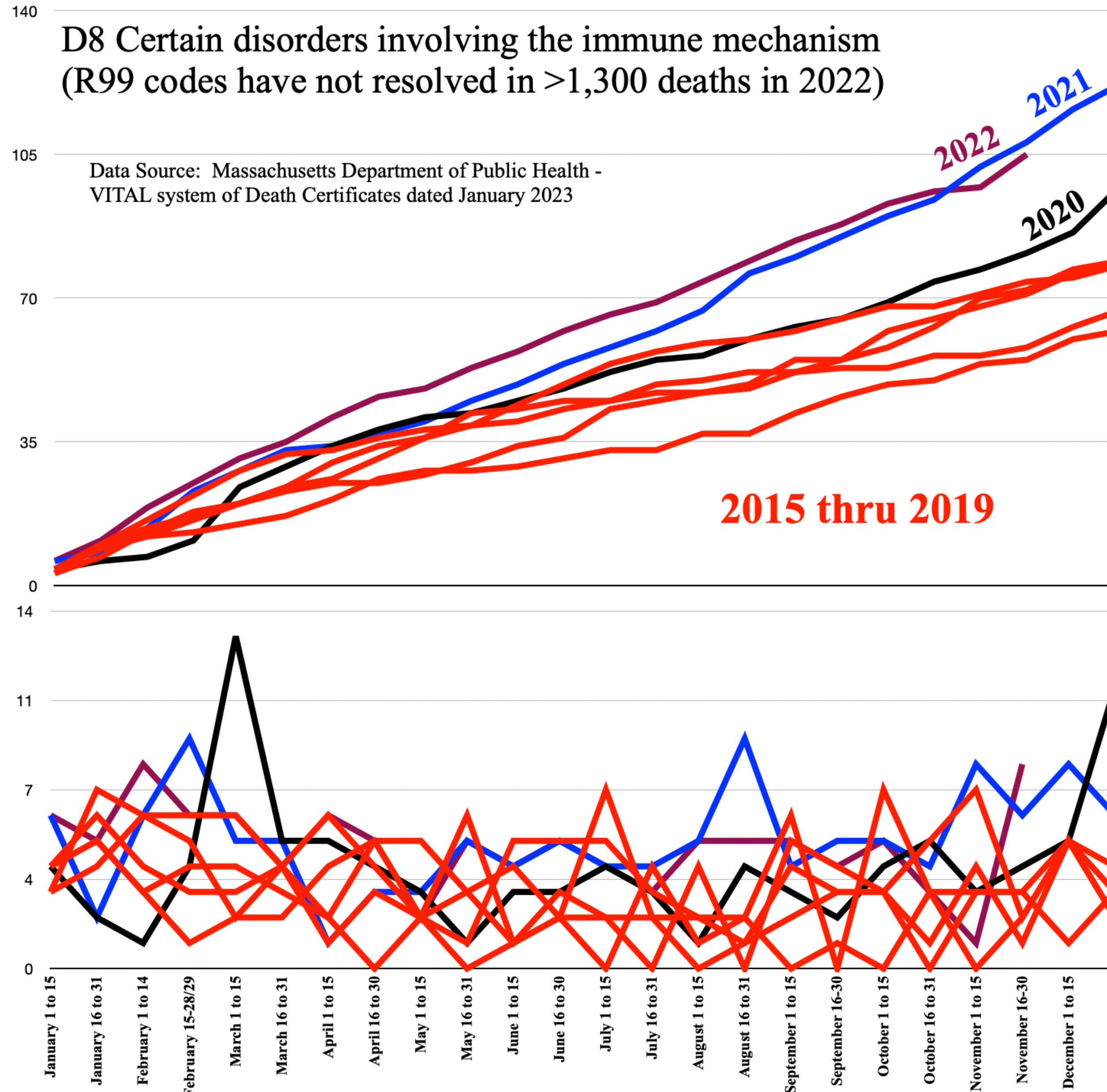
~ 88 Excess Immune mechanism deaths from January 1, 2021 to November 30, 2022 in Massachusetts alone
 67% Excess in 2021
 59% Excess in 2022



D8 Certain disorders involving the immune mechanism

Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

“D8” Codes - Disorders involving the immune mechanism

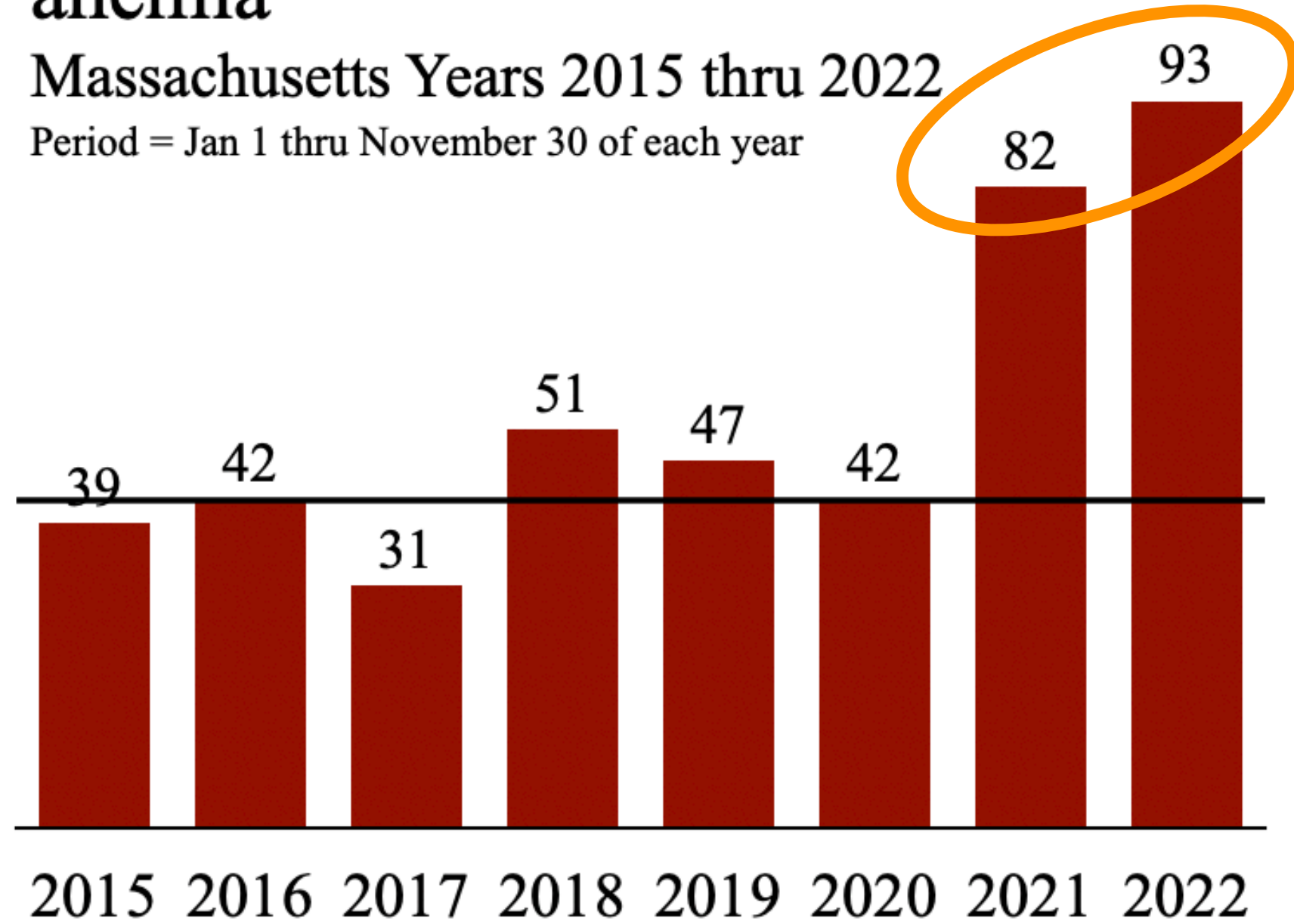


D62 Acute posthaemorrhagic anemia



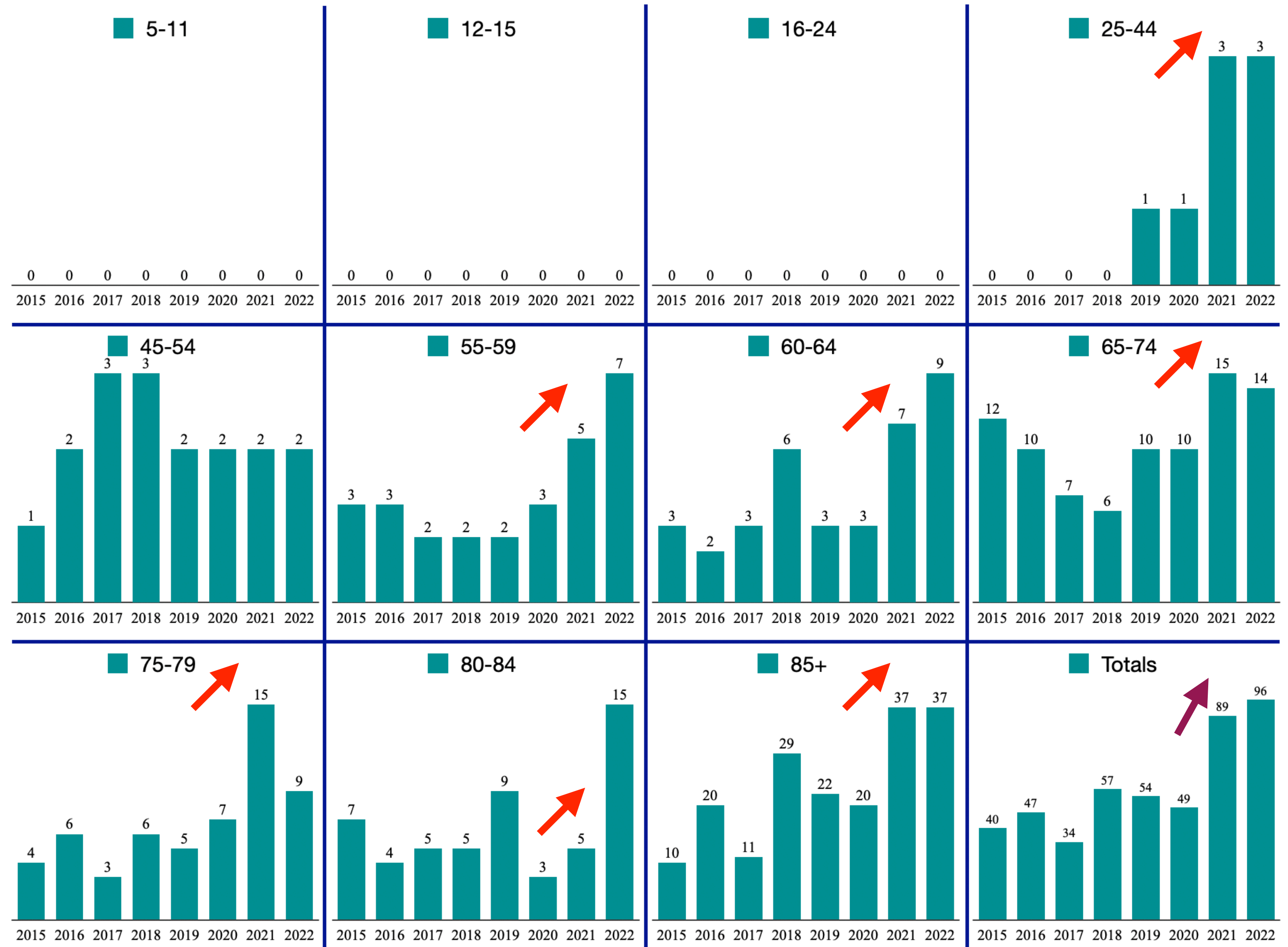
D62 Acute posthaemorrhagic anemia

Massachusetts Years 2015 thru 2022
Period = Jan 1 thru November 30 of each year



2015 2016 2017 2018 2019 2020 2021 2022
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

~ 66 Excess Acute posthaemorrhagic anemia deaths from January 1, 2021 to November 30, 2022 in Massachusetts alone
44% Excess in 2021
71% Excess in 2022

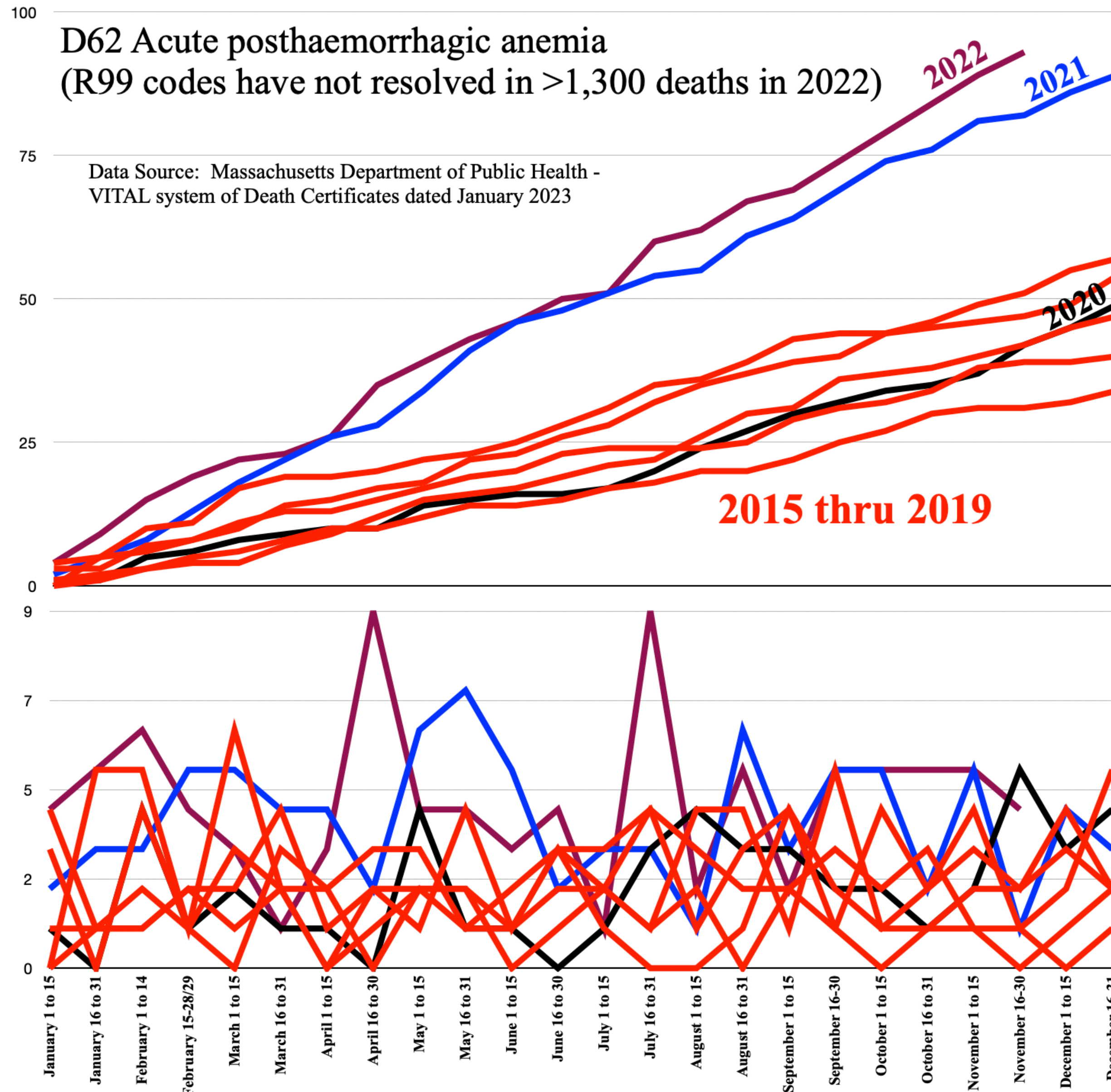


D62 Acute posthaemorrhagic anaemia
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

D62 Acute posthaemorrhagic anemia



Eh hem!



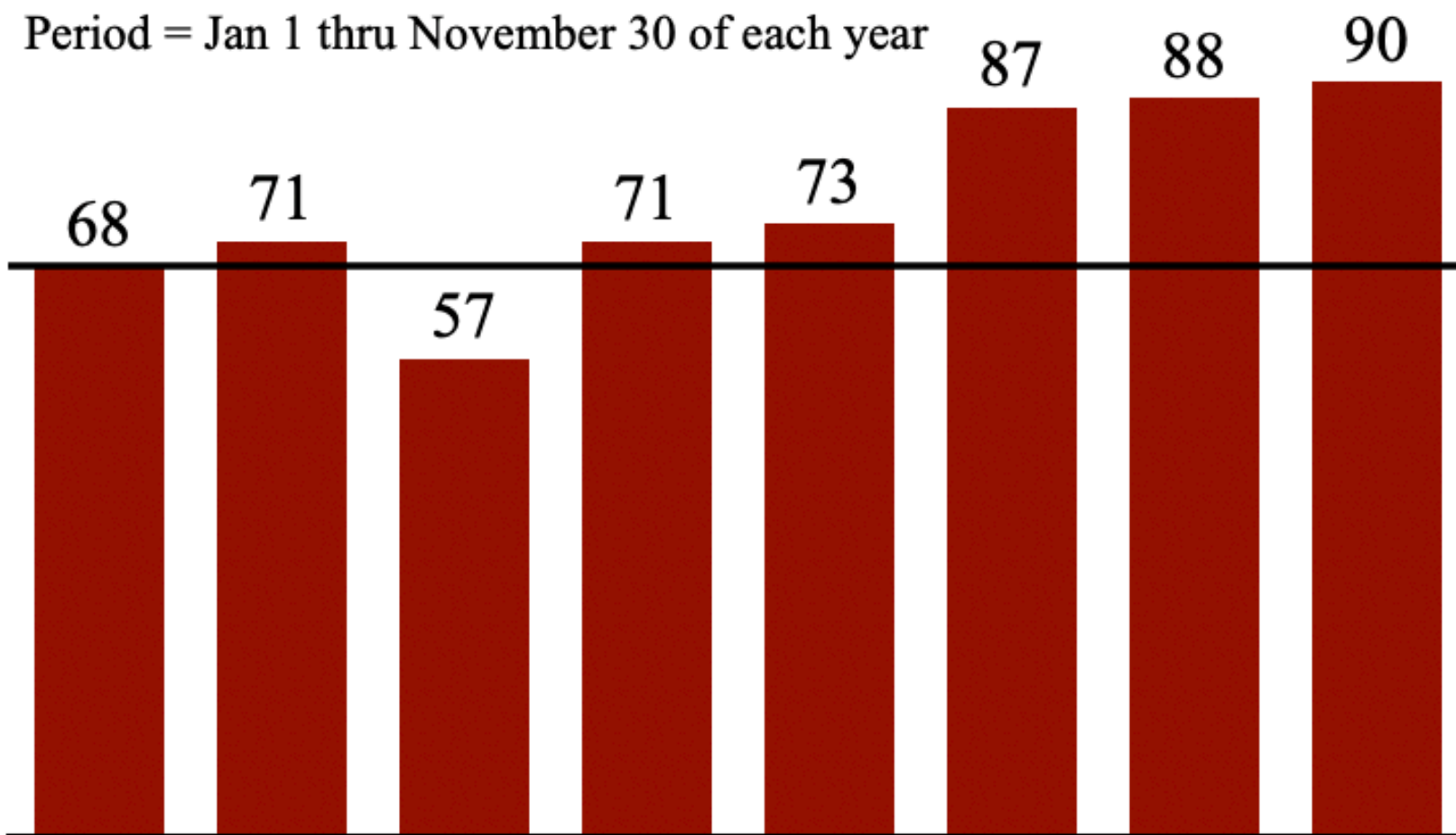
2020

D65 Disseminated intravascular coagulation

D65 Disseminated intravascular coagulation [defibrination syndrome]

Massachusetts Years 2015 thru 2022

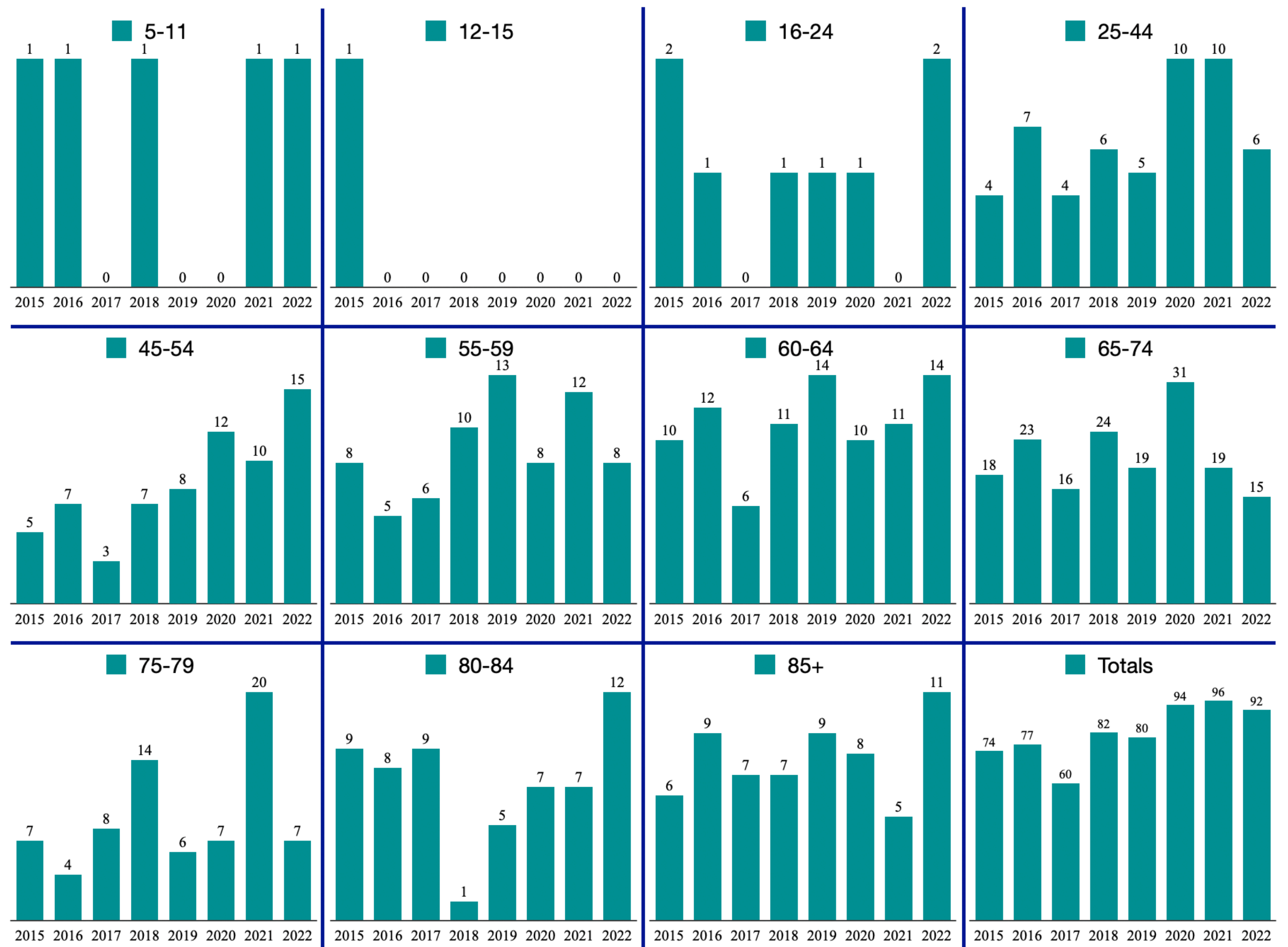
Period = Jan 1 thru November 30 of each year



2015 2016 2017 2018 2019 2020 2021 2022

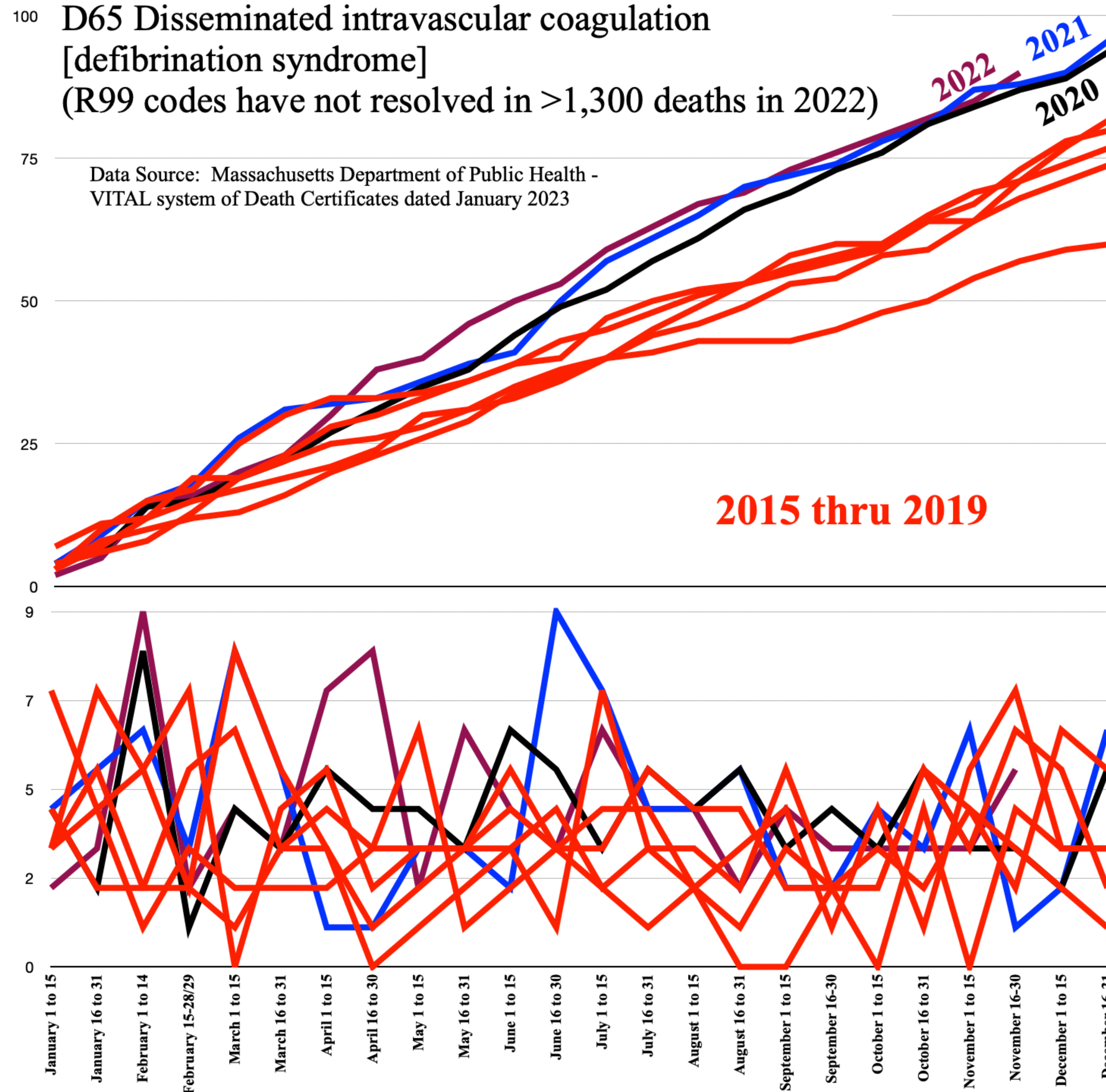
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

~ 32 Excess Disseminated intravascular coagulation deaths from January 1, 2021 to November 30, 2022 in Massachusetts alone
 18% Excess in 2021
 23% Excess in 2022



D65 Disseminated intravascular coagulation [defibrination syndrome]
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

D65 Disseminated intravascular coagulation

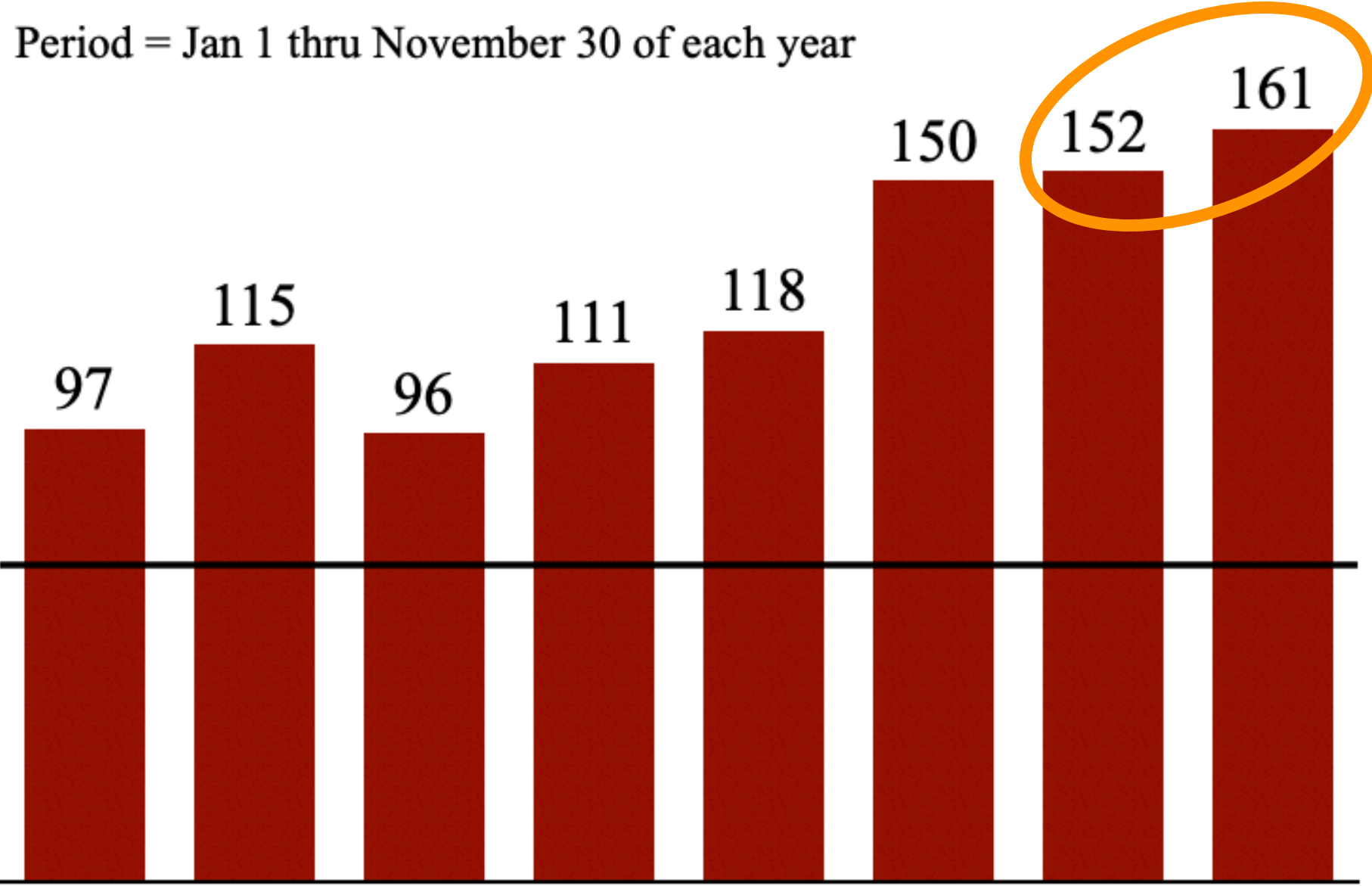


D68 Other coagulation defects

D68 Other coagulation defects

Massachusetts Years 2015 thru 2022

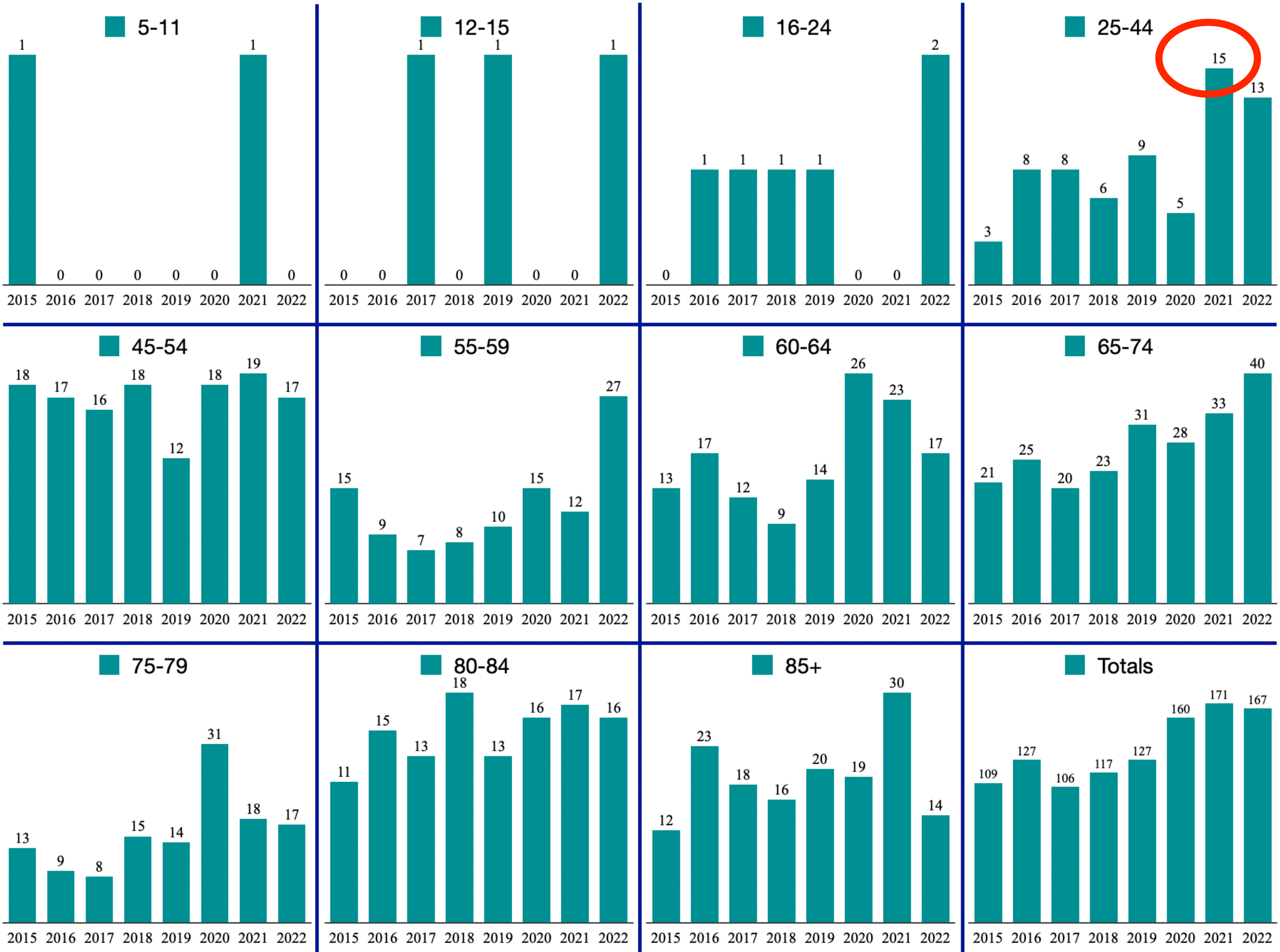
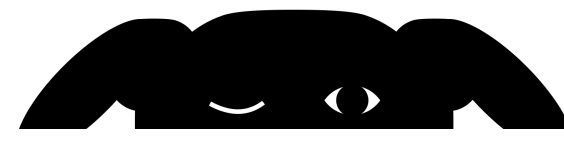
Period = Jan 1 thru November 30 of each year



2015 2016 2017 2018 2019 2020 2021 2022

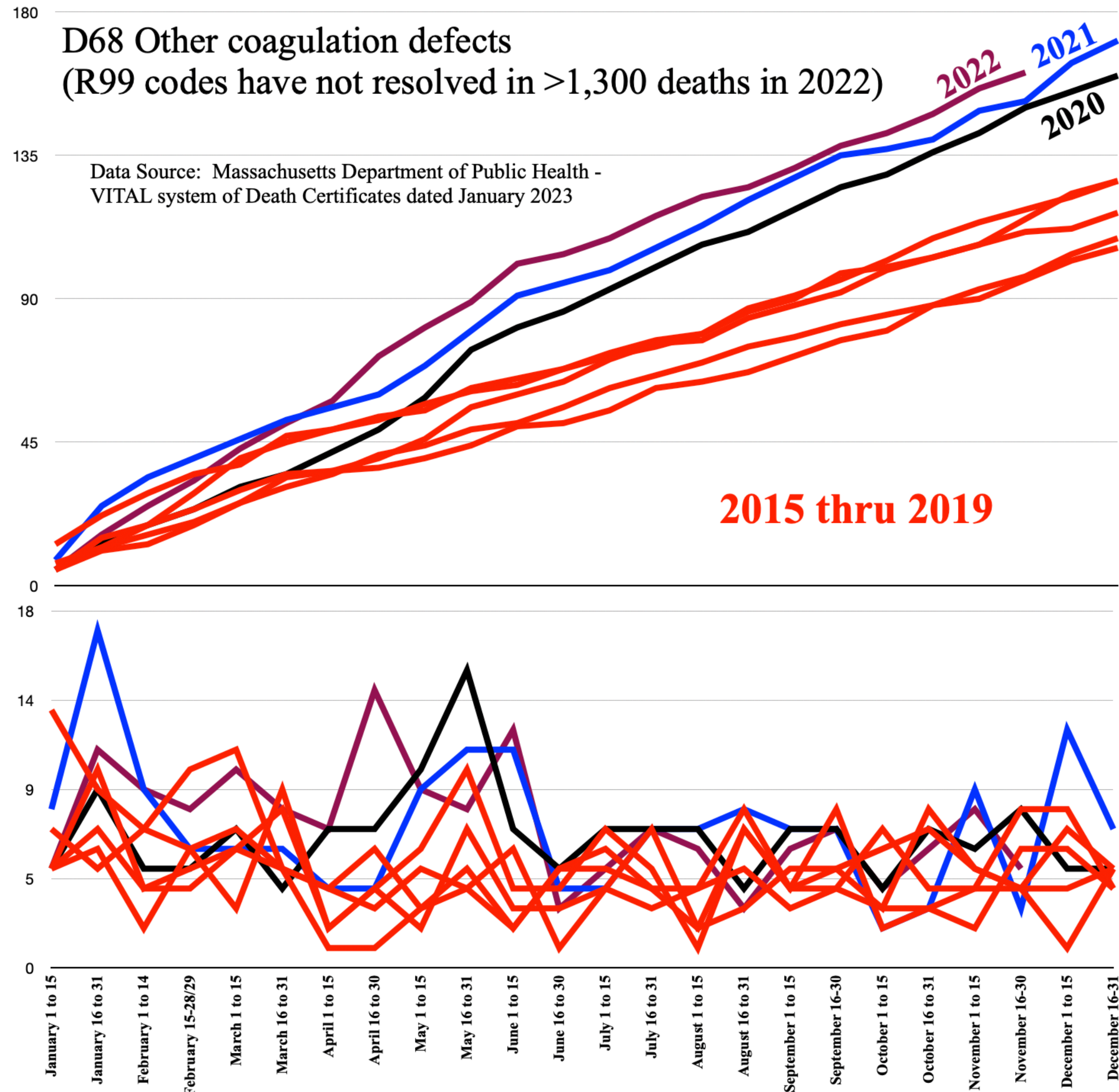
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

~ 78 Excess Other coagulation defects deaths from January 1, 2021 to November 30, 2022 in Massachusetts alone
 34% Excess in 2021
 27% Excess in 2022

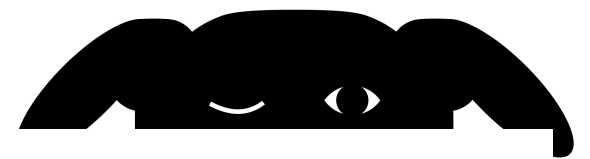


D68 Other coagulation defects
 Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

D68 Other coagulation defects



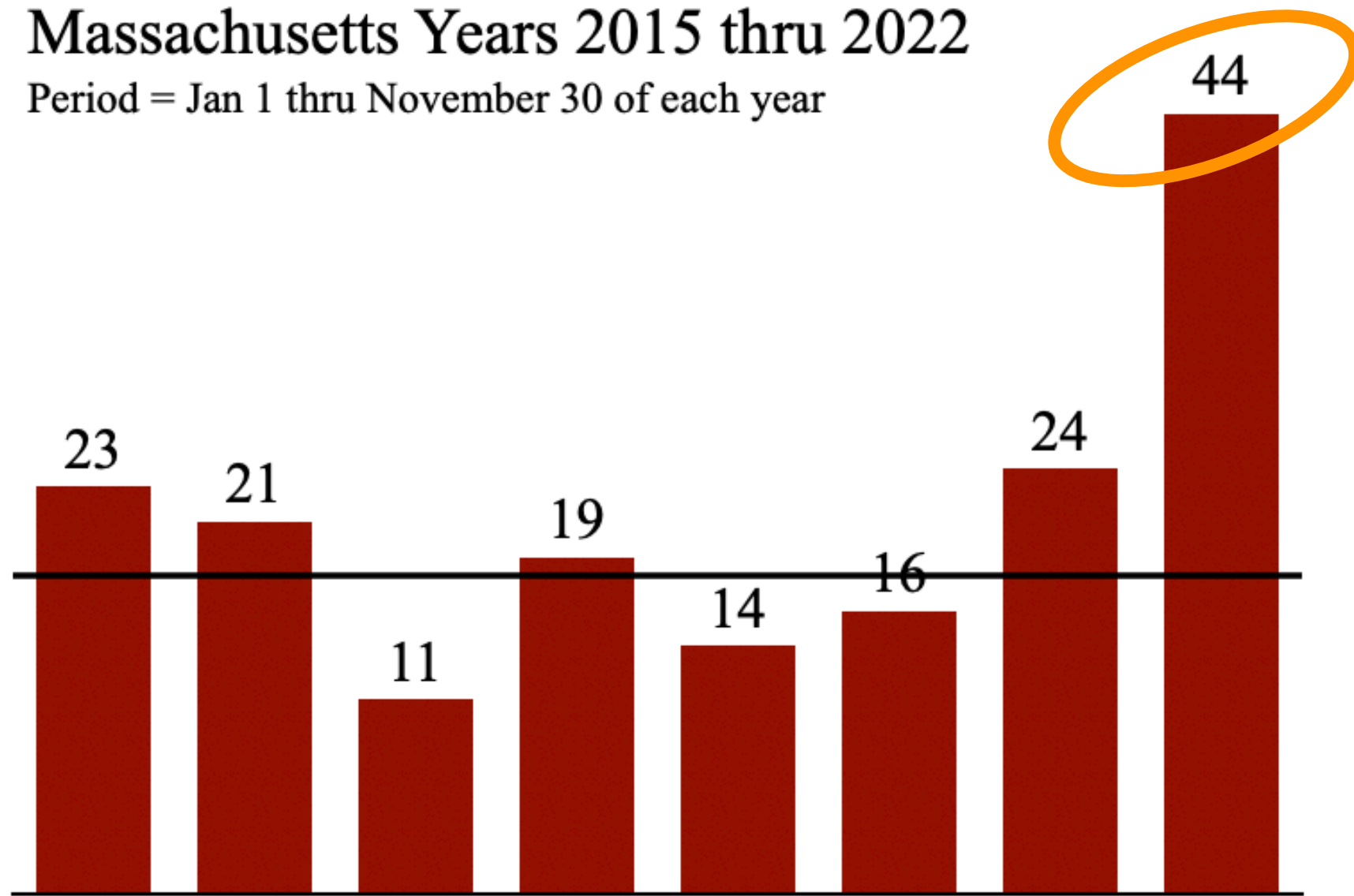
D69.5 Secondary thrombocytopenia



D69.5 Secondary thrombocytopenia

Massachusetts Years 2015 thru 2022

Period = Jan 1 thru November 30 of each year



2015 2016 2017 2018 2019 2020 2021 2022

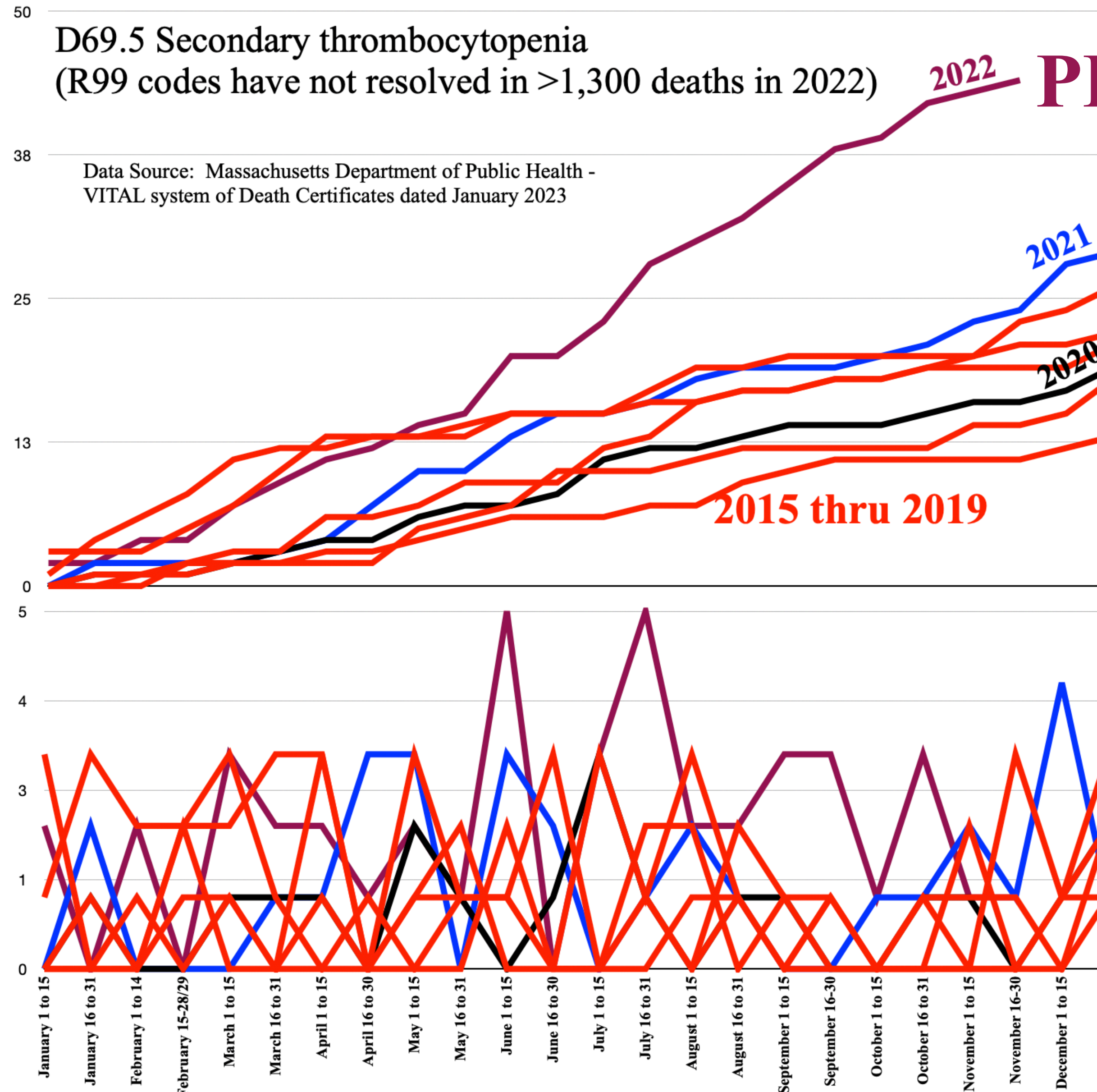
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

~ 35 Excess Secondary thrombocytopenia deaths from January 1, 2021 to November 30, 2022 in Massachusetts alone
 45% Excess in 2021
 110% Excess in 2022



D69.5 Secondary thrombocytopenia
 Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

D69.5 Secondary thrombocytopenia



PROBLEM???



“C” Codes

Malignant neoplasms (**Cancers**)

“C” Codes - Malignant neoplasms (cancers)

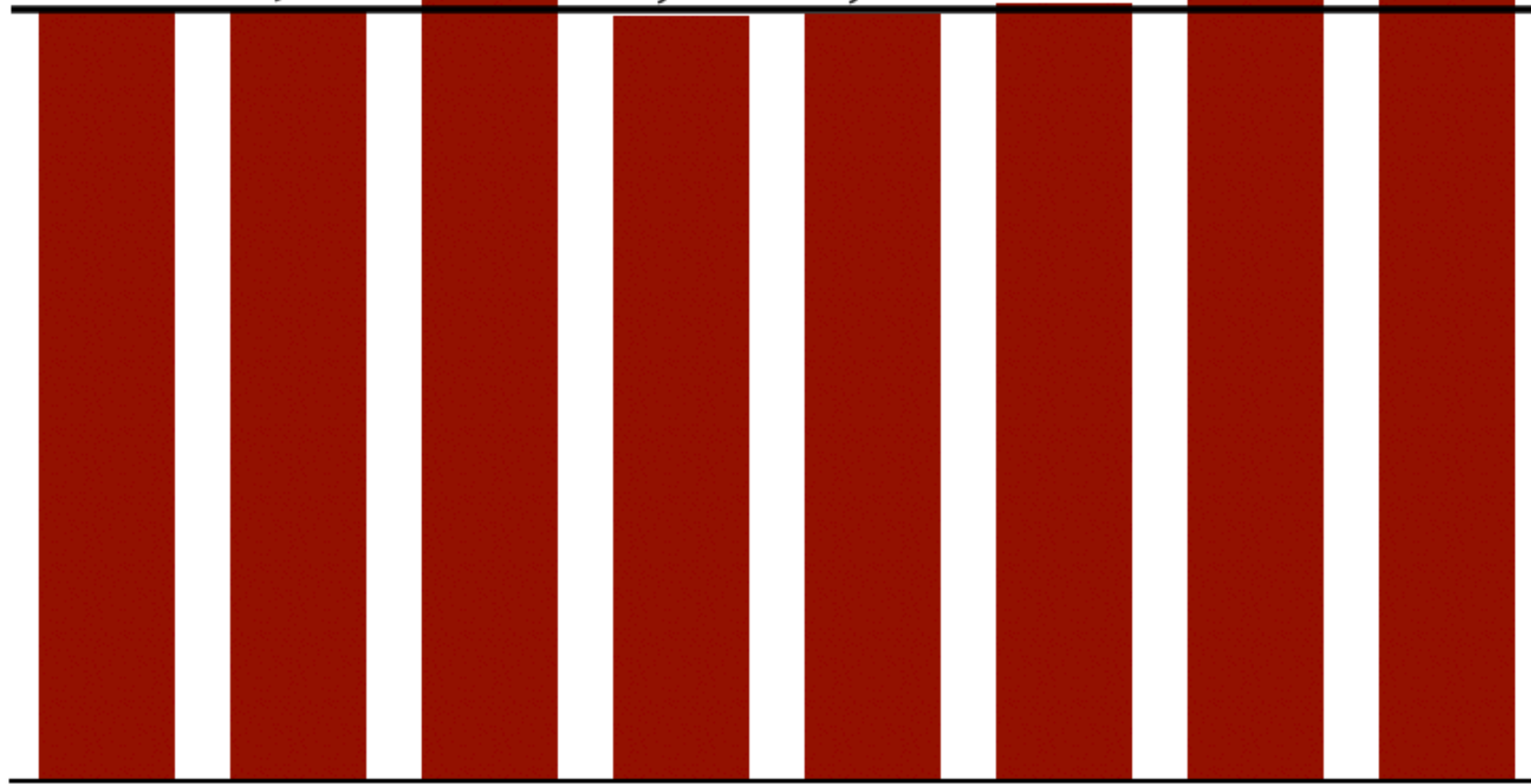
No discernible change in any graph or age group

C Codes - Malignant neoplasms

Massachusetts Years 2015 thru 2022

Period = Jan 1 thru November 30 of each year

13,199 13,136 13,345 13,073 13,089 13,287 13,348 13,368



2015 2016 2017 2018 2019 2020 2021 2022

Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

~ 446 Excess C Codes - Malignant neoplasms deaths from January 1, 2021 to November 30, 2022 in Massachusetts alone

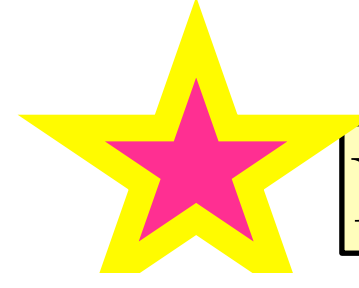
2% Excess in 2021
2% Excess in 2022



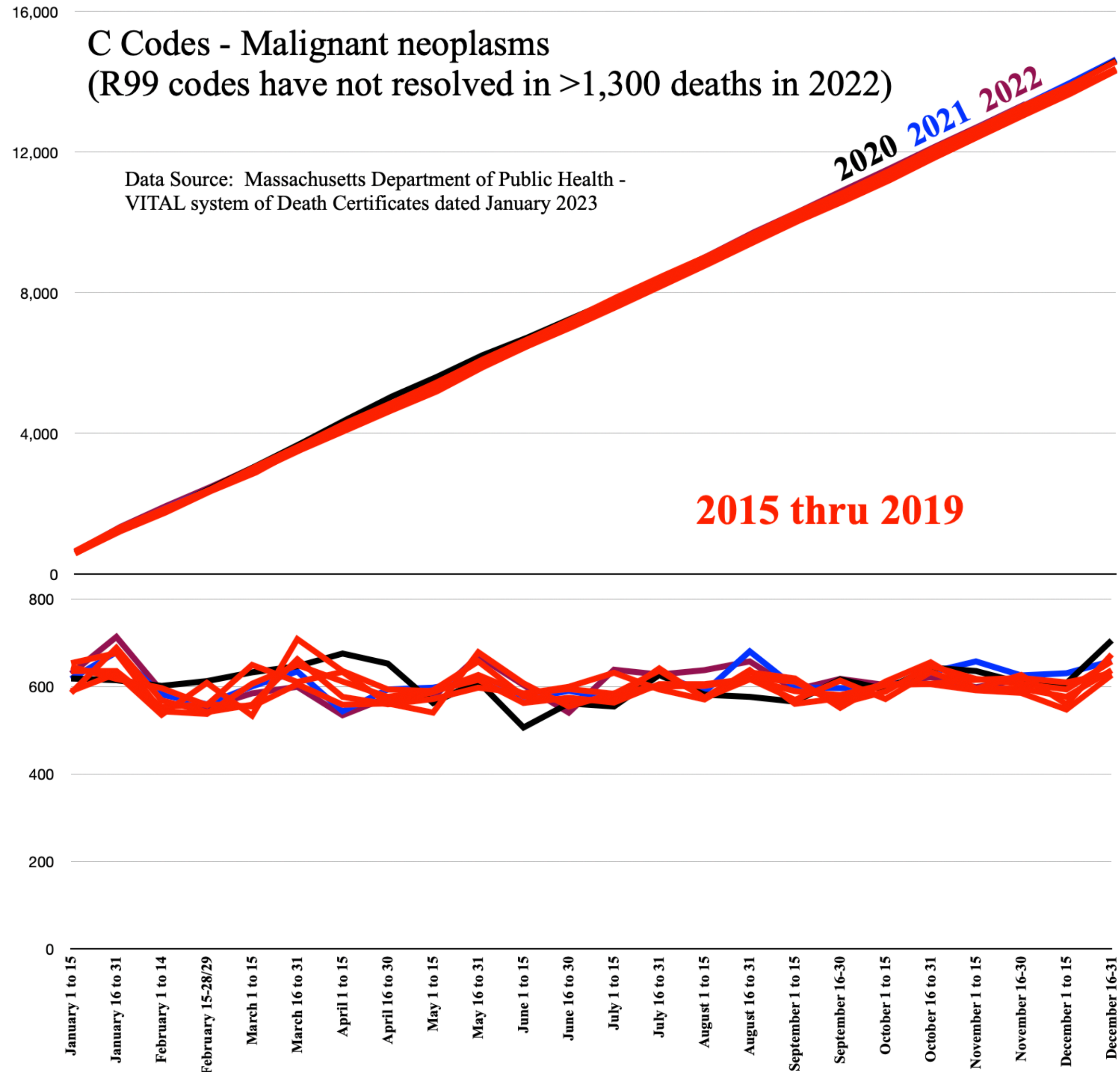
C Codes - Malignant neoplasms

Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

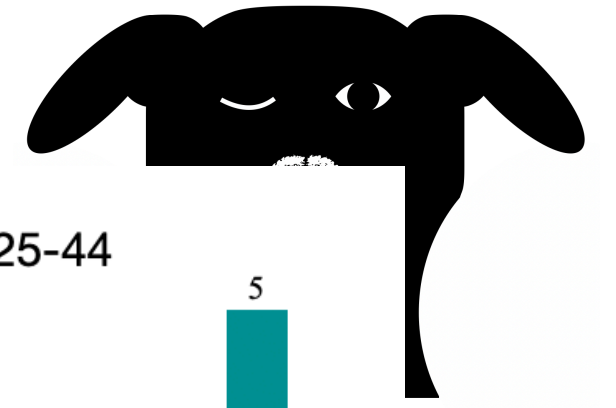
“C” Codes - Malignant neoplasms (cancers)



No discernible change in any graph or age group



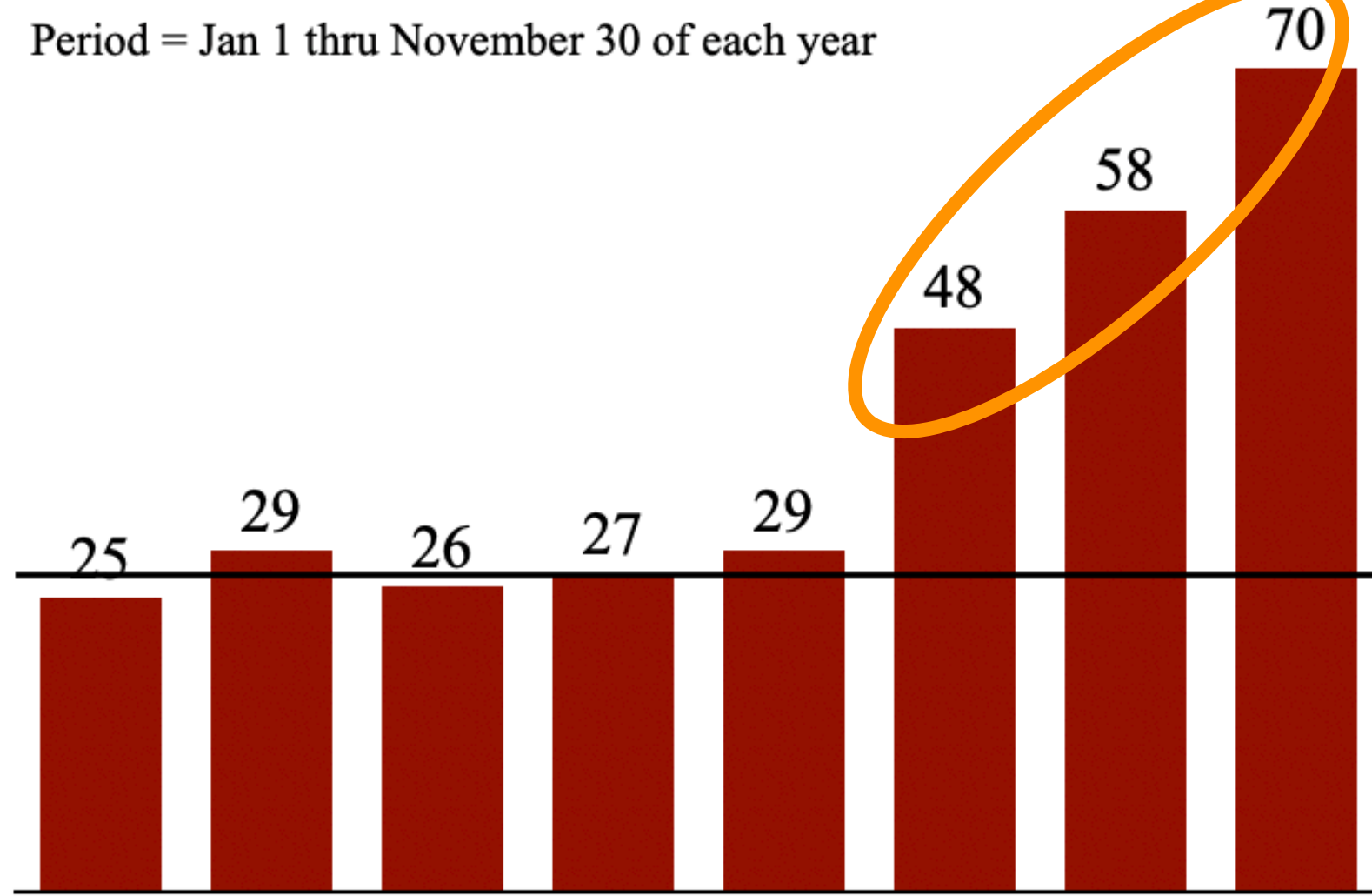
C77.9 Secondary and unspecified malignant neoplasm: **Lymph node**, unspecified



C77.9 Secondary and unspecified malignant neoplasm: Lymph node, unspecified

Massachusetts Years 2015 thru 2022

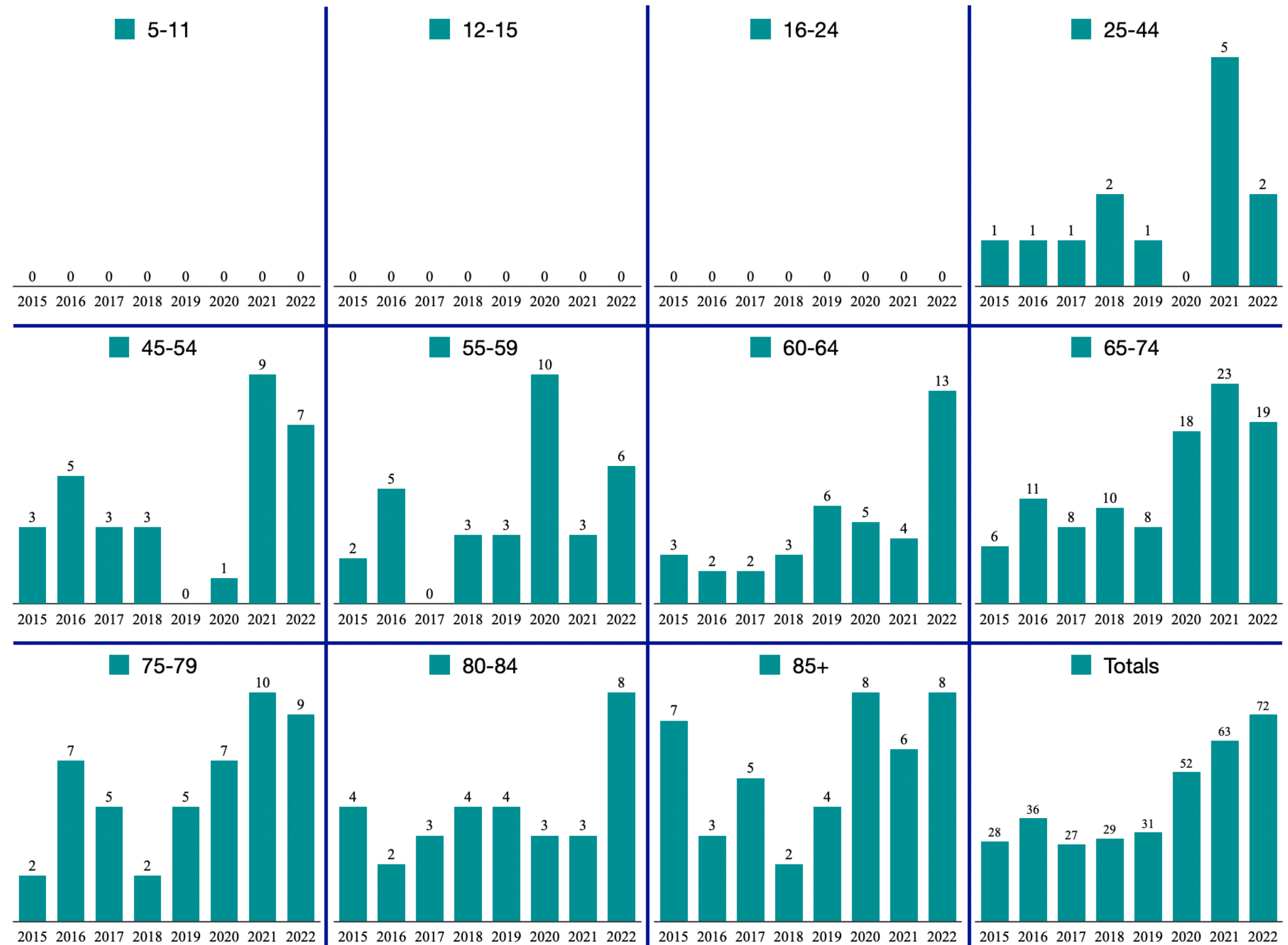
Period = Jan 1 thru November 30 of each year



2015 2016 2017 2018 2019 2020 2021 2022

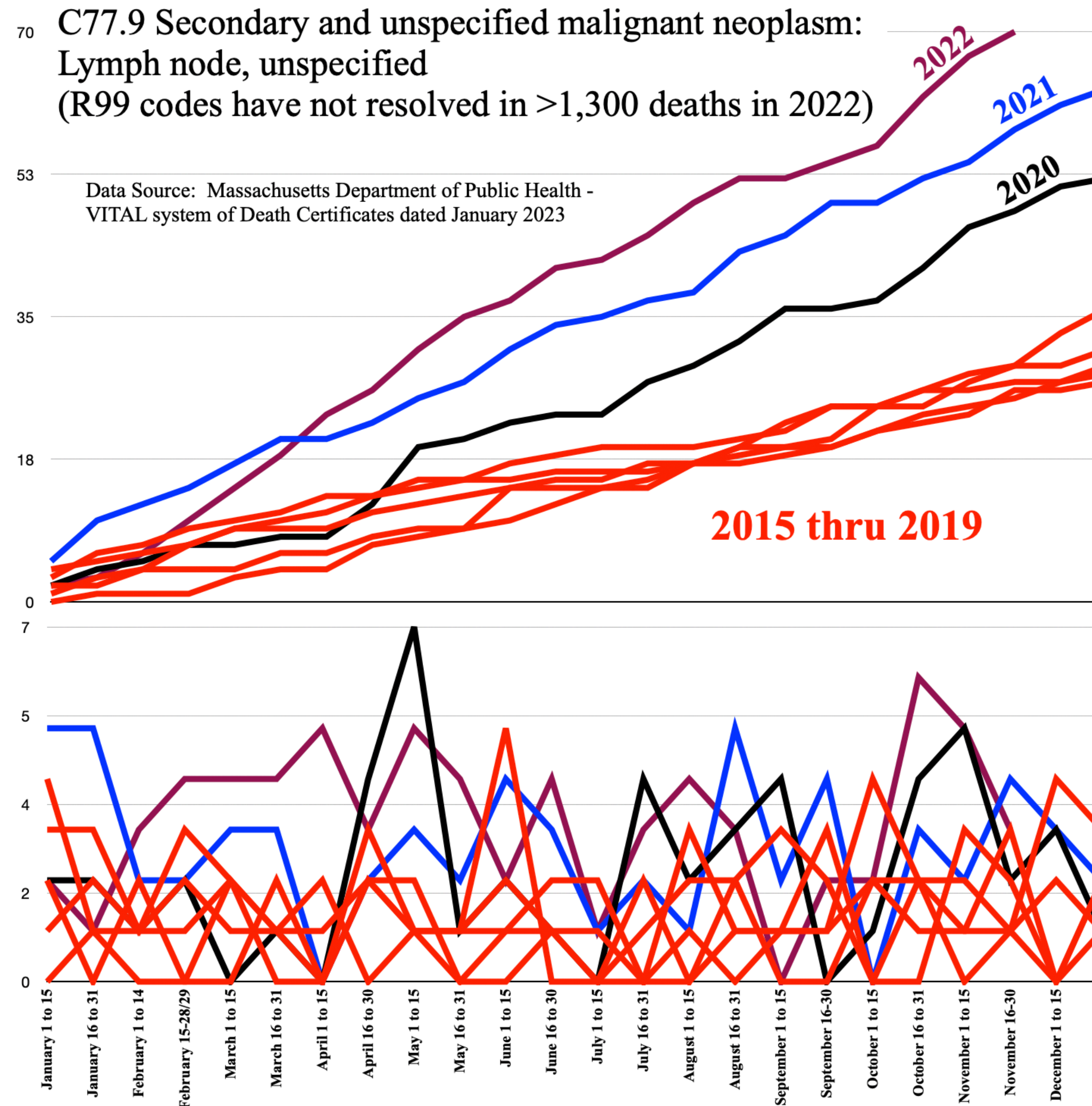
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

~ 73 Excess Lymph node cancer deaths from January 1, 2021 to November 30, 2022 in Massachusetts alone
 109% Excess in 2021
 132% Excess in 2022



C77.9 Secondary and unspecified malignant neoplasm: Lymph node, unspecified
 Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

C77.9 Secondary and unspecified malignant neoplasm: **Lymph node**, unspecified



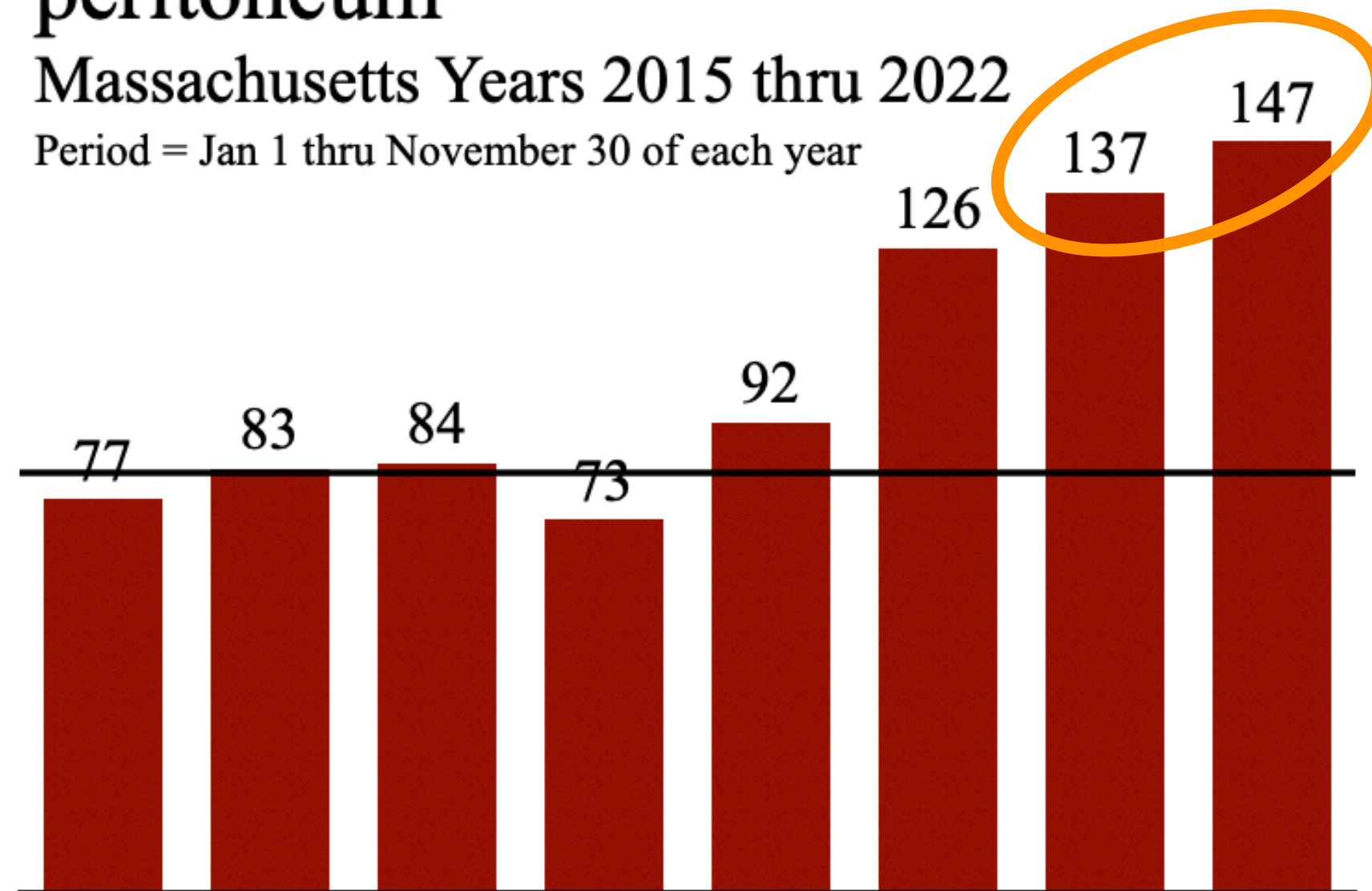
C78.6 Secondary malignant neoplasm of retroperitoneum and peritoneum



C78.6 Secondary malignant neoplasm of retroperitoneum and peritoneum

Massachusetts Years 2015 thru 2022

Period = Jan 1 thru November 30 of each year



2015 2016 2017 2018 2019 2020 2021 2022

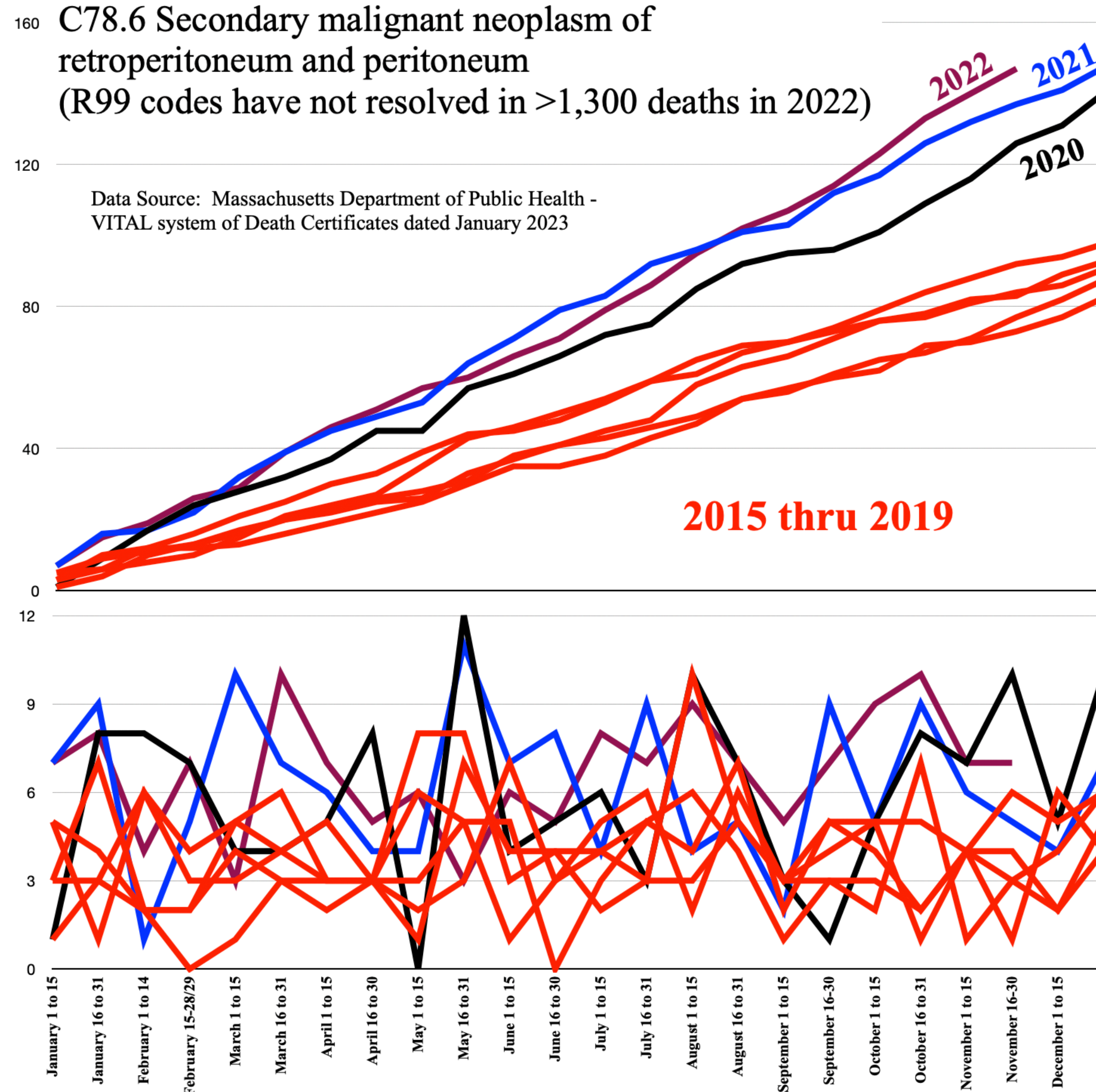
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

~ 109 Excess Peritoneum cancer deaths from January 1, 2021 to November 30, 2022 in Massachusetts alone
 56% Excess in 2021
 60% Excess in 2022



C78.6 Secondary malignant neoplasm of retroperitoneum and peritoneum
 Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

C78.6 Secondary malignant neoplasm of retroperitoneum and peritoneum

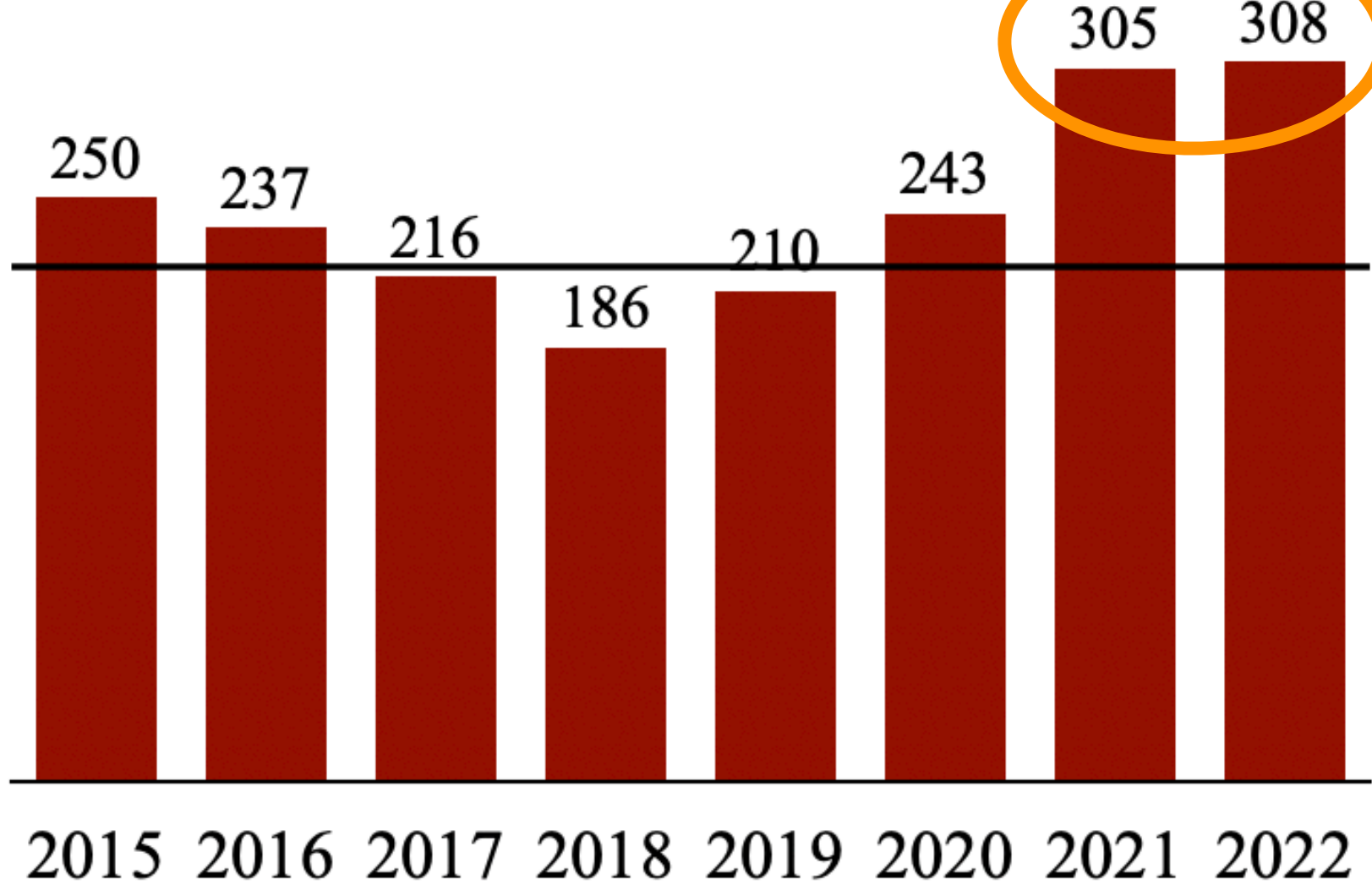


C79.5 Secondary malignant neoplasm of bone and bone marrow

C79.5 Secondary malignant neoplasm of bone and bone marrow

Massachusetts Years 2015 thru 2022

Period = Jan 1 thru November 30 of each year



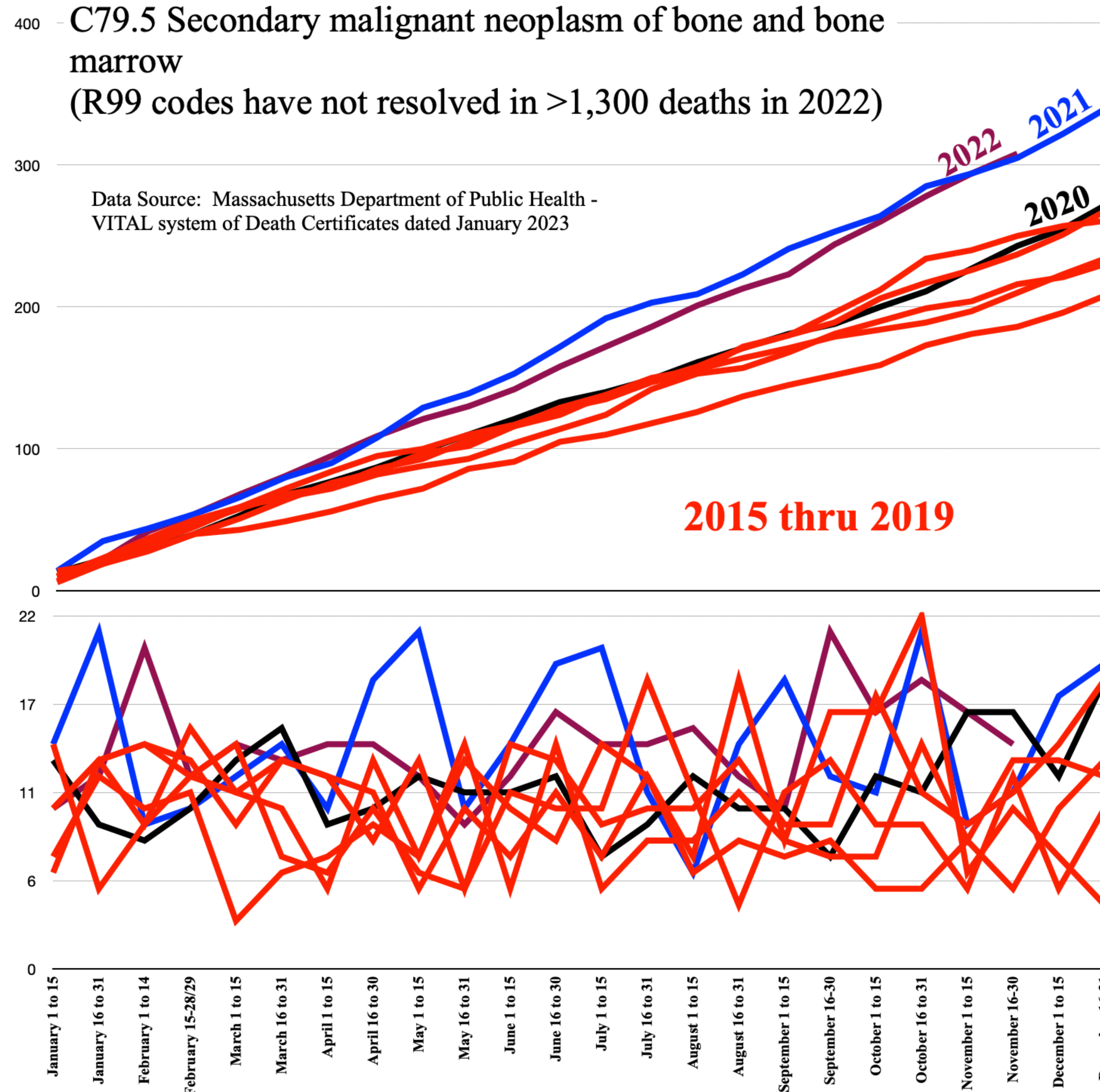
~ 188 Excess Bone and bone marrow cancer deaths from January 1, 2021 to November 30, 2022 in Massachusetts alone
 41% Excess in 2021
 40% Excess in 2022

Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023



C79.5 Secondary malignant neoplasm of bone and bone marrow
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

C79.5 Secondary malignant neoplasm of bone and bone marrow



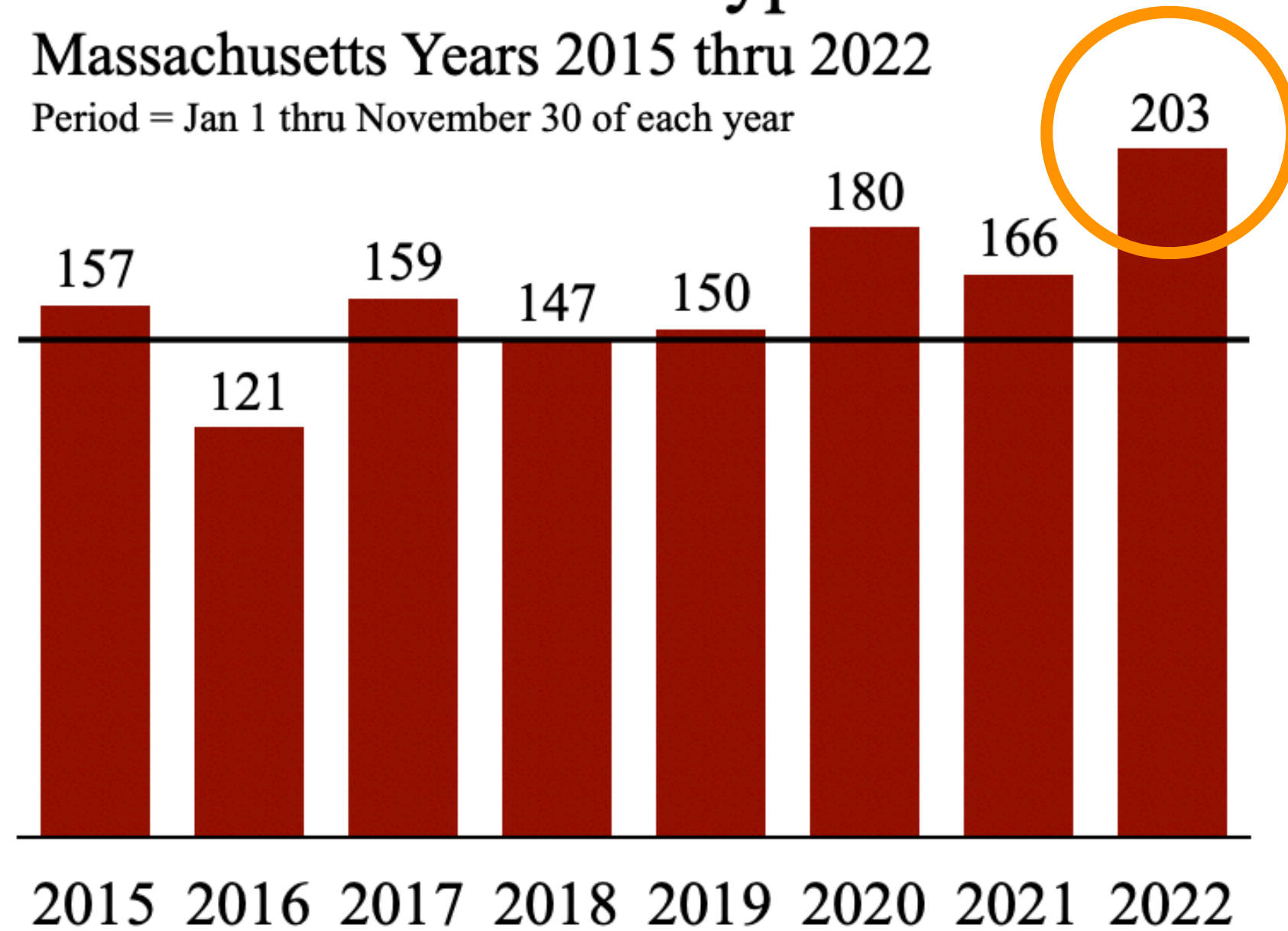
C91.1 Chronic lymphocytic leukaemia of B-cell type



C91.1 Chronic lymphocytic leukaemia of B-cell type

Massachusetts Years 2015 thru 2022

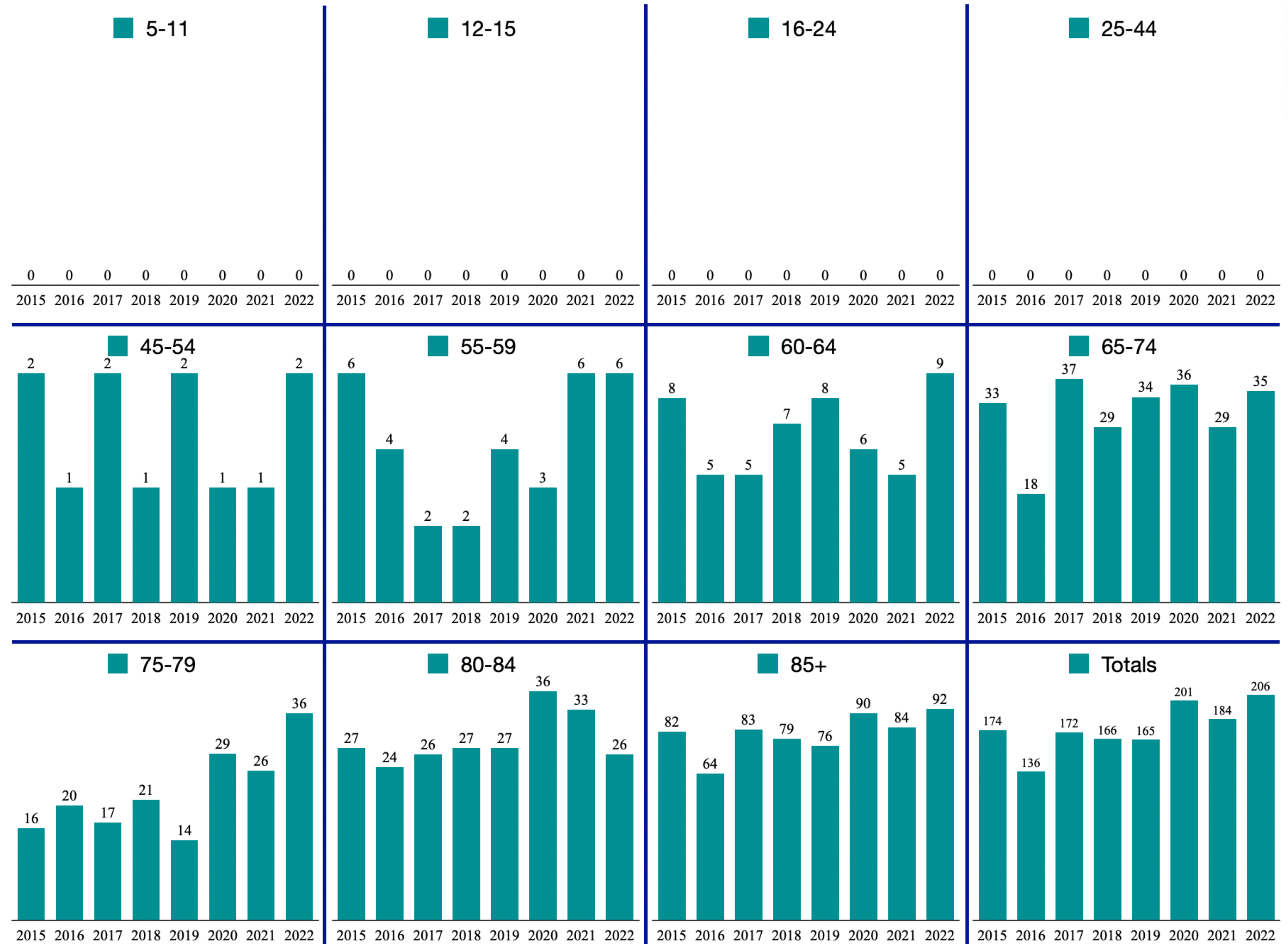
Period = Jan 1 thru November 30 of each year



~ 67 Excess B-cell lymphocytic leukemia deaths from January 1, 2021 to November 30, 2022 in Massachusetts alone

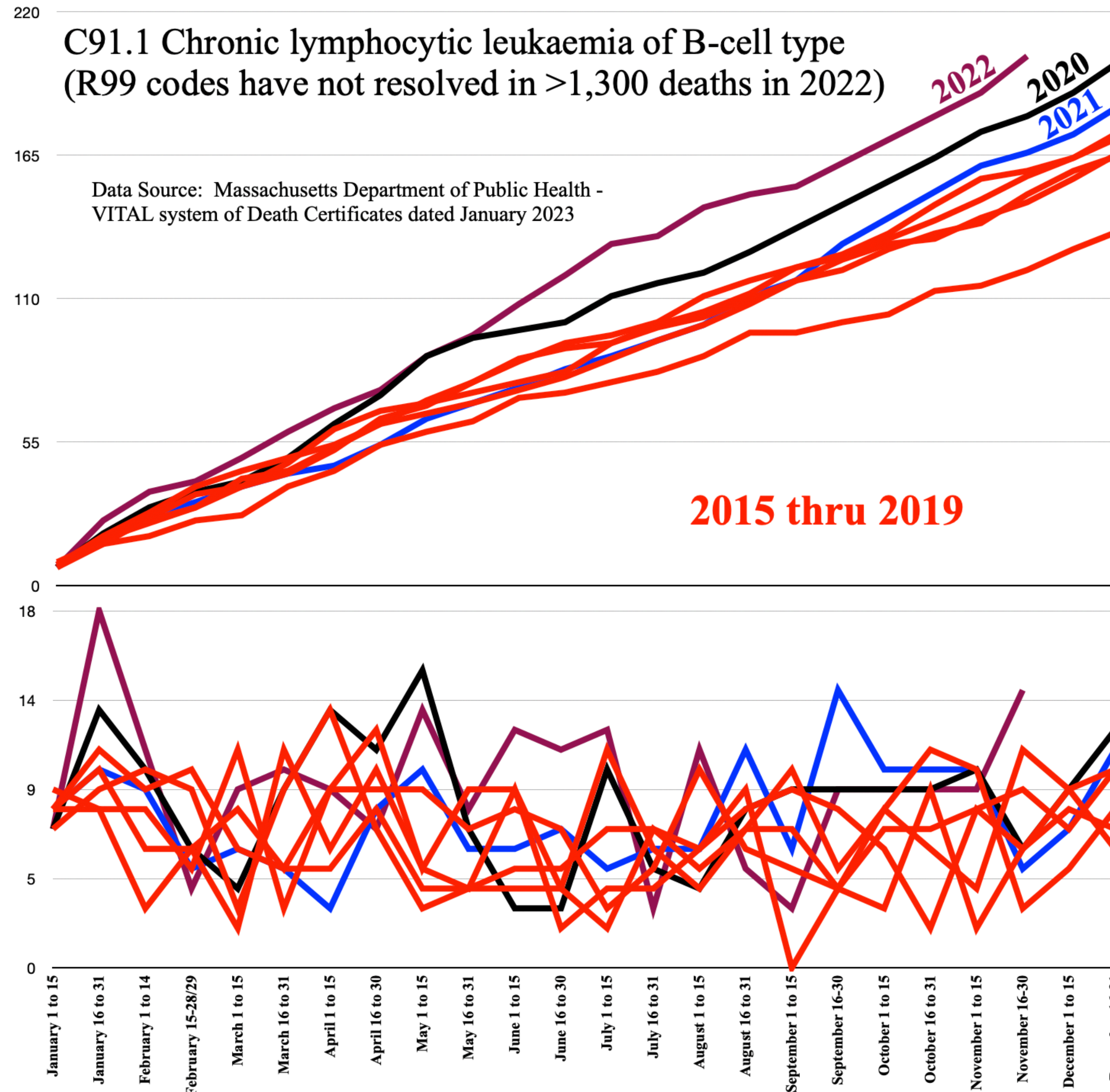
10% Excess in 2021
33% Excess in 2022

Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023



C91.1 Chronic lymphocytic leukaemia of B-cell type
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

C91.1 Chronic lymphocytic leukaemia of B-cell type



Injection site tumors



Right Deltoid

Left deltoid



Status

- Female
- 92yo
- C19 vax Dose 1 ~ Jan 2021
- Dose 2 ~ February 2021
- Date of Pics - July 28, 2021
- Died - August 18, 2021

Decedent & photographer identified

Theory

- Age compromised immune system
- Injection seeded tumors at site
- Immunosuppression caused growth
- Tumors from both doses grew at accelerated rates in both arms to produce massive tumors in only 5 months



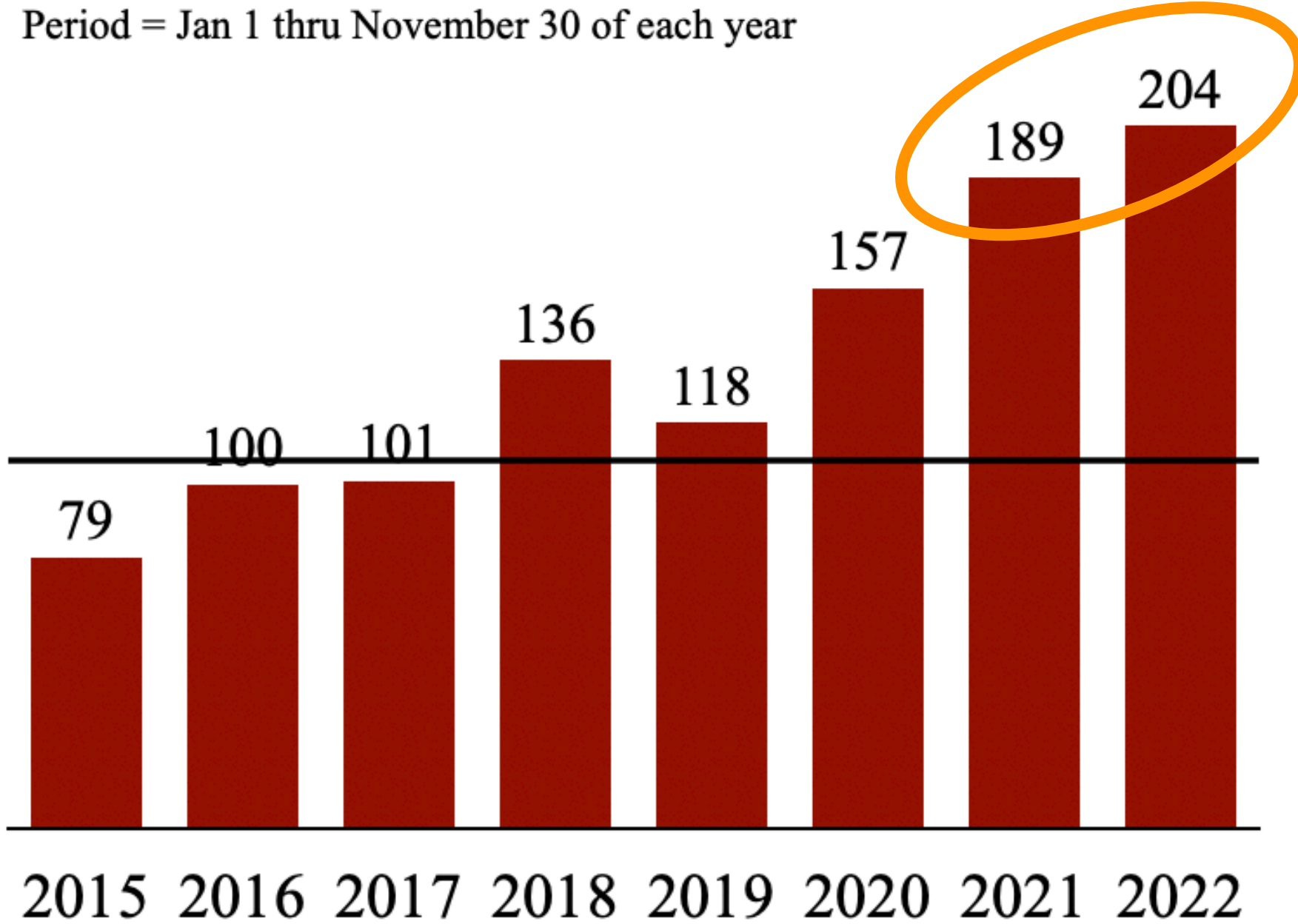
“R” Codes (but only R00.0 shown)

Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified

R00.0 Tachycardia, unspecified

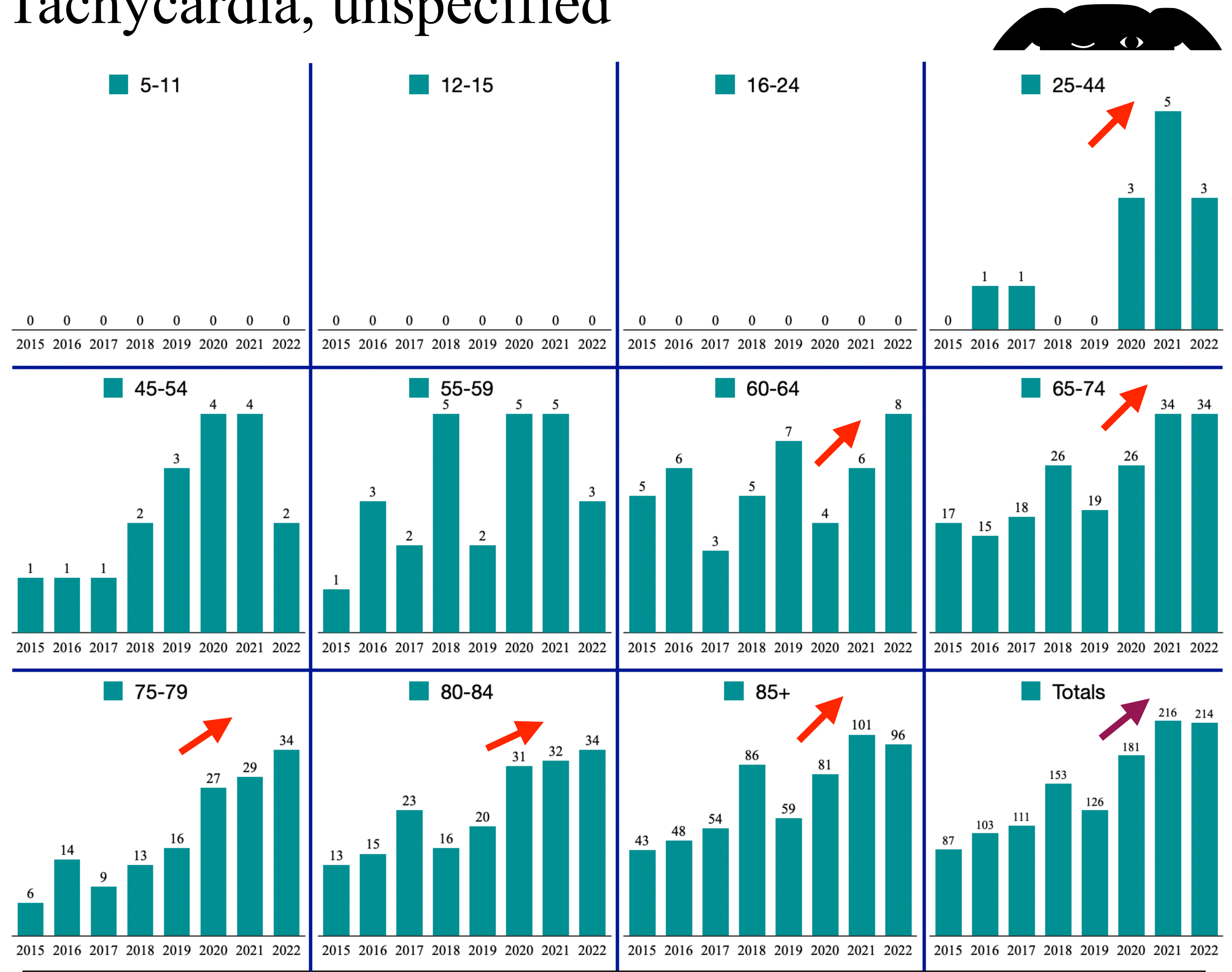
R00.0 Tachycardia, unspecified Massachusetts Years 2015 thru 2022

Period = Jan 1 thru November 30 of each year



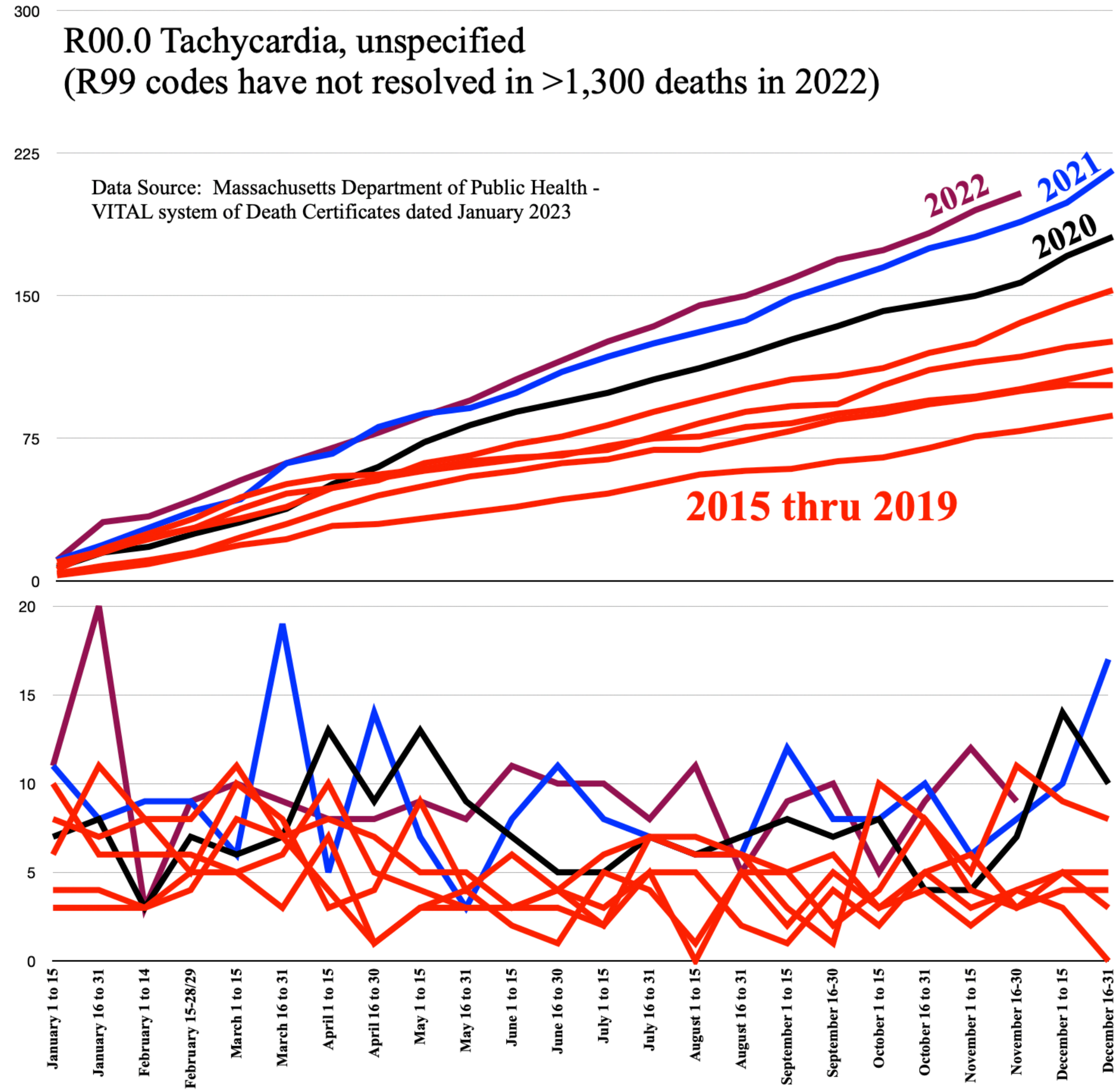
~ 89 Excess Tachycardia deaths from
January 1, 2021 to November 30, 2022 in
Massachusetts alone
29% Excess in 2021
25% Excess in 2022

Data Source: Massachusetts Department of Public Health -
VITAL system of Death Certificates dated January 2023



R00.0 Tachycardia, unspecified
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates
dated January 2023

R00.0 Tachycardia, unspecified

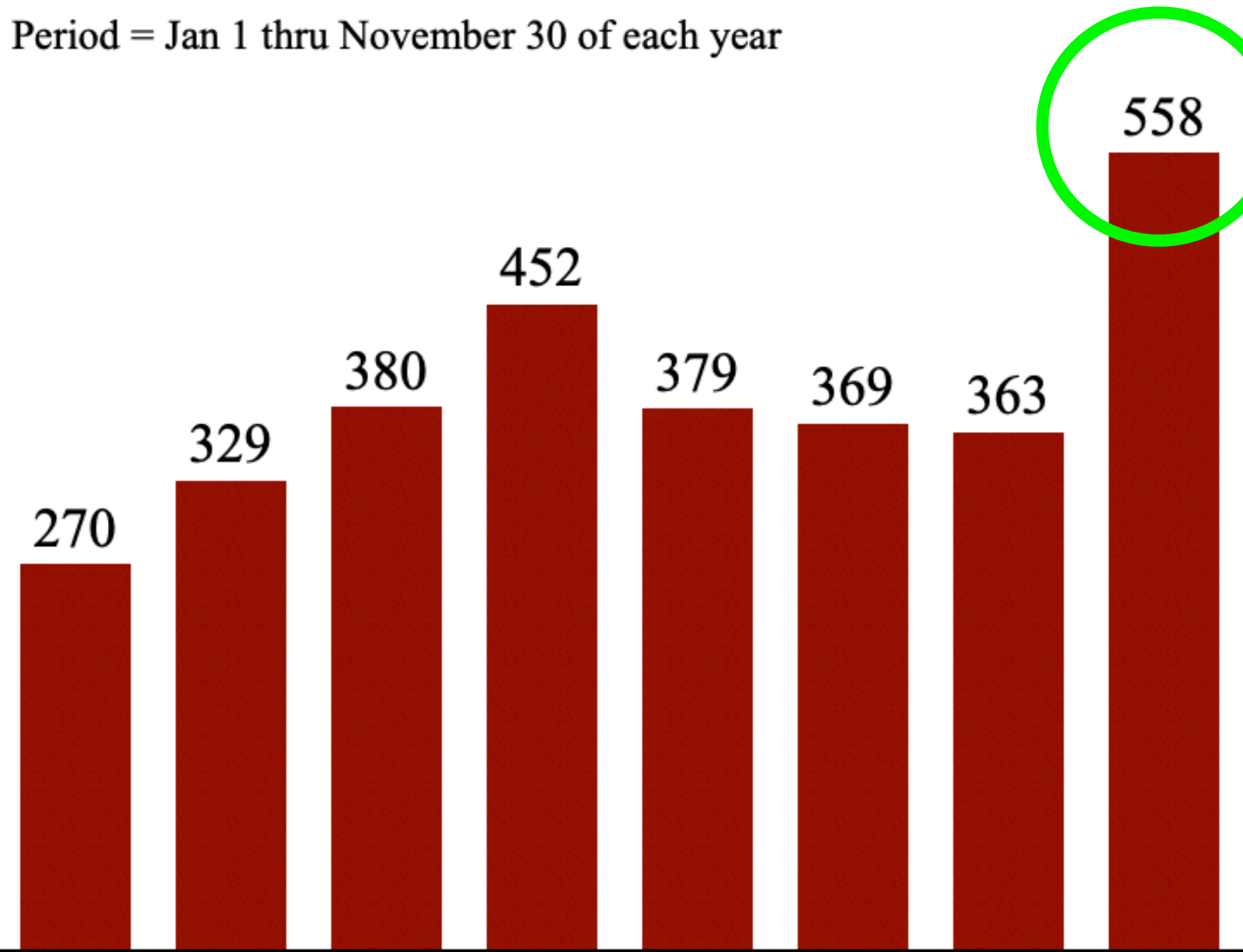


I63 Cerebral Infarction

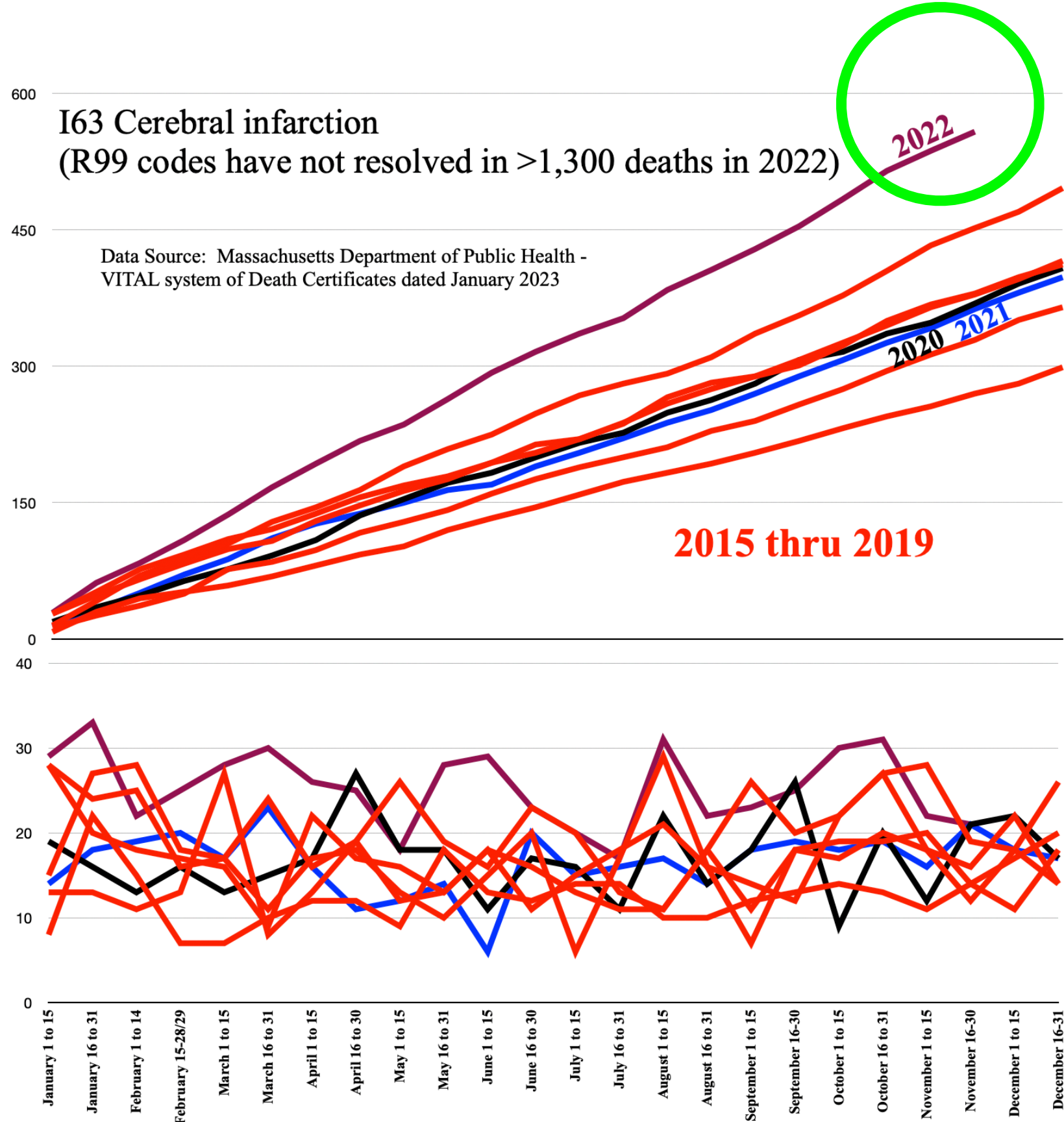


I63 Cerebral infarction Massachusetts Years 2015 thru 2022

Period = Jan 1 thru November 30 of each year



2015 2016 2017 2018 2019 2020 2021 2022
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

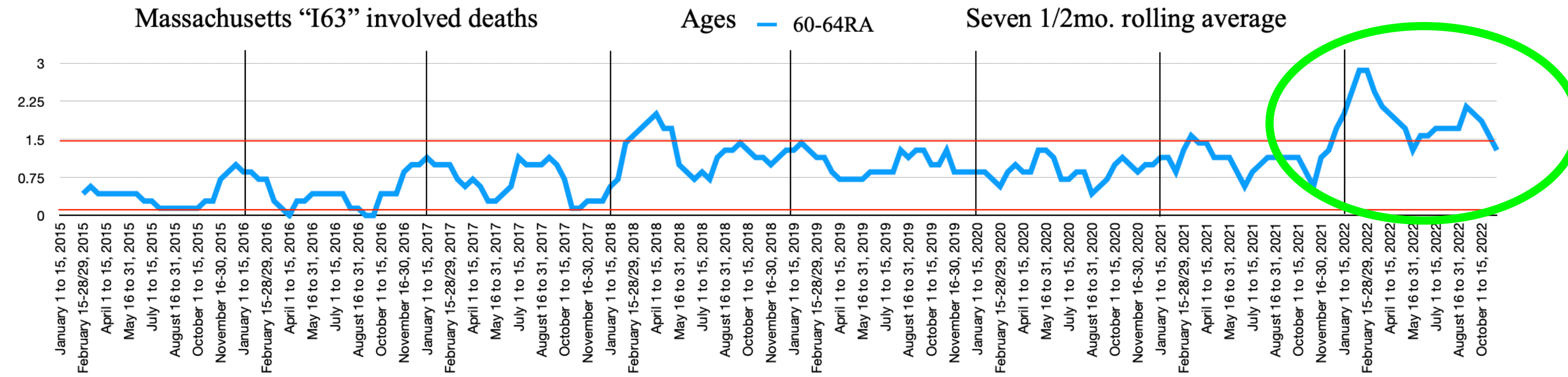


I63 Cerebral Infarction

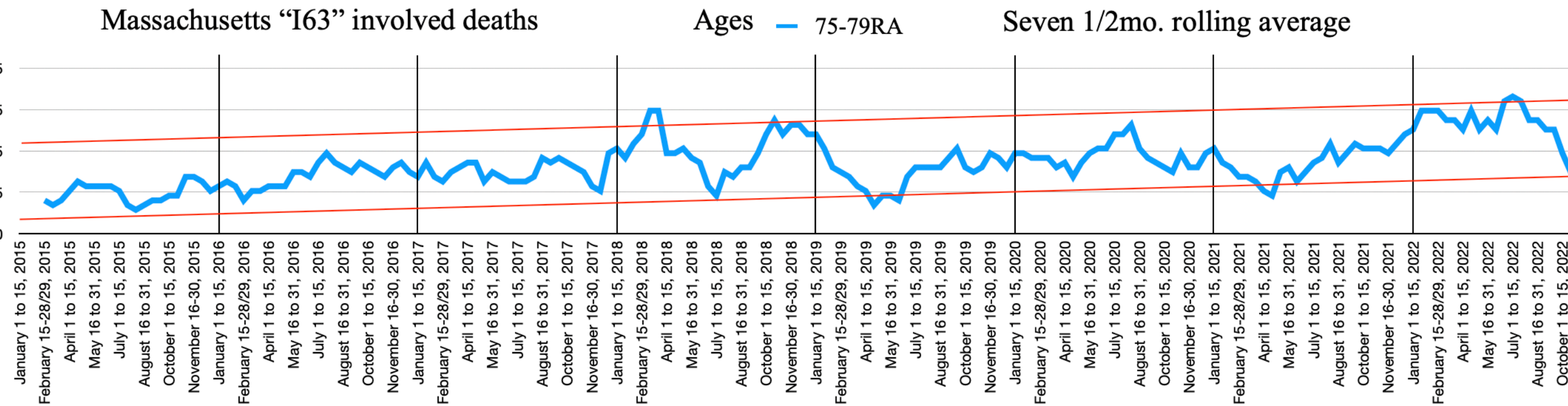
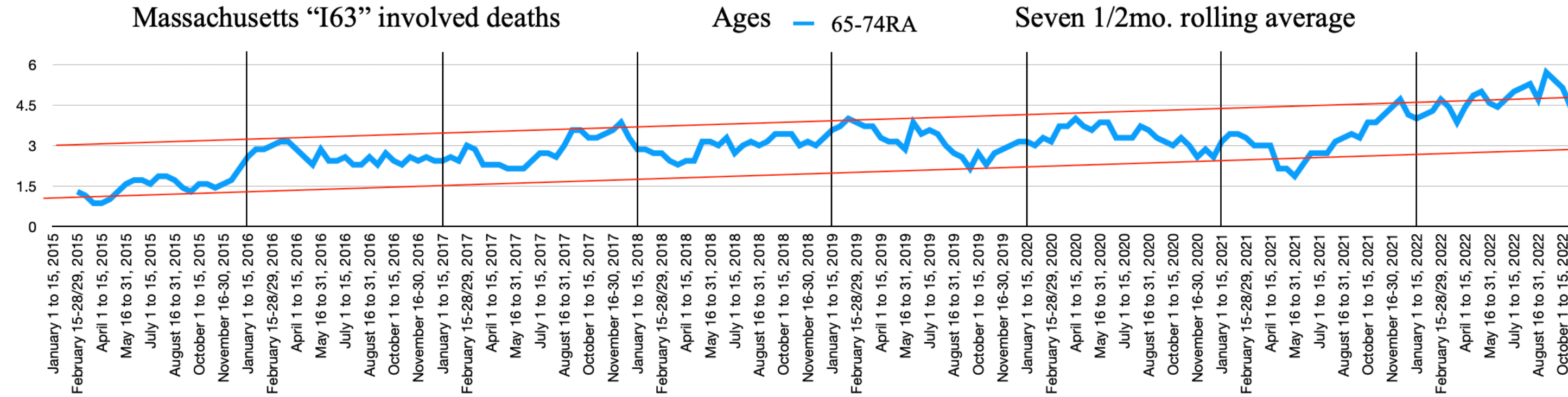


I63 Codes - Cerebral infarction
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

I63 Cerebral Infarction



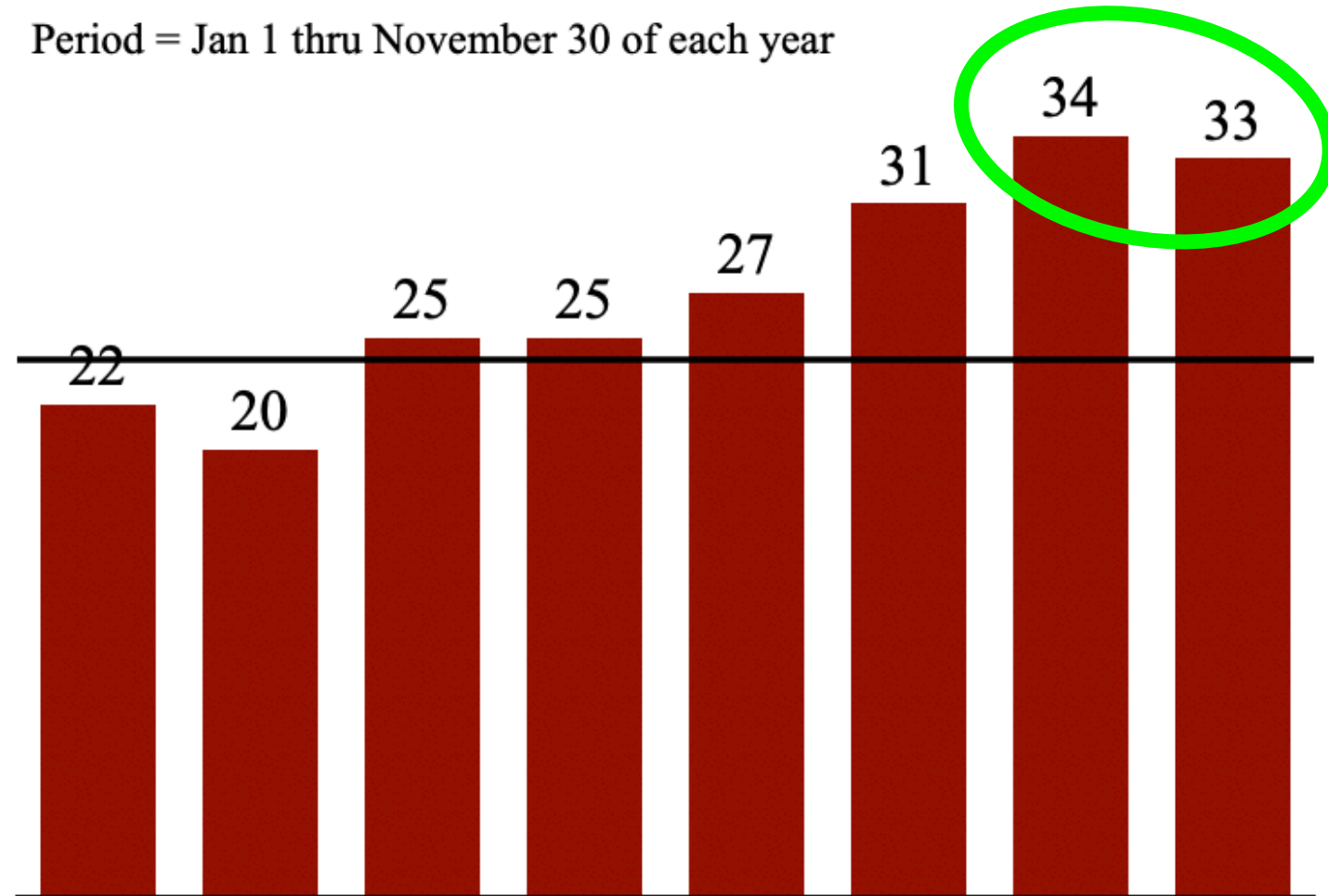
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023



G04 Encephalitis, myelitis, and encephalomyelitis

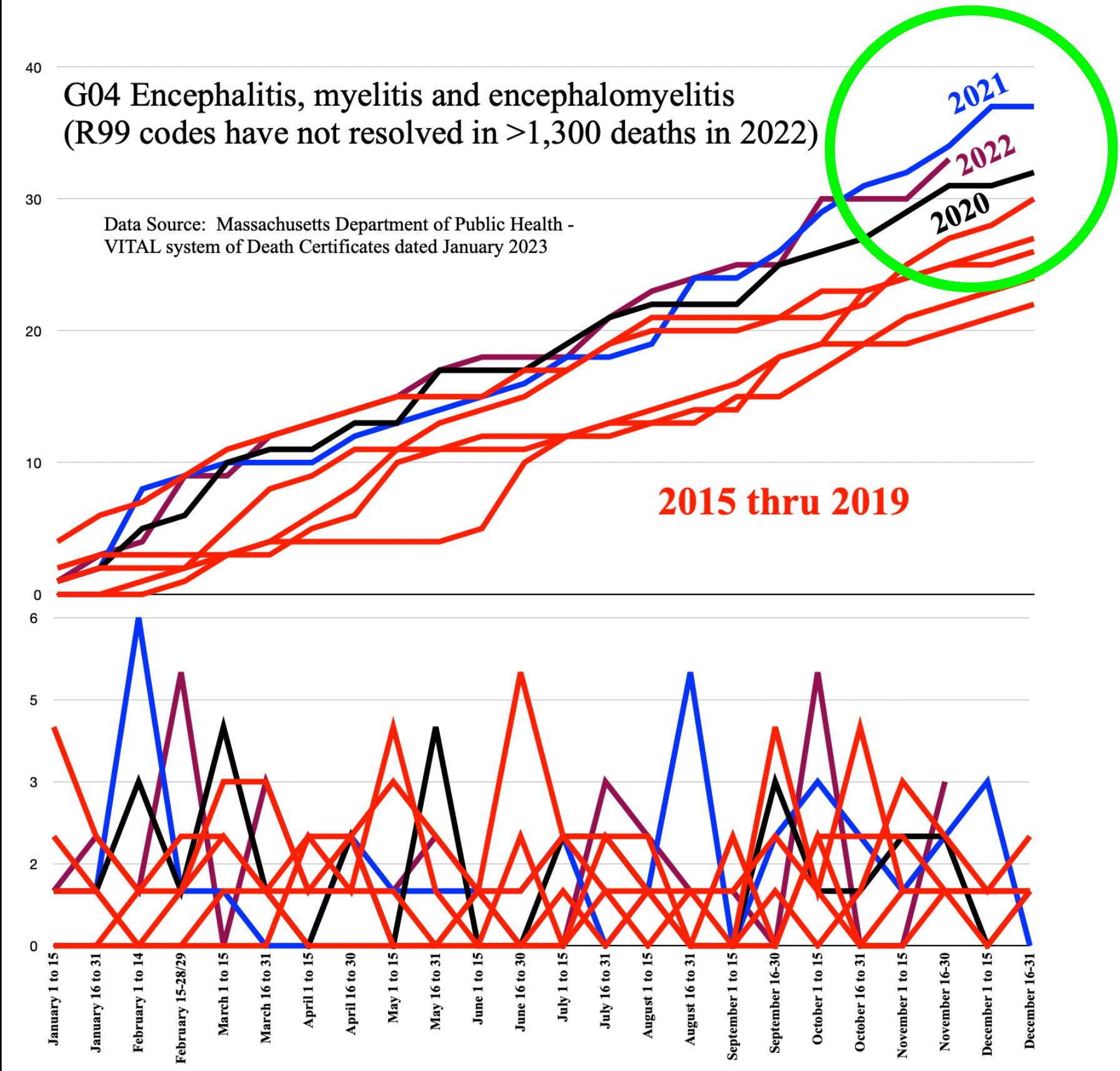


G04 Encephalitis, myelitis and encephalomyelitis
 Massachusetts Years 2015 thru 2022
 Period = Jan 1 thru November 30 of each year

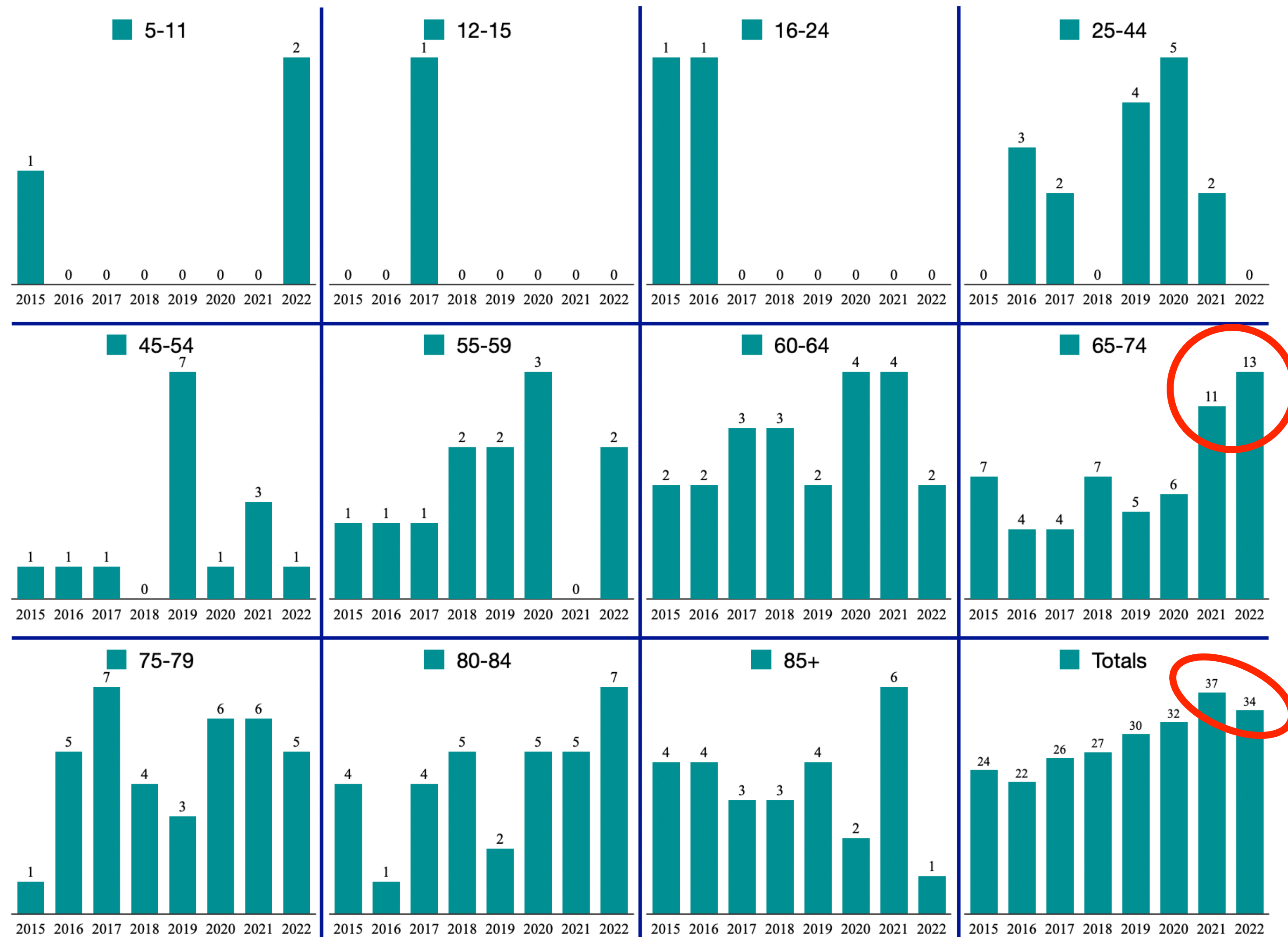


2015 2016 2017 2018 2019 2020 2021 2022
 Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

~ **6** Excess G04 Encephalitis and myelitis deaths from January 1, 2021 to November 30, 2022 in Massachusetts alone
 13% Excess in 2021
 5% Excess in 2022

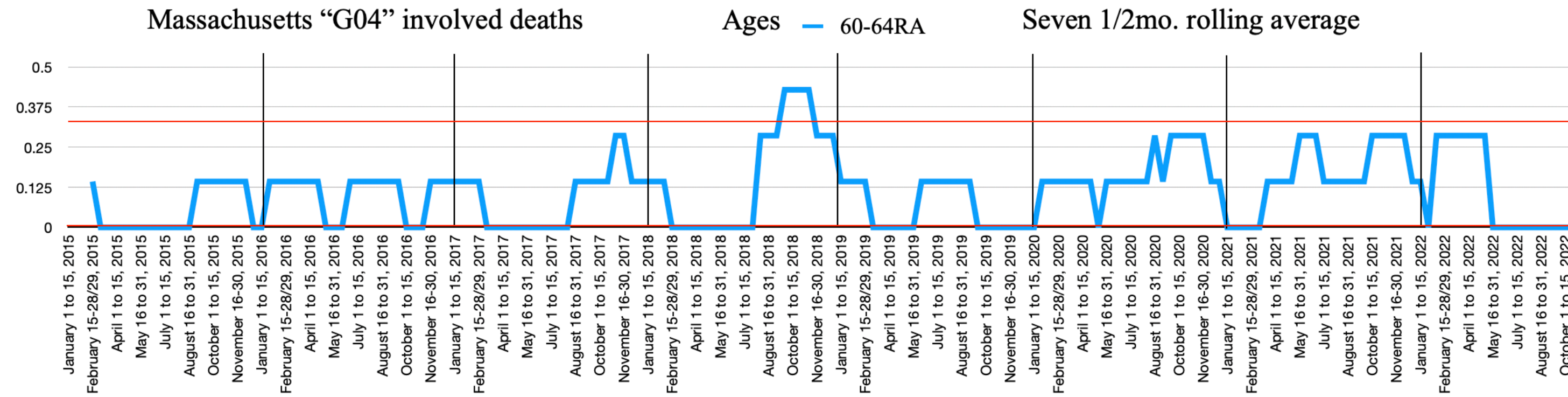


G04 Encephalitis, myelitis, and encephalomyelitis

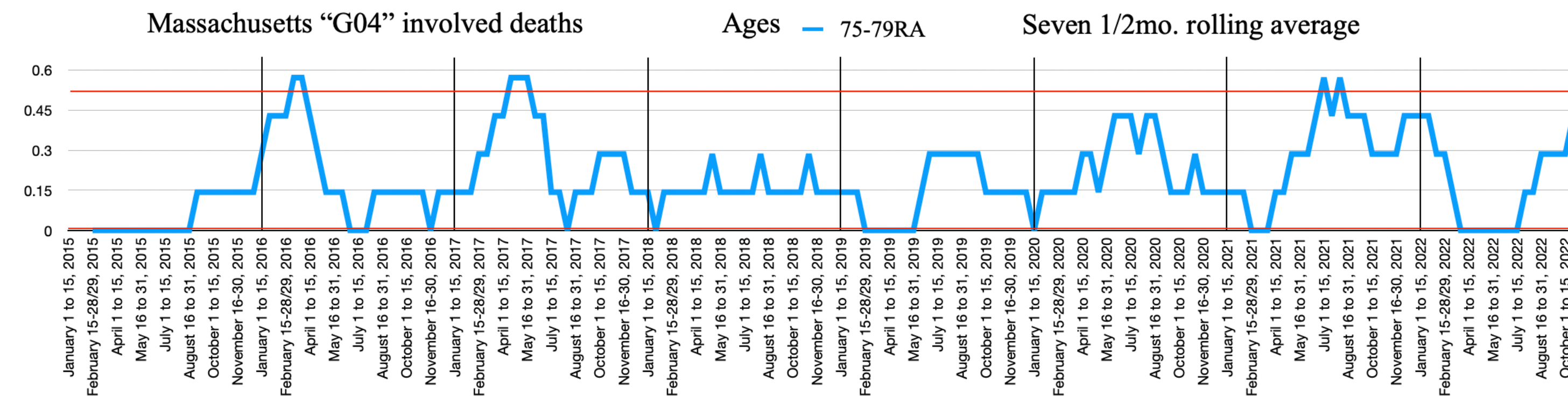
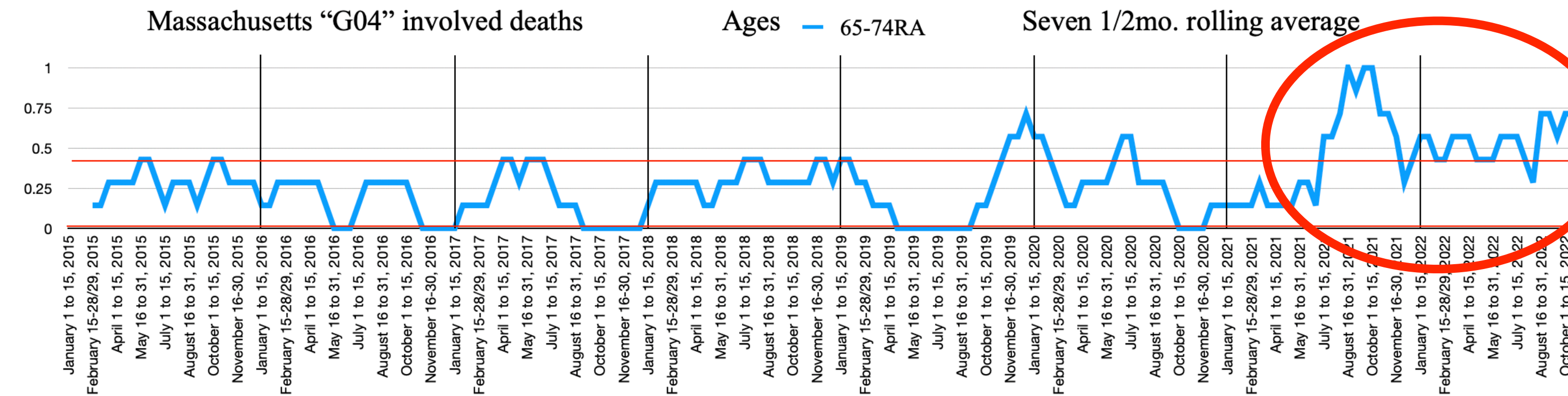


G04 Encephalitis, myelitis and encephalomyelitis
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates
dated January 2023

G04 Encephalitis, myelitis, and encephalomyelitis



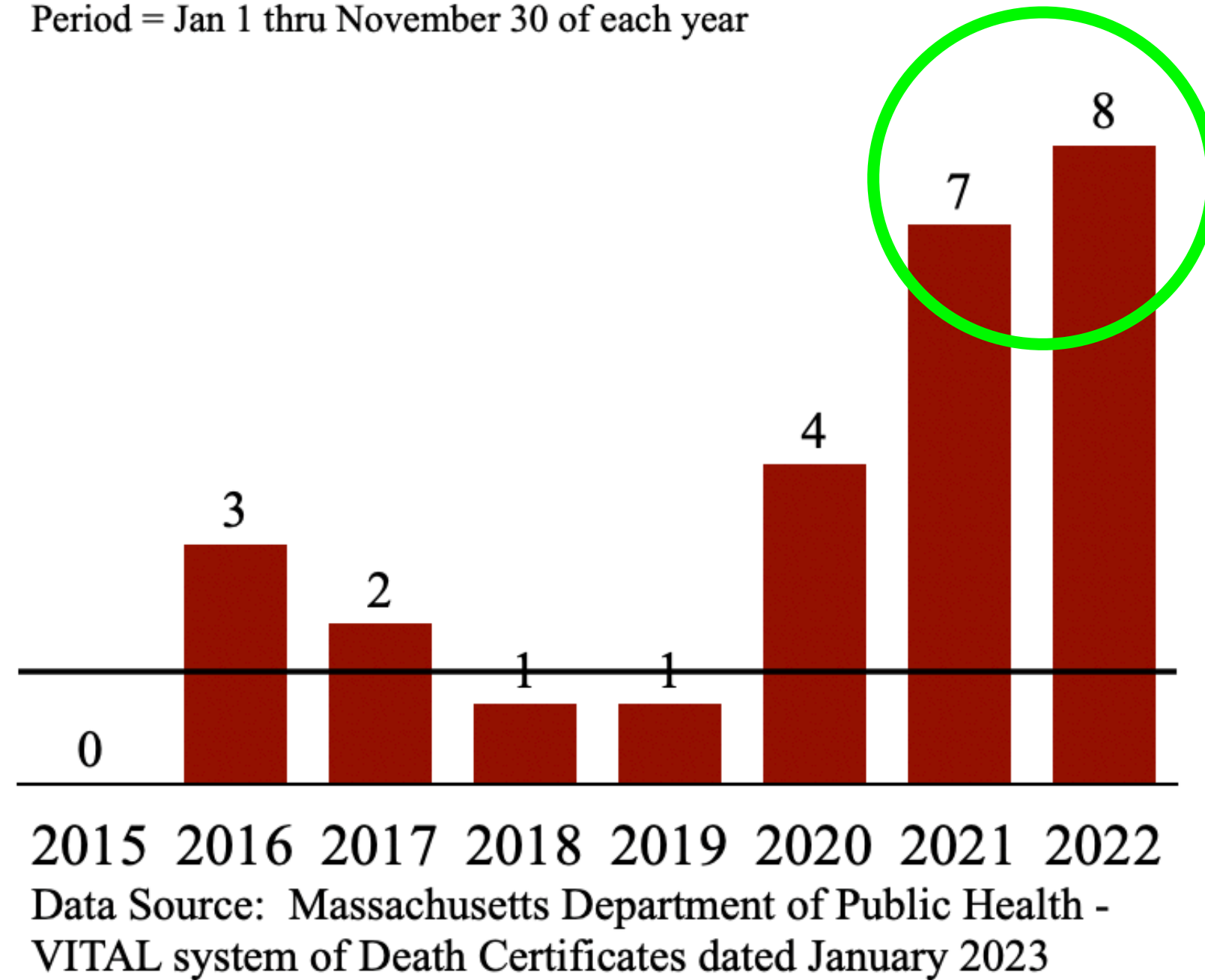
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023



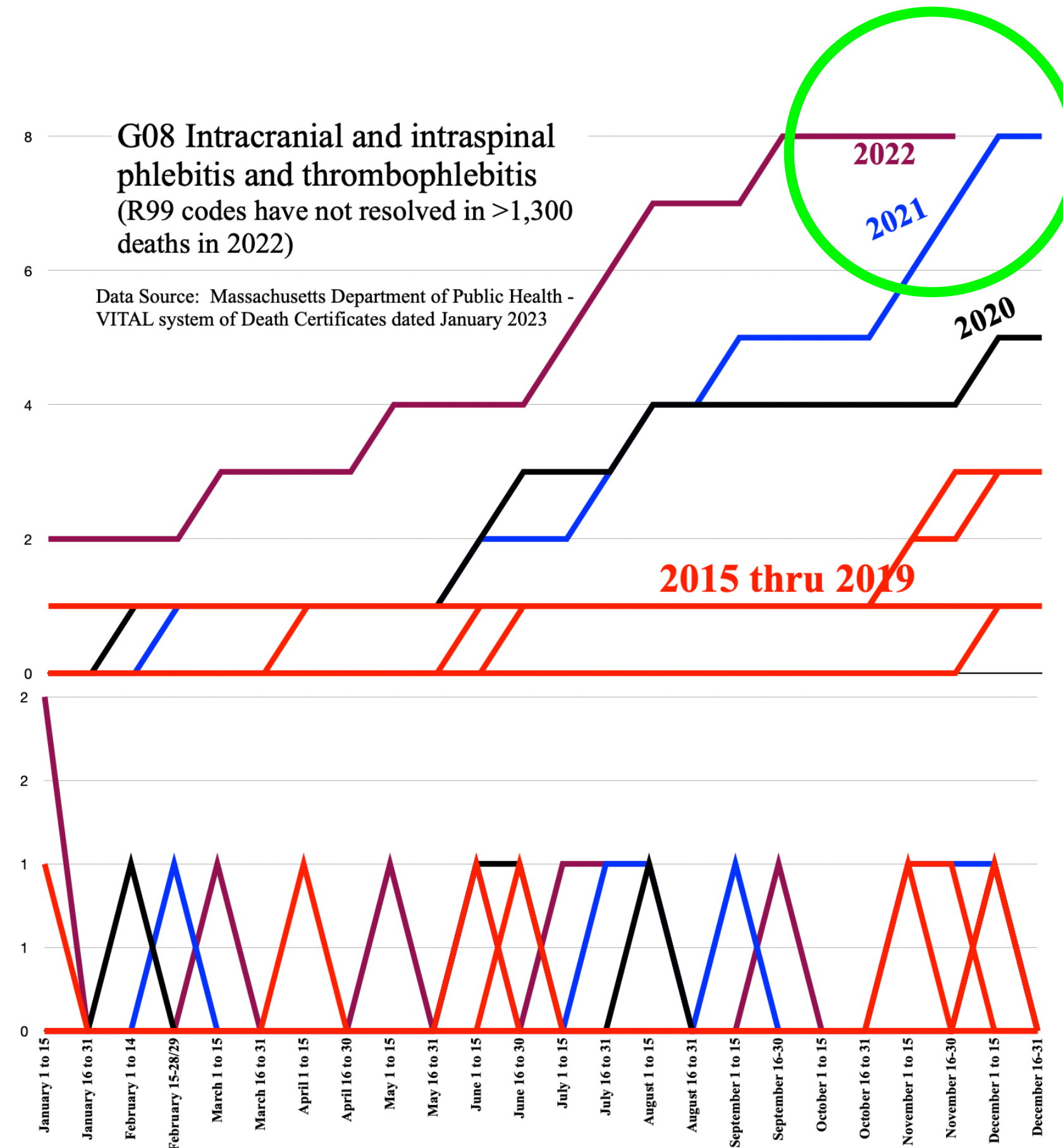
G08 Intracranial & Intraspinal Phlebitis & Thrombophlebitis



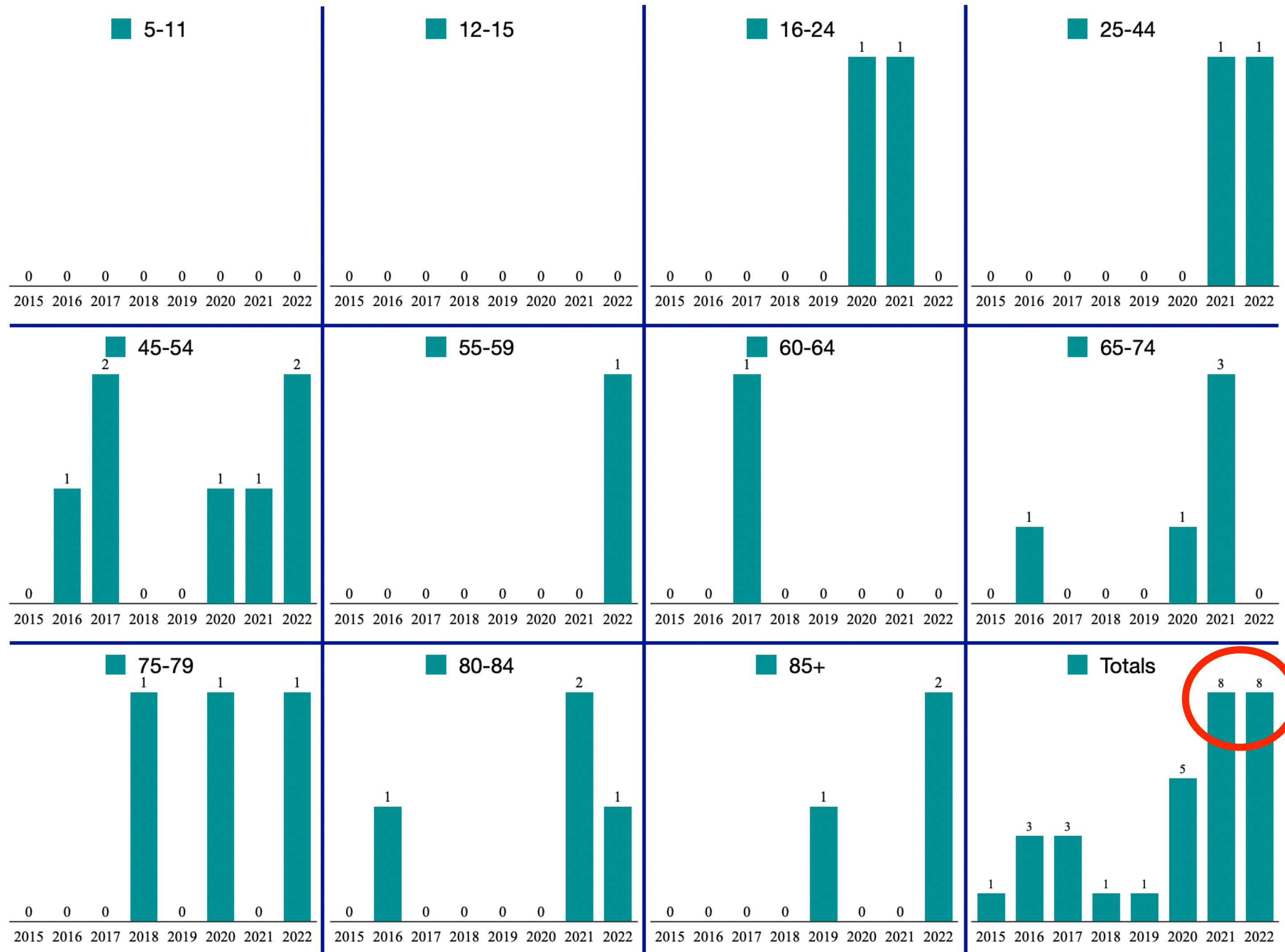
G08 Intracranial and intraspinal phlebitis and thrombophlebitis
Massachusetts Years 2015 thru 2022
Period = Jan 1 thru November 30 of each year



~ 13 Excess Intracranial and intraspinal phlebitis and thrombophlebitis deaths from January 1, 2021 to November 30, 2022 in Massachusetts alone
344% Excess in 2021
471% Excess in 2022



G08 Intracranial & Intraspinal Phlebitis & Thrombophlebitis



G08 Intracranial and intraspinal phlebitis and thrombophlebitis
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates
dated January 2023

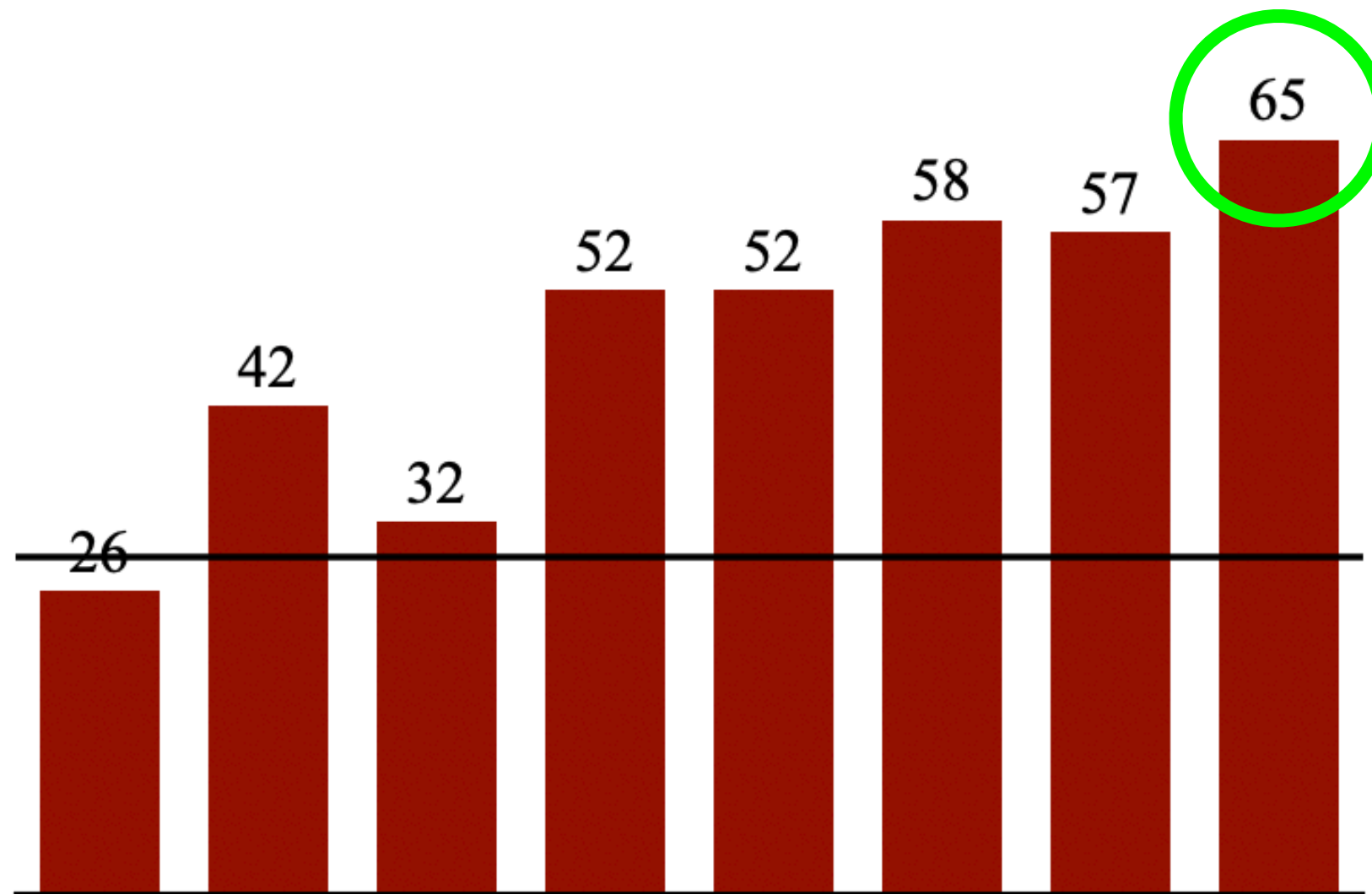
G70 Myasthenia gravis and other myoneural disorders



G70 Myasthenia gravis and other myoneural disorders

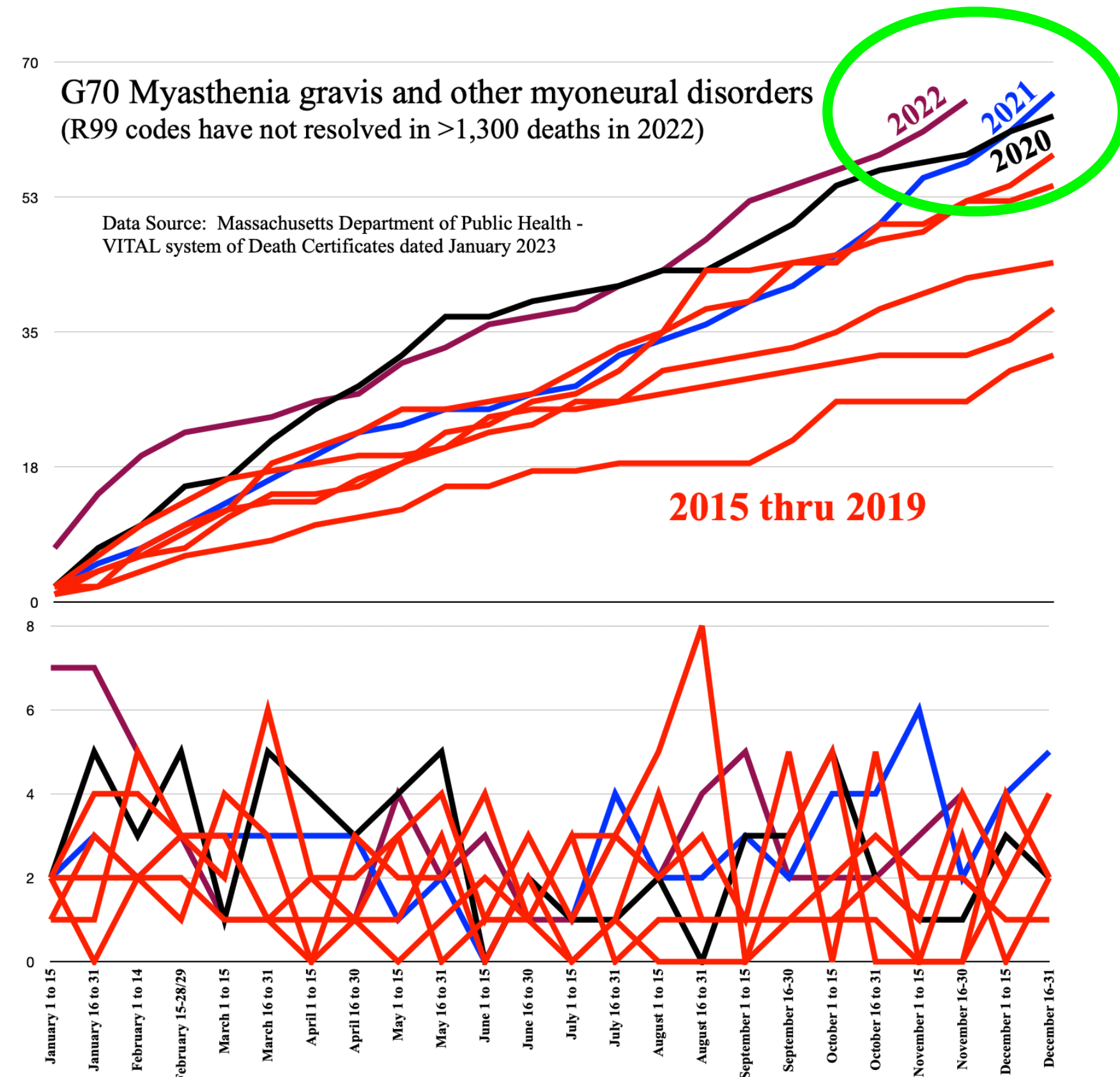
Massachusetts Years 2015 thru 2022

Period = Jan 1 thru November 30 of each year

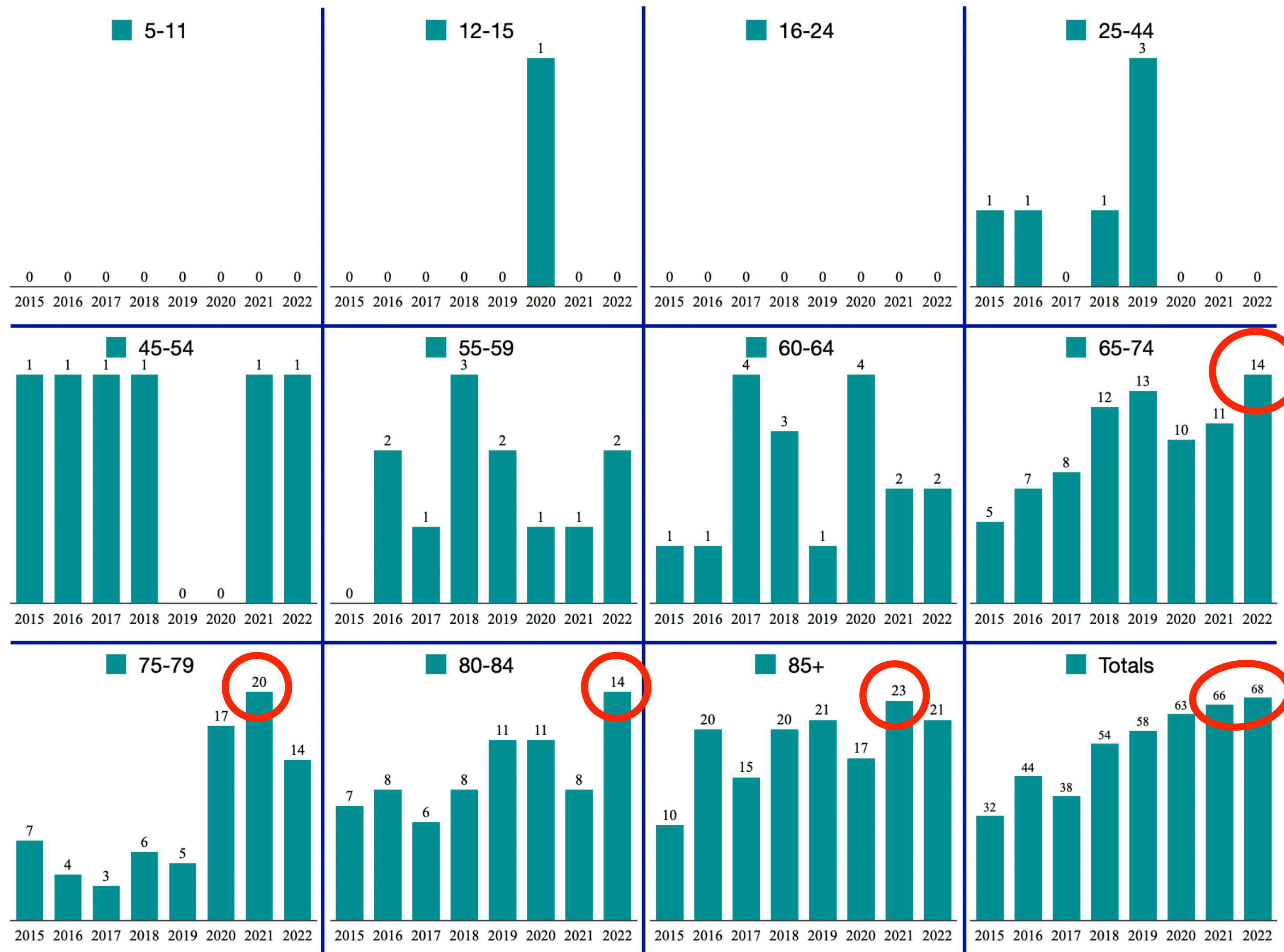


2015 2016 2017 2018 2019 2020 2021 2022

Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

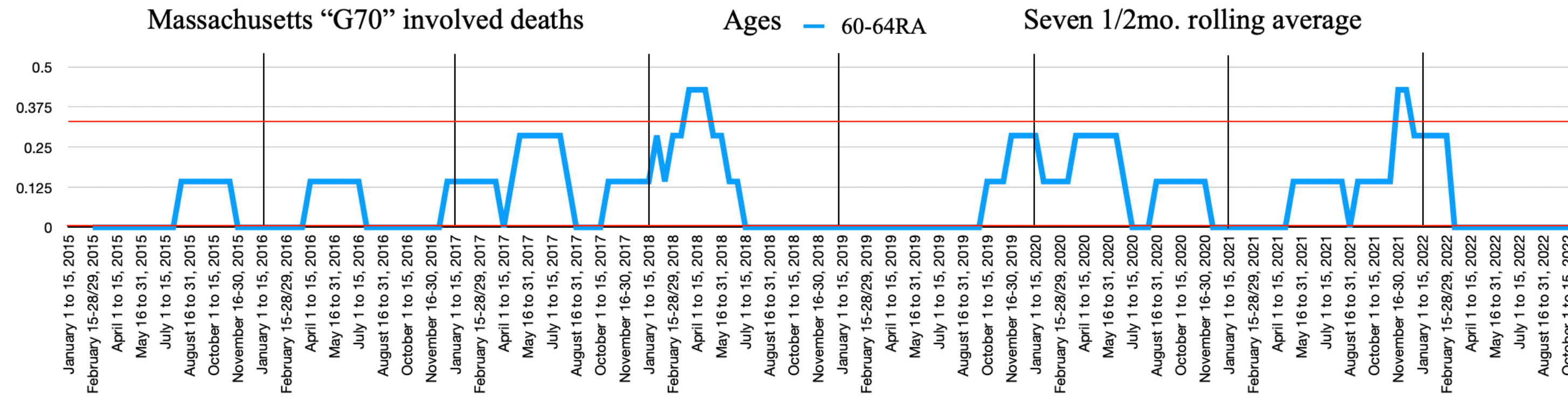


G70 Myasthenia gravis and other myoneural disorders

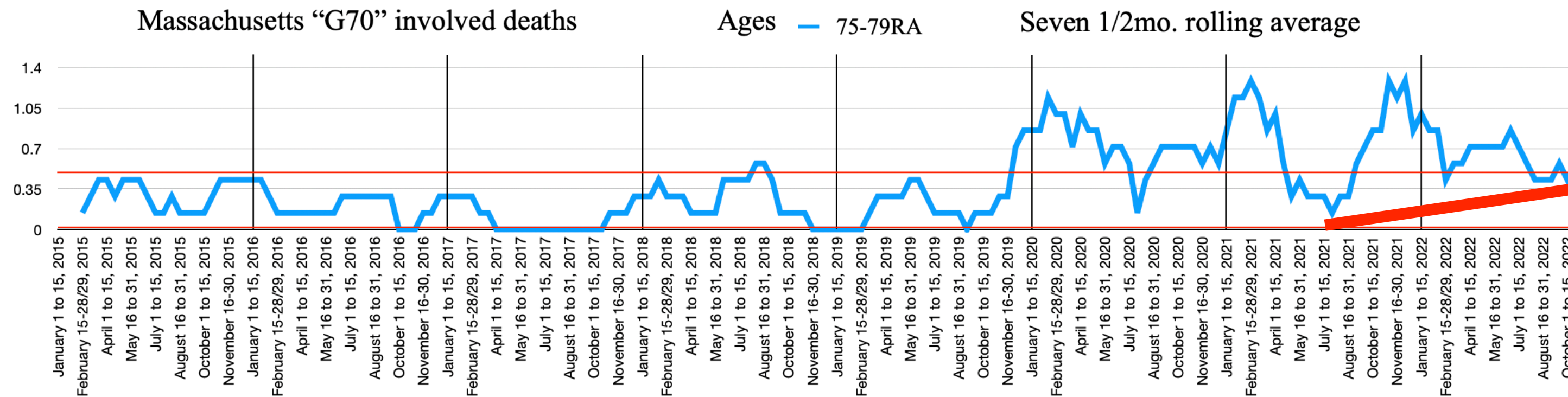
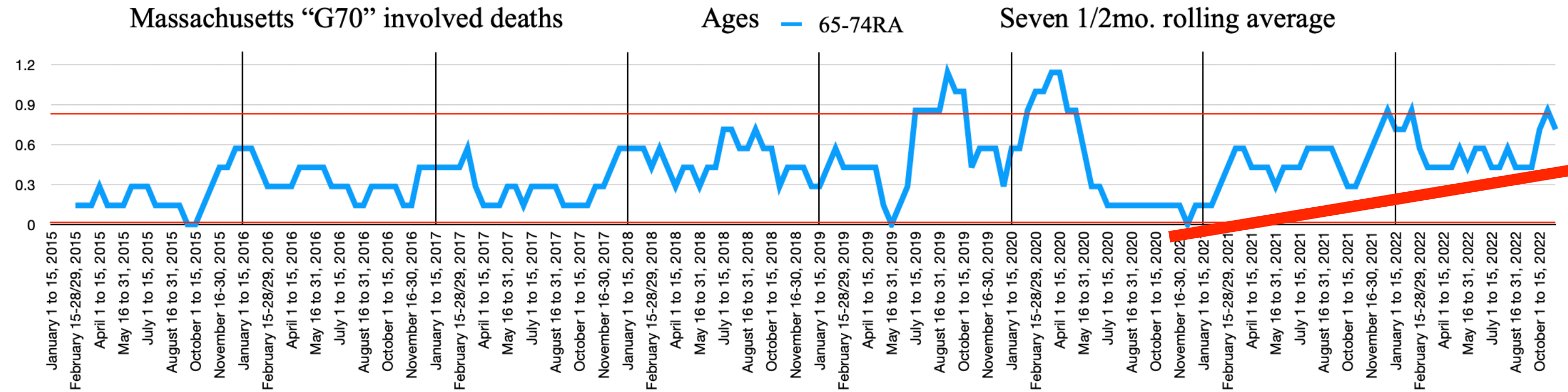


G70 Myasthenia gravis and other myoneural disorders
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates
dated January 2023

G70 Myasthenia gravis and other myoneural disorders



Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023



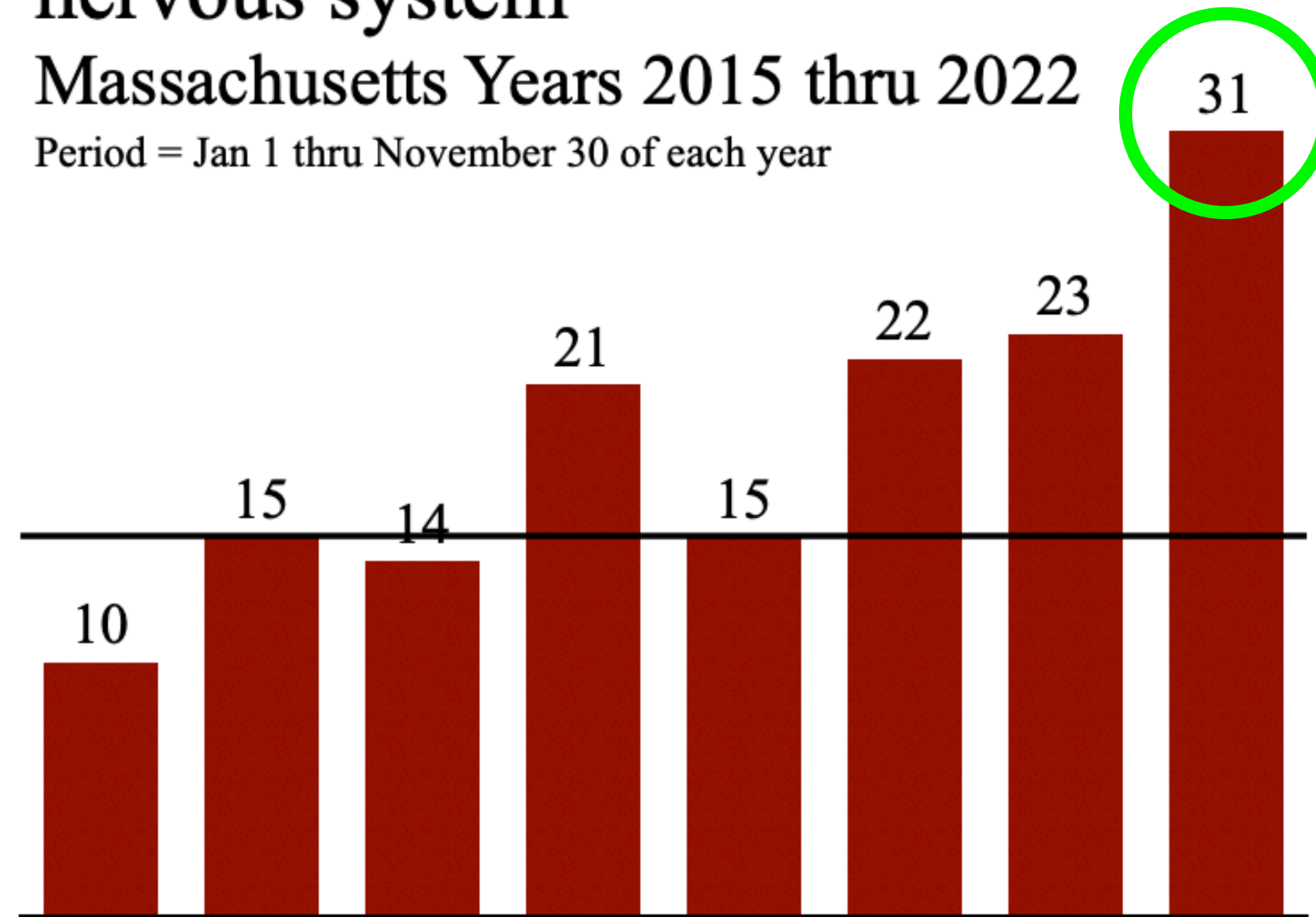
G90 Disorders of autonomic nervous system



G90 Disorders of autonomic nervous system

Massachusetts Years 2015 thru 2022

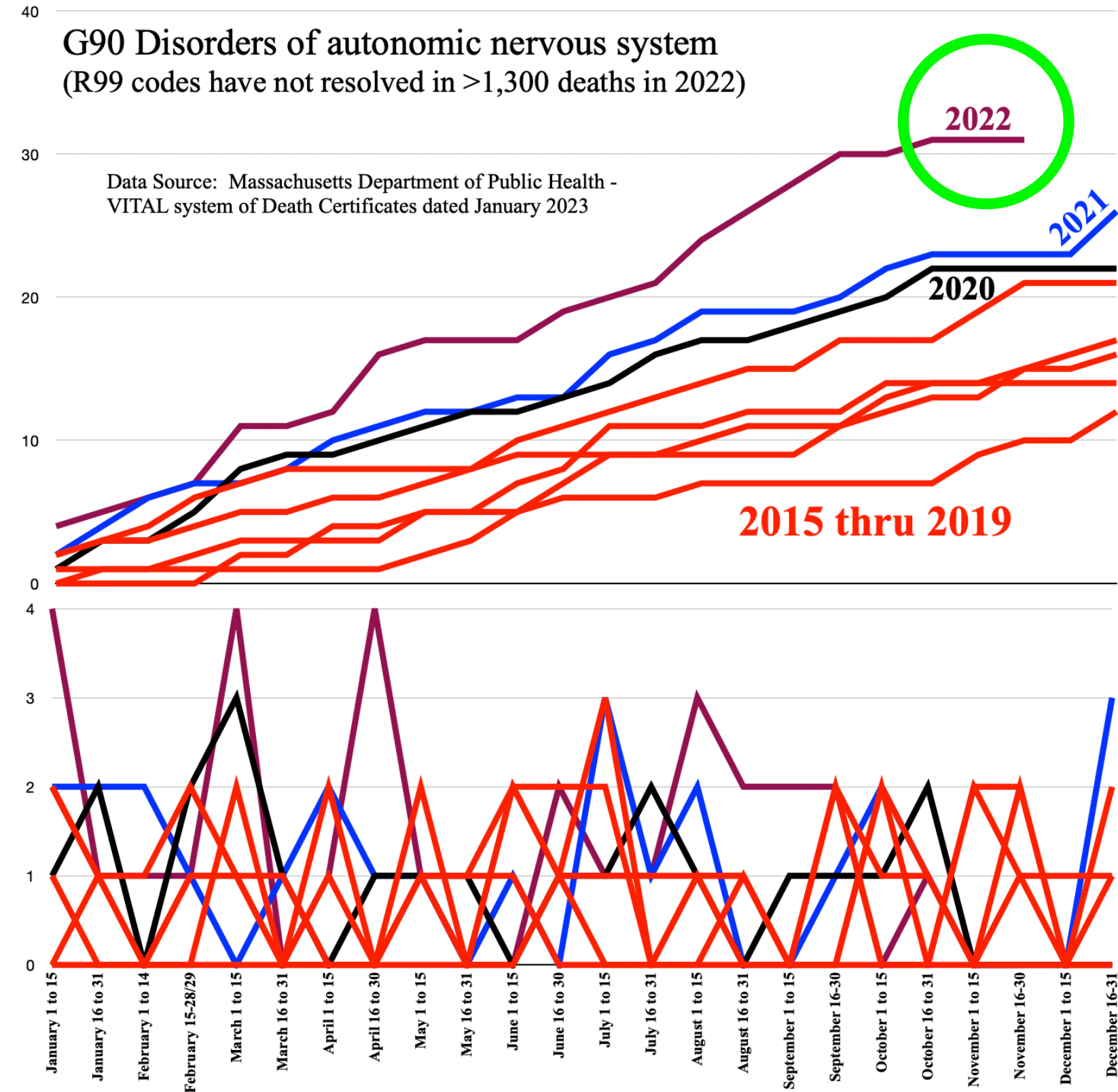
Period = Jan 1 thru November 30 of each year



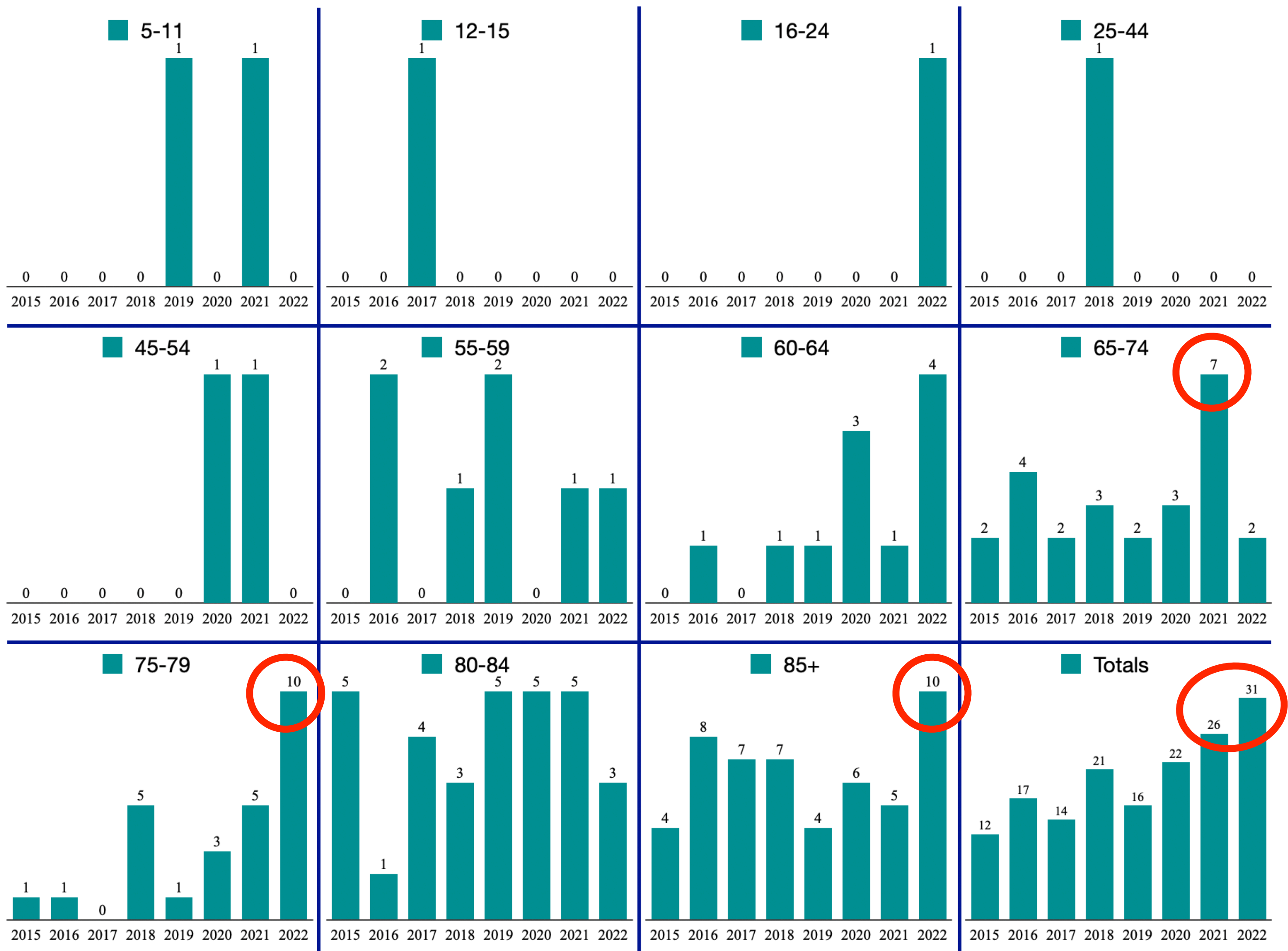
2015 2016 2017 2018 2019 2020 2021 2022

Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

~ 13 Excess Autonomic nervous system disorders deaths from January 1, 2021 to November 30, 2022 in Massachusetts alone
 25% Excess in 2021
 35% Excess in 2022

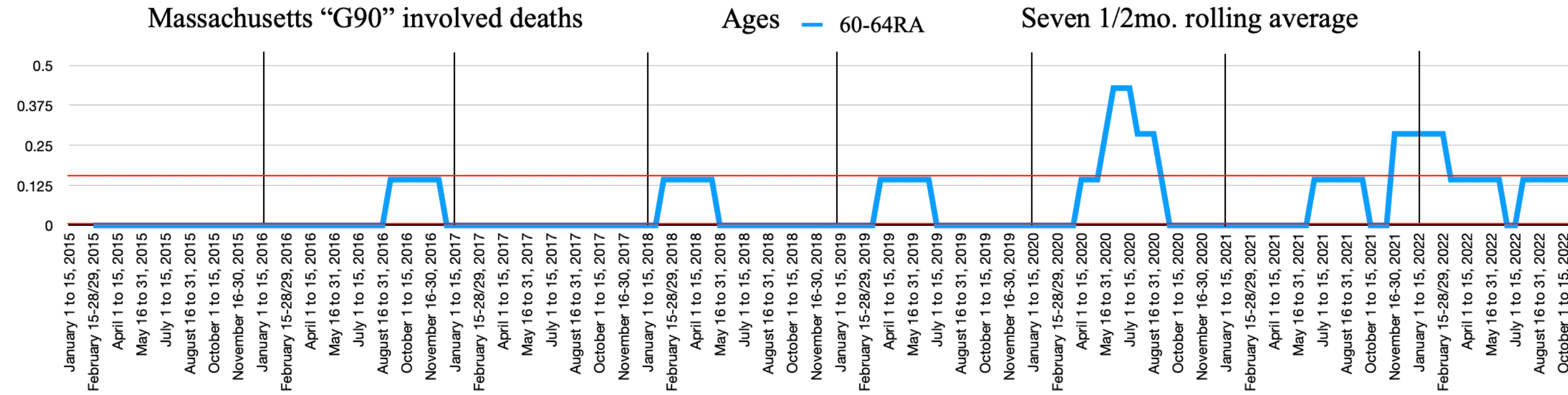


G90 Disorders of autonomic nervous system

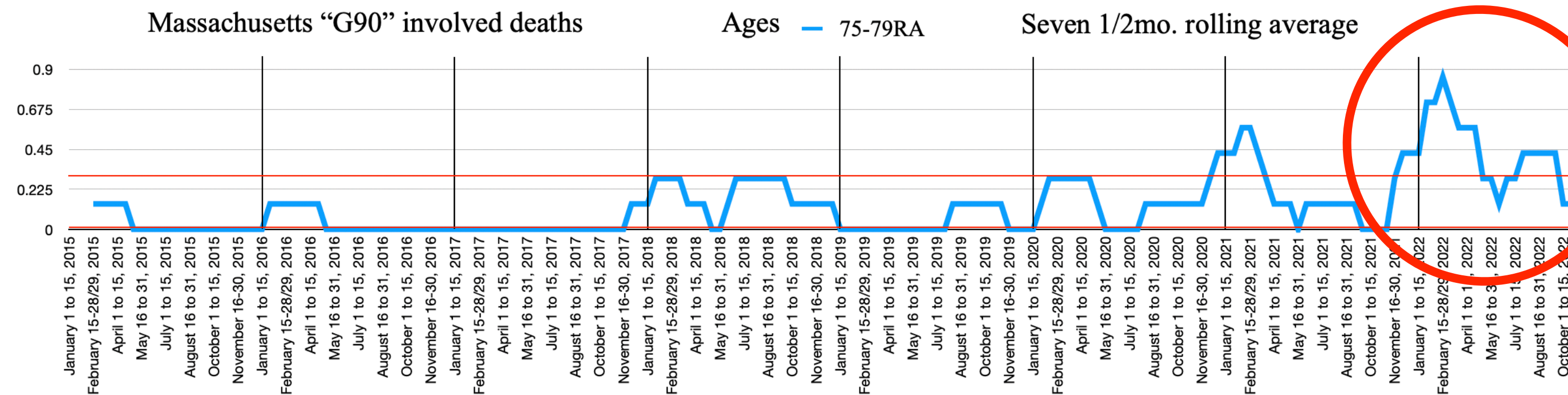
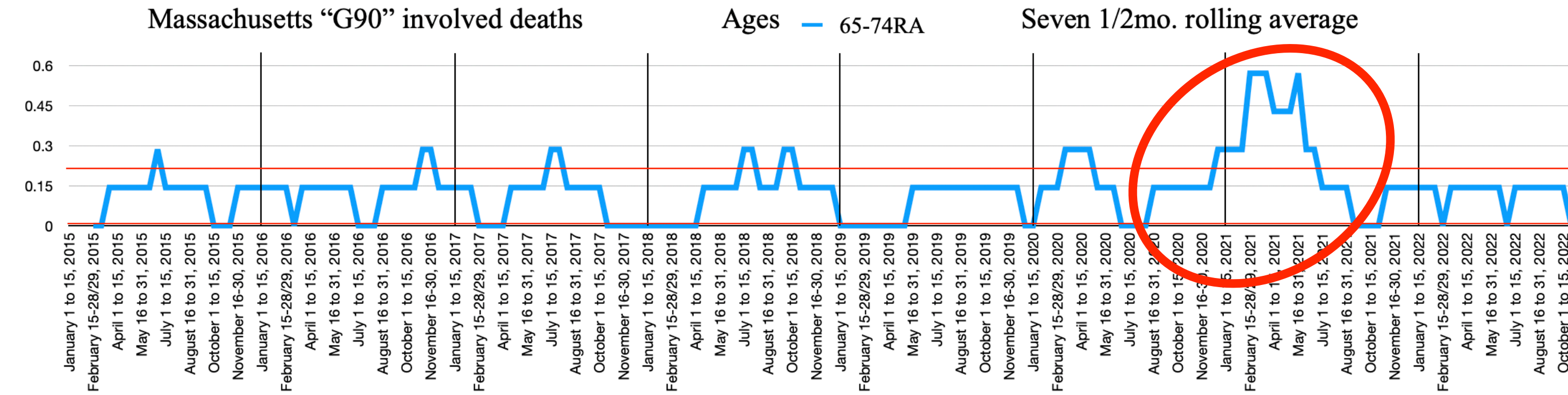


G90 Disorders of autonomic nervous system
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates
dated January 2023

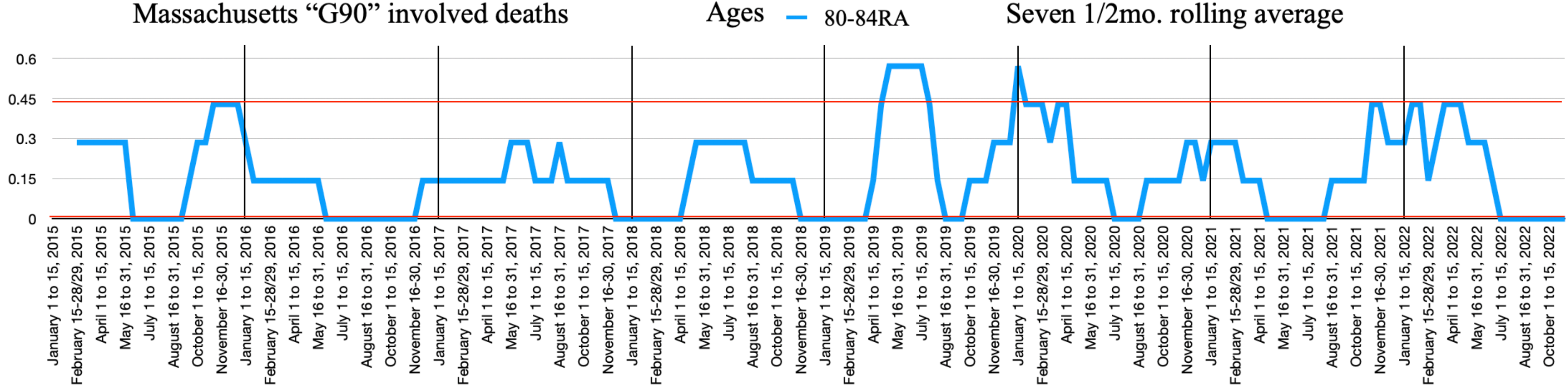
G90 Disorders of autonomic nervous system



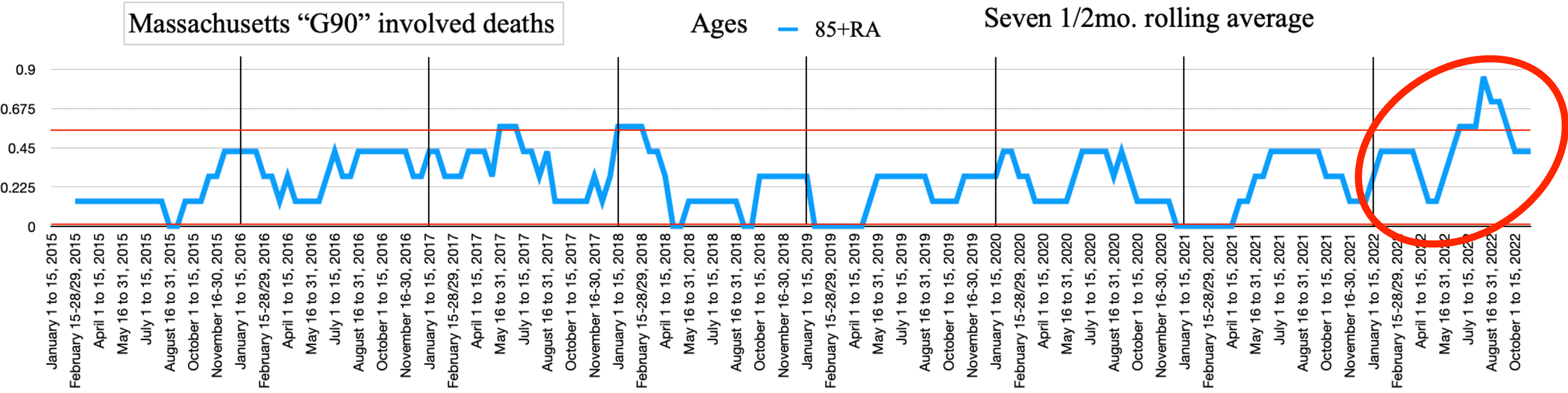
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023



G90 Disorders of autonomic nervous system



Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

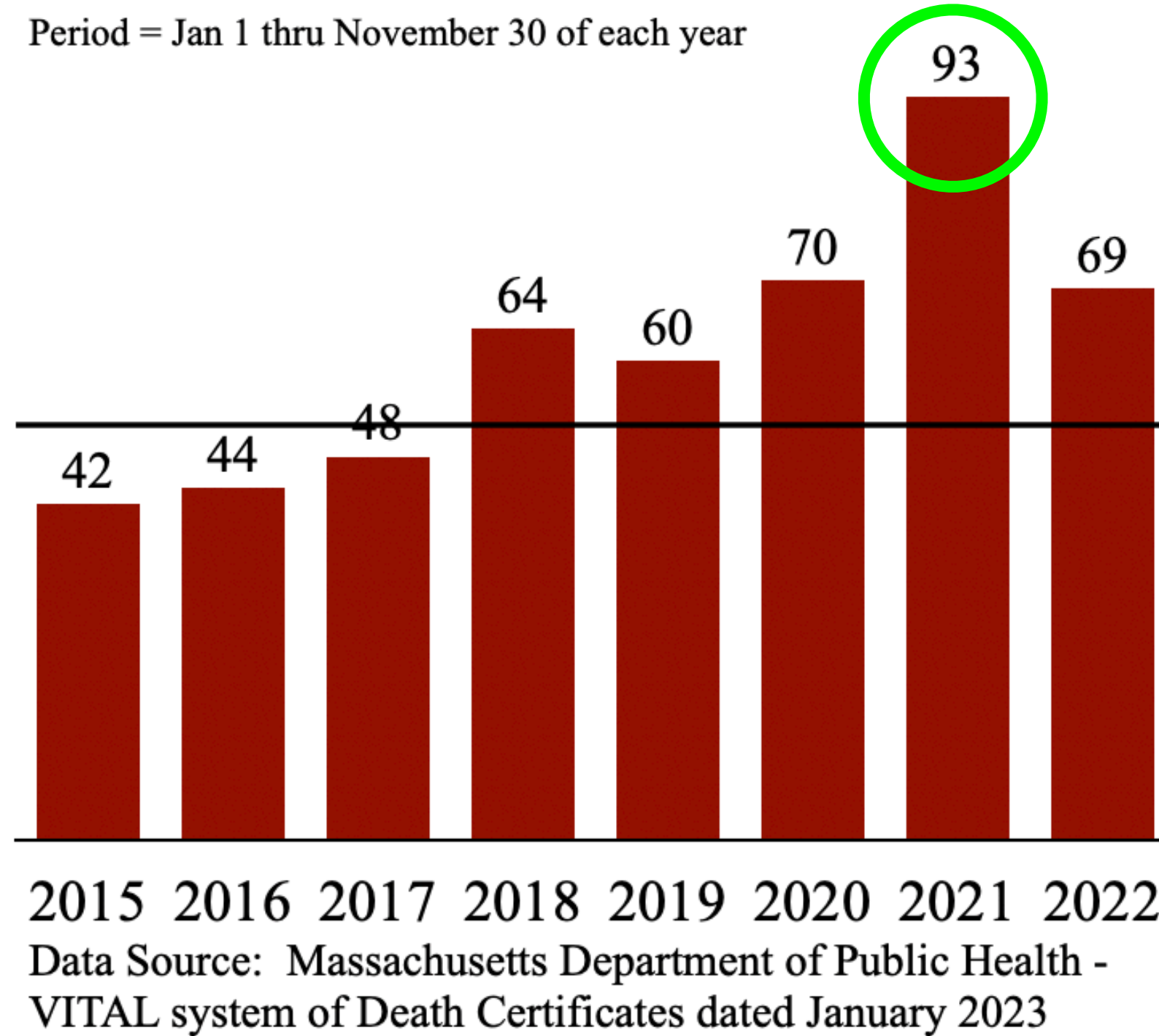


G91 Hydrocephalus

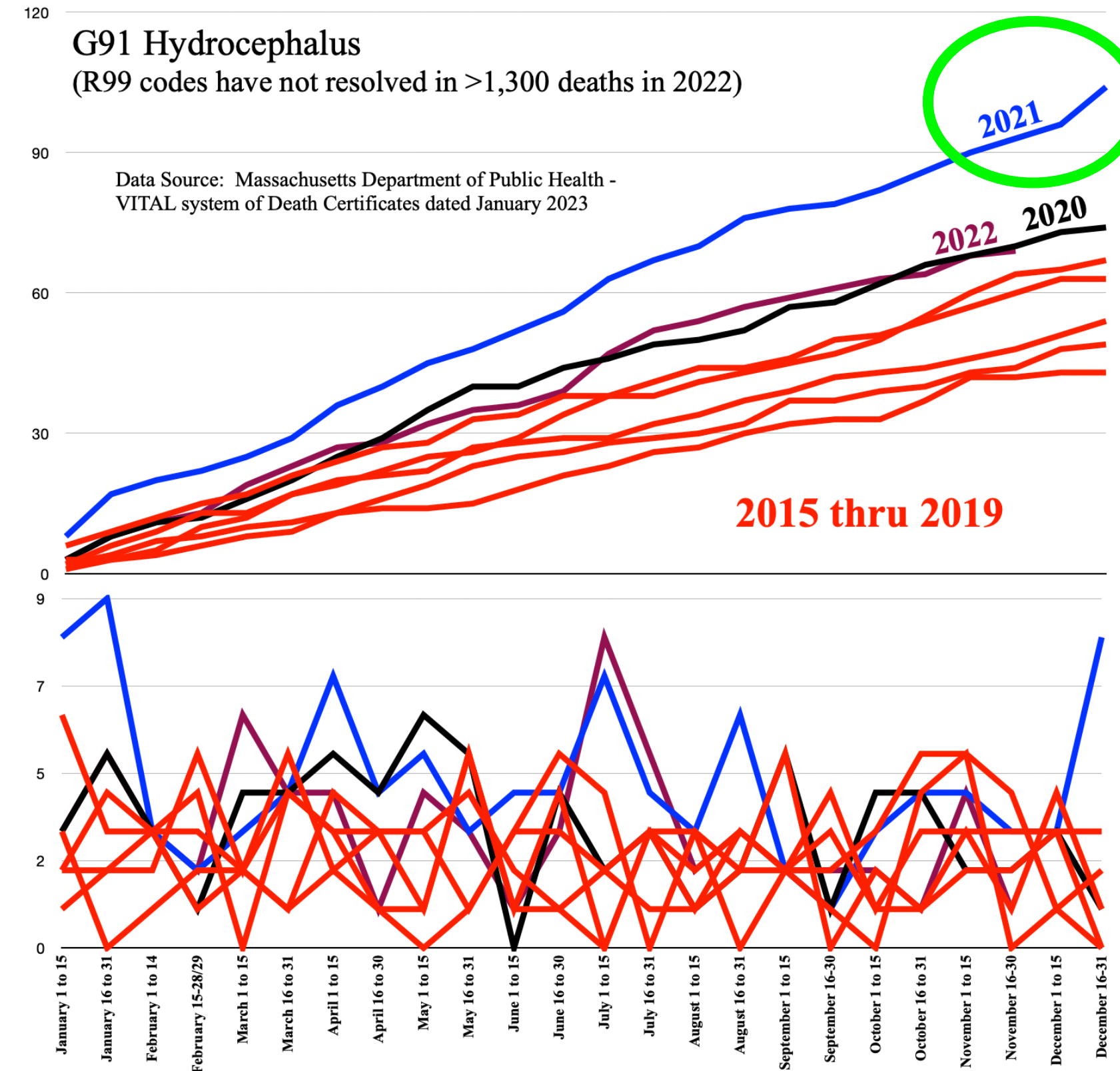


G91 Hydrocephalus Massachusetts Years 2015 thru 2022

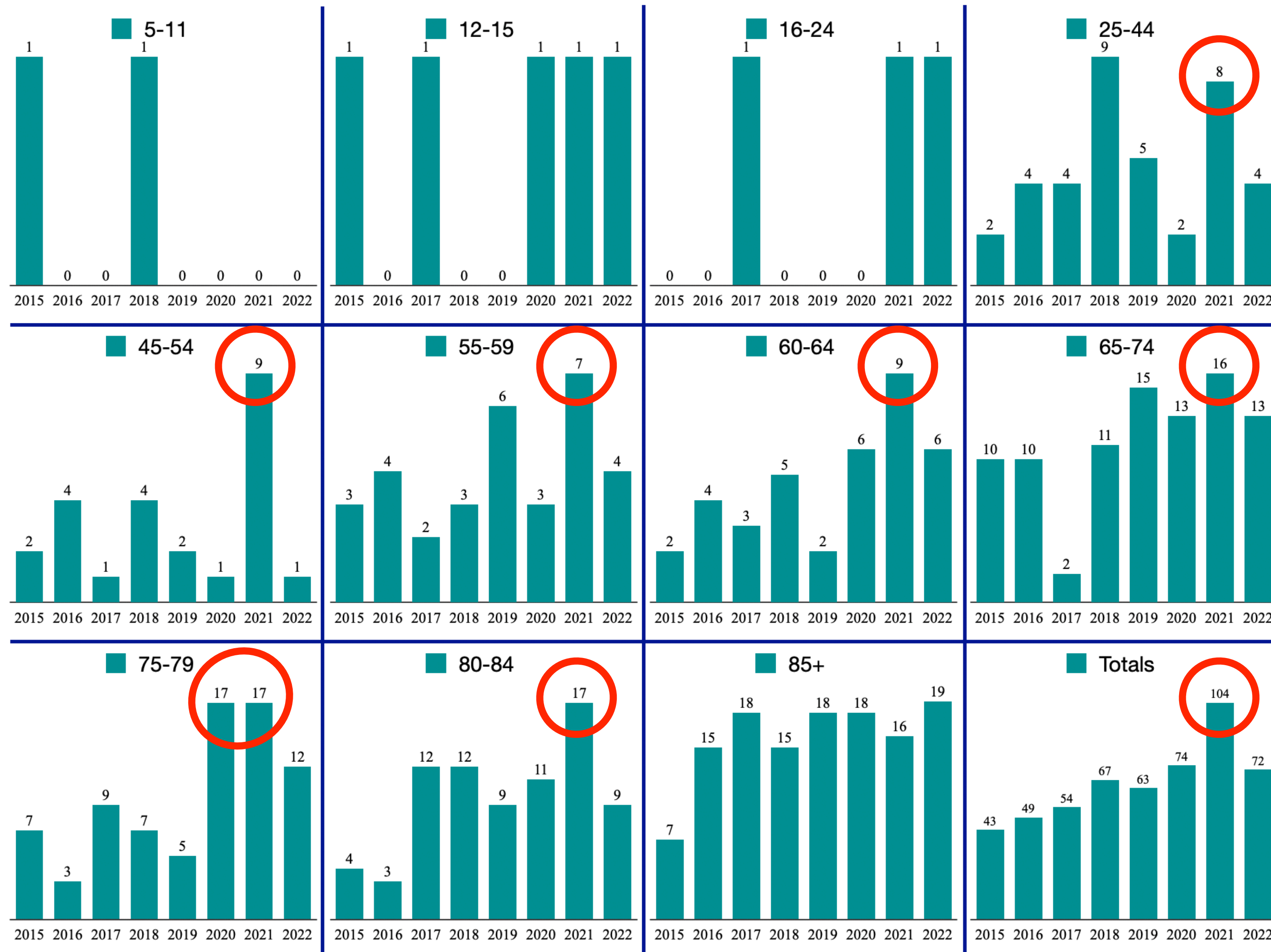
Period = Jan 1 thru November 30 of each year



~ 15 Excess Hydrocephalus deaths
from January 1, 2021 to November 30,
2022 in Massachusetts alone
33% Excess in 2021
(13%) Excess in 2022

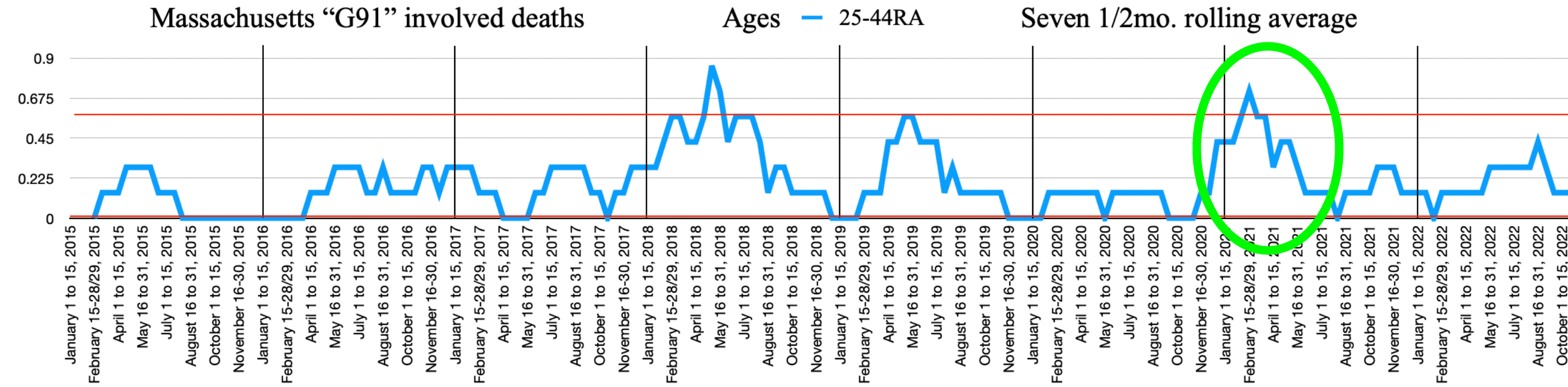


G91 Hydrocephalus

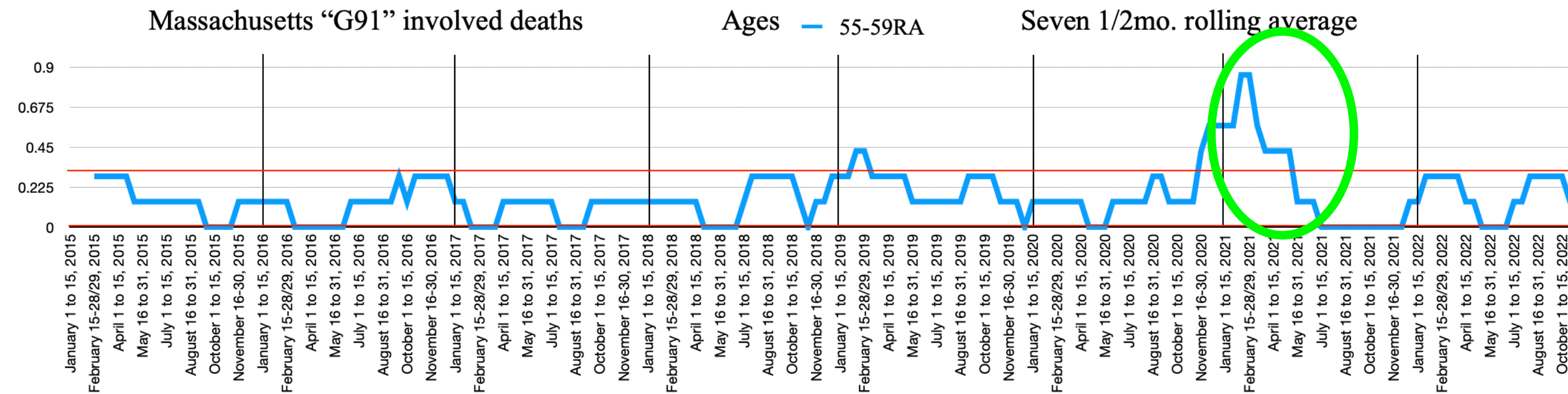
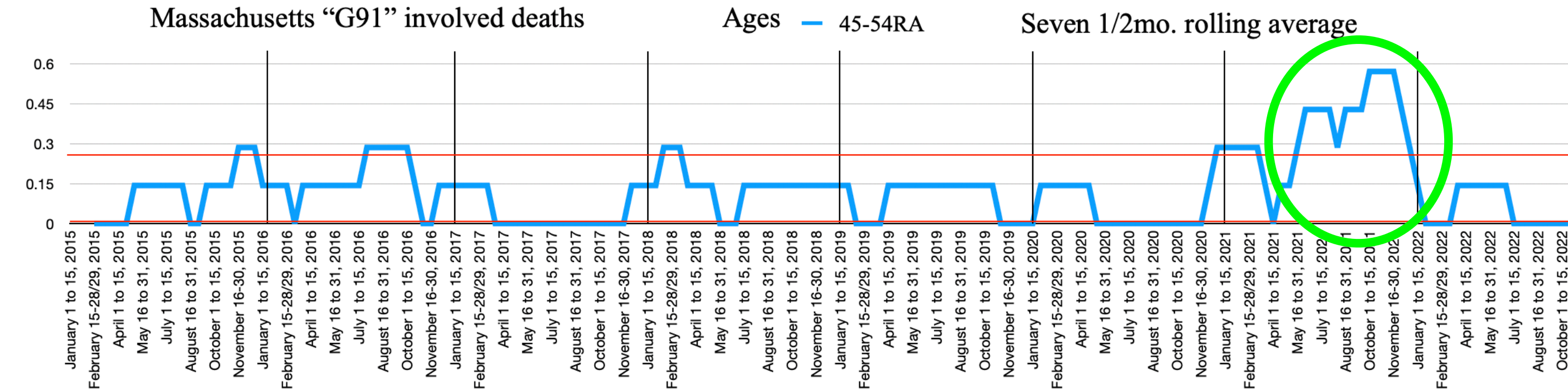


G91 Hydrocephalus
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates
dated January 2023

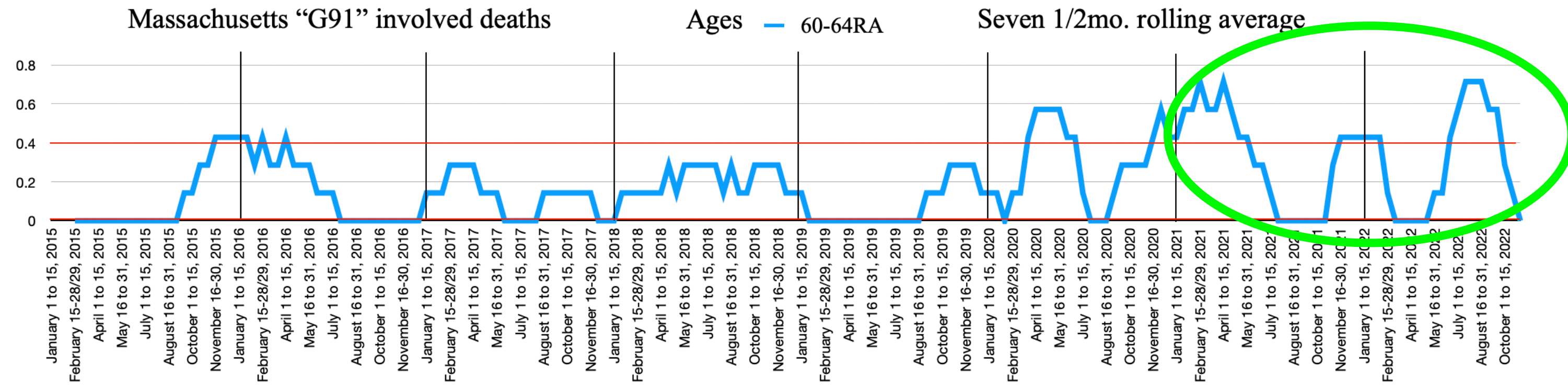
G91 Hydrocephalus



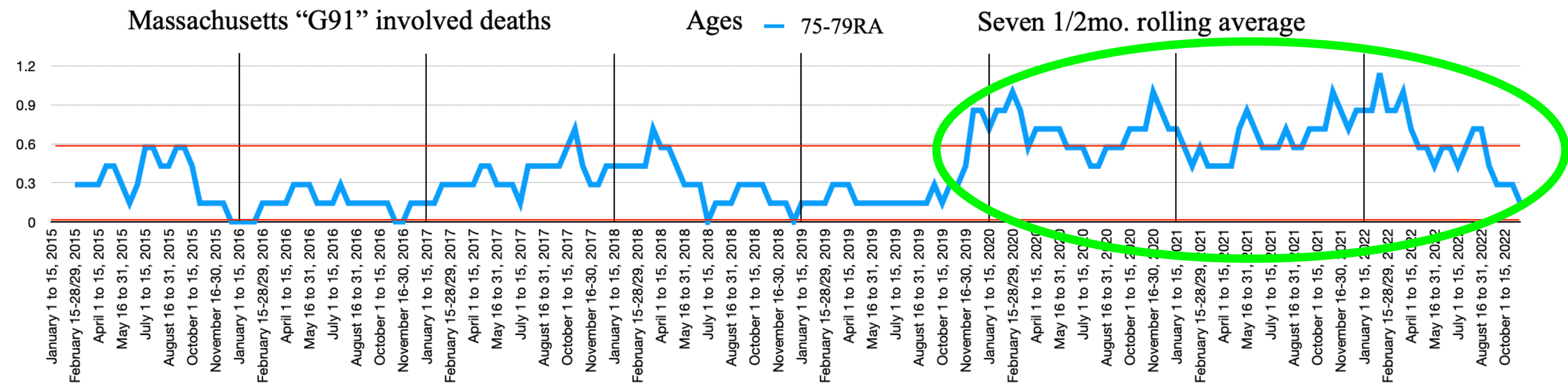
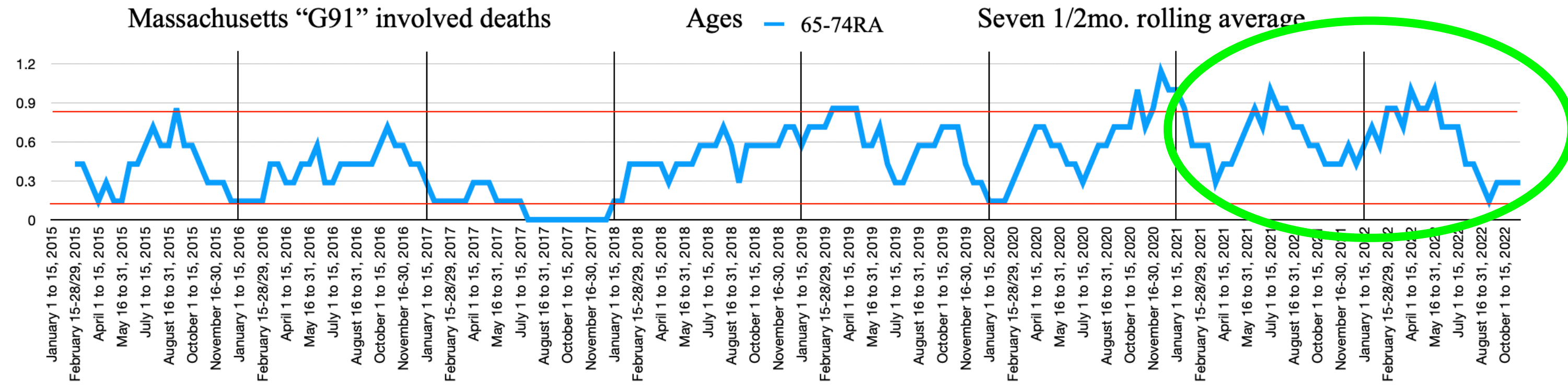
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023



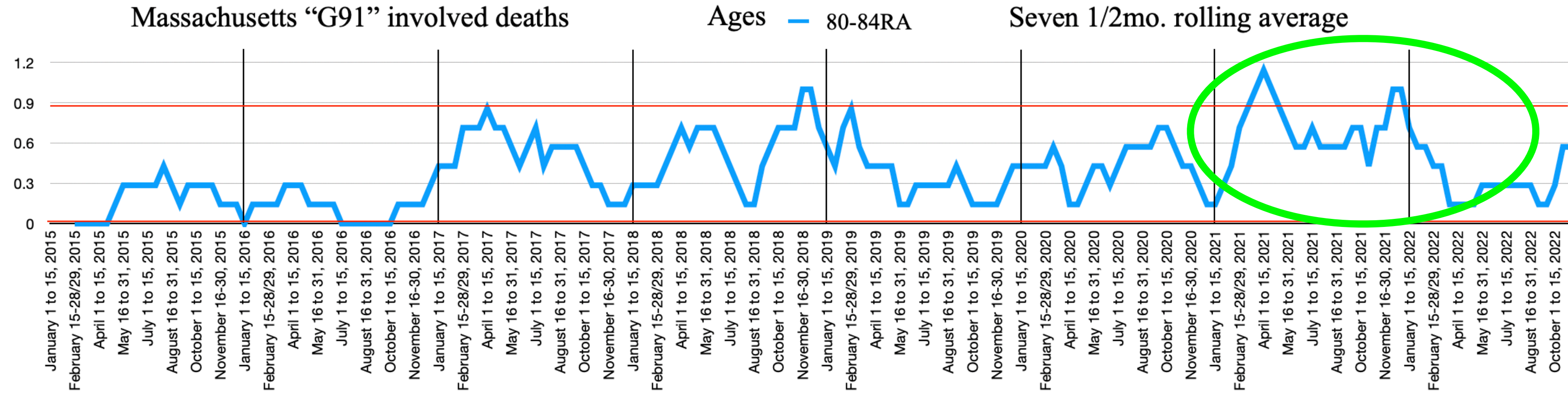
G91 Hydrocephalus



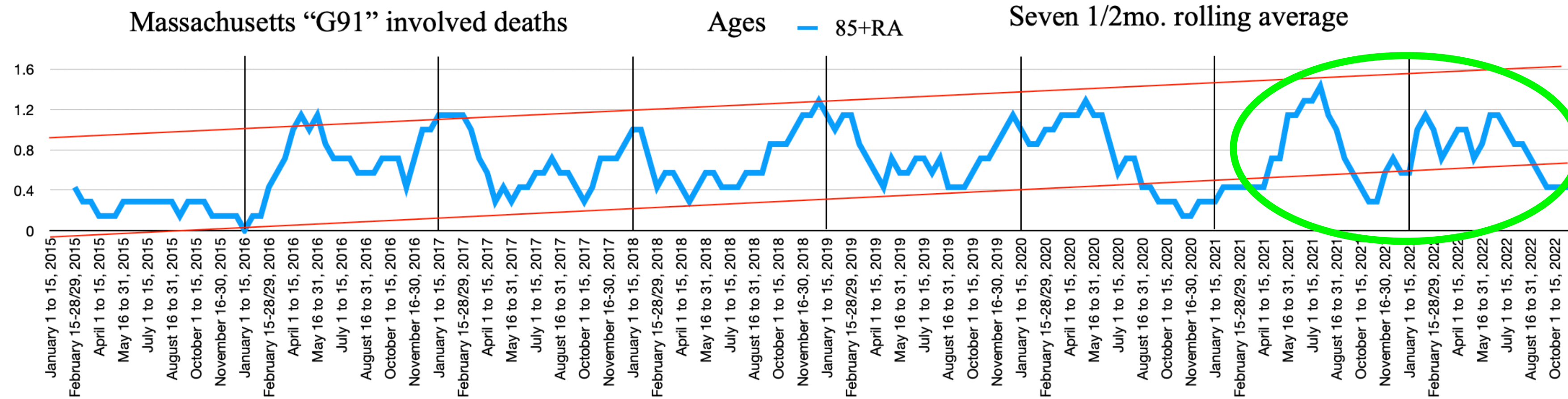
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023



G91 Hydrocephalus



Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023



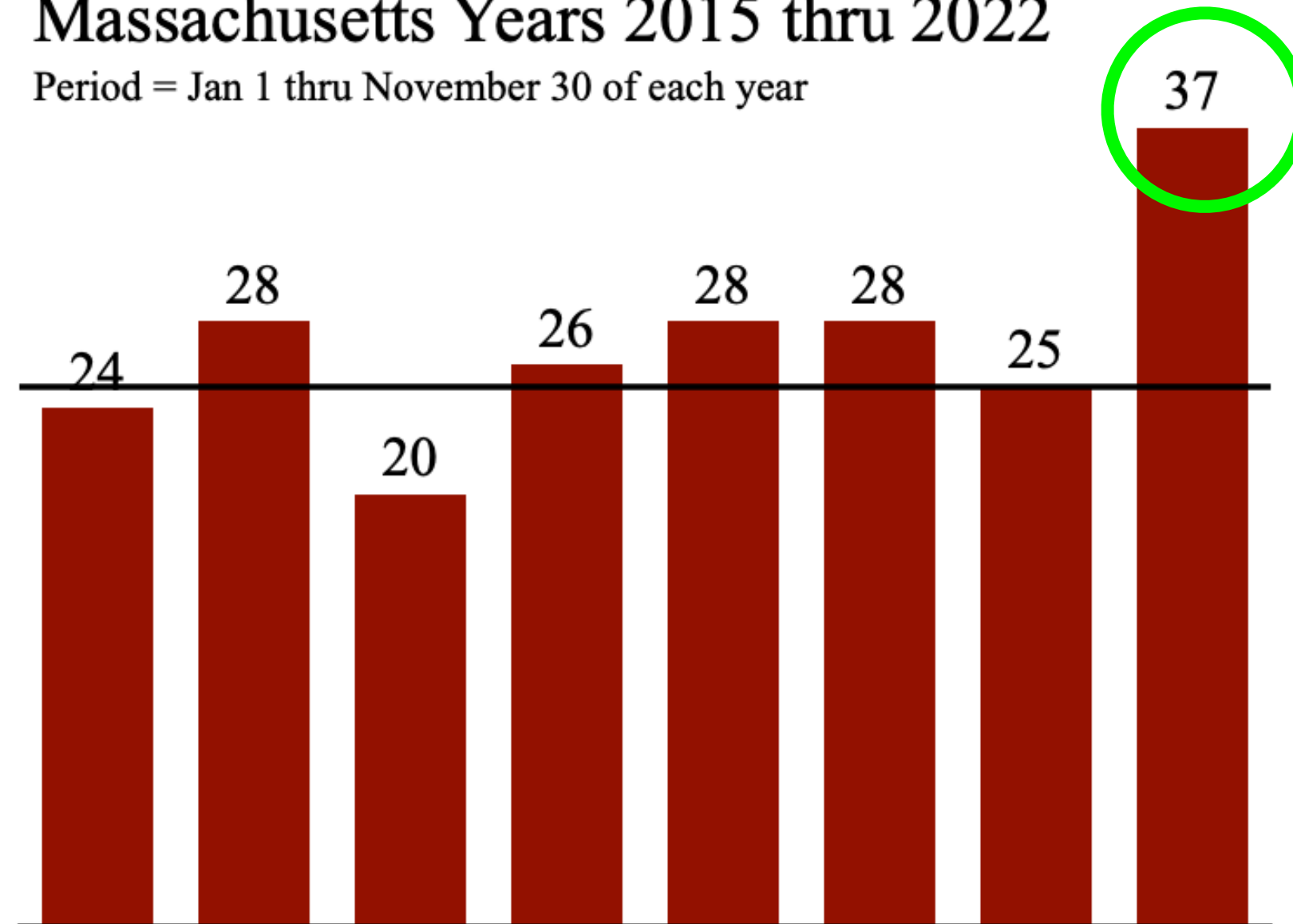
G95 Other diseases of spinal cord



G95 Other diseases of spinal cord

Massachusetts Years 2015 thru 2022

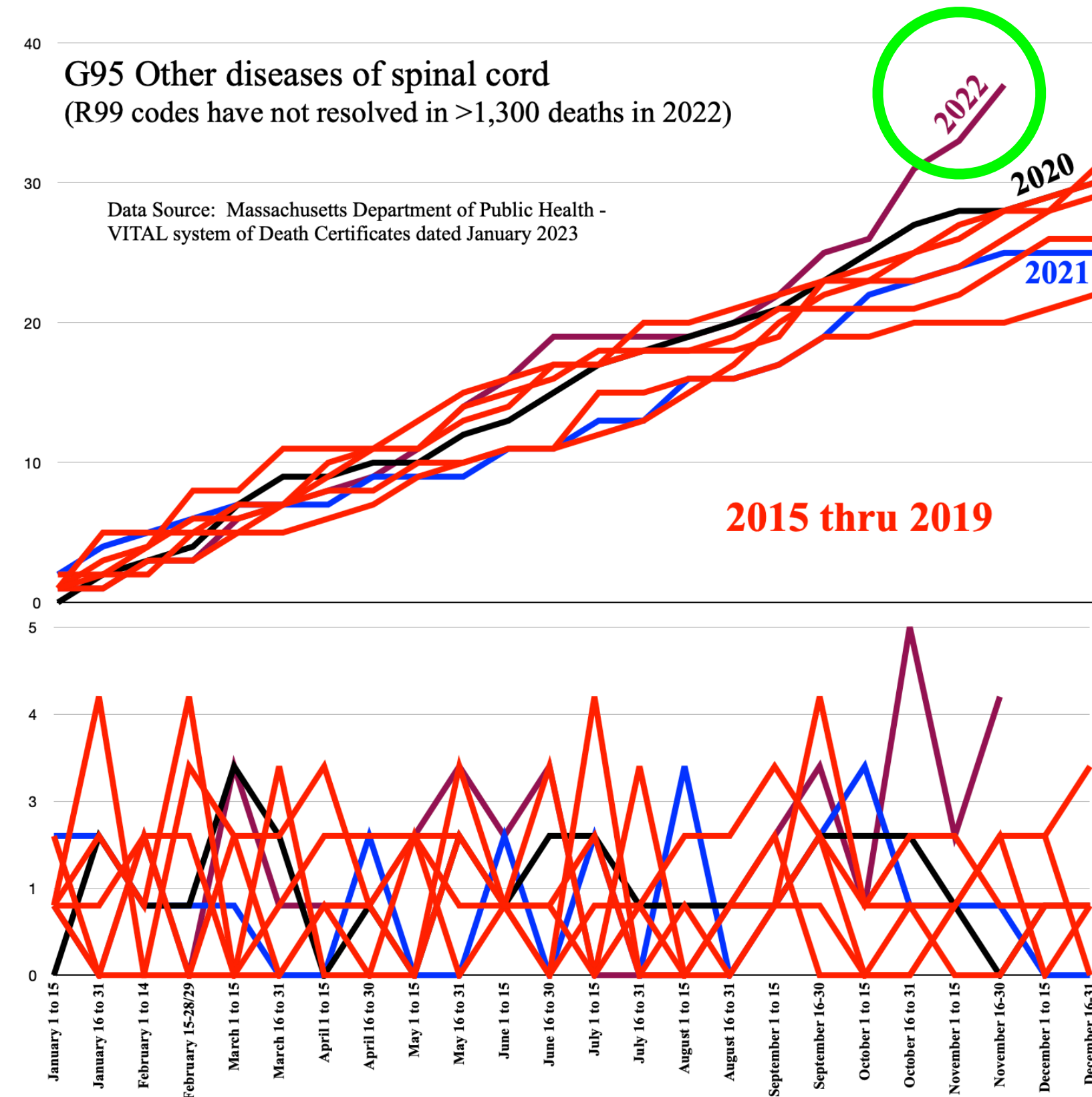
Period = Jan 1 thru November 30 of each year



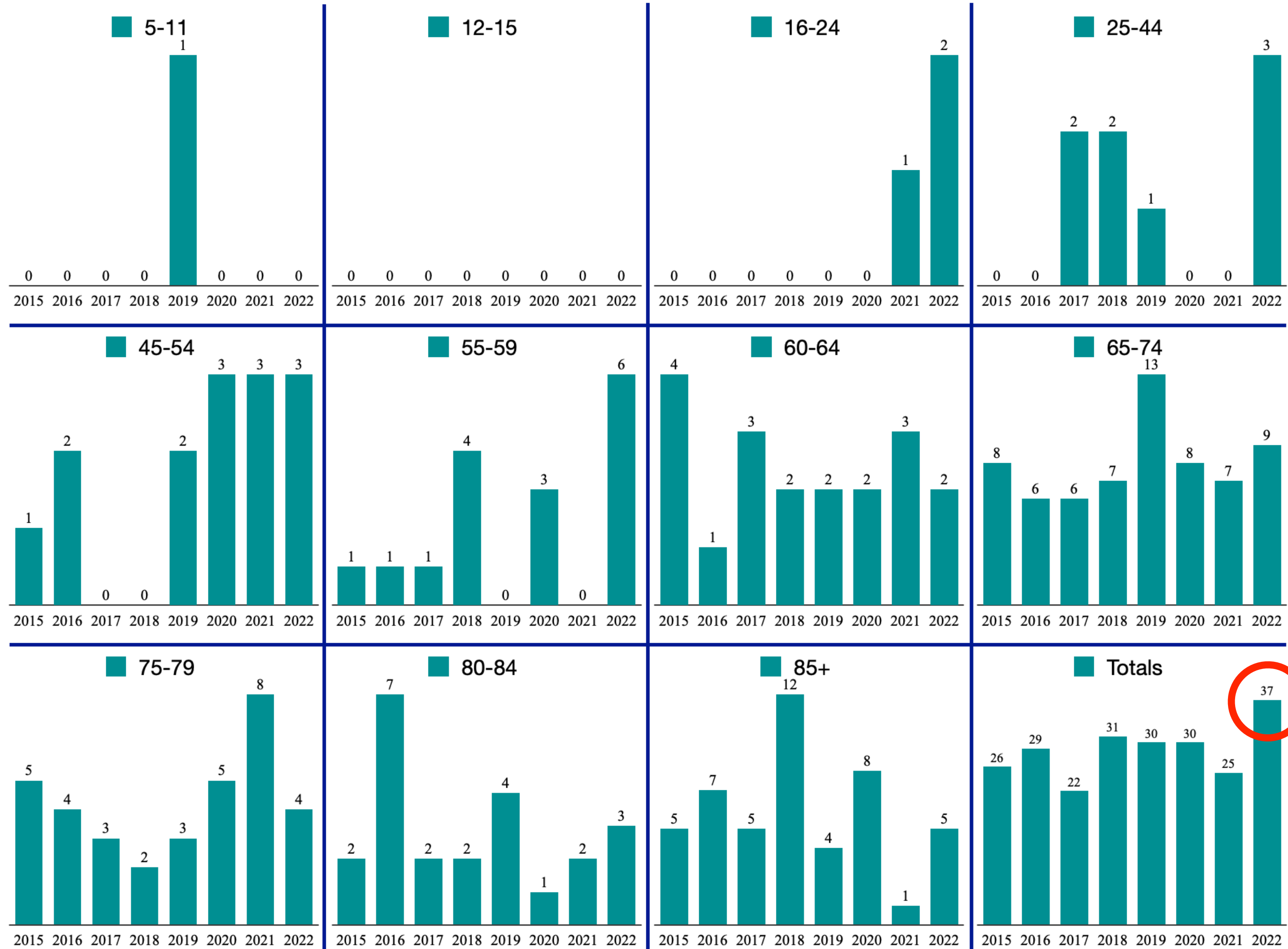
2015 2016 2017 2018 2019 2020 2021 2022

Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

~ 2 Excess Other diseases of spinal cord deaths from January 1, 2021 to November 30, 2022 in Massachusetts alone
 (21%) Excess in 2021
 31% Excess in 2022



G95 Other diseases of spinal cord



G95 Other diseases of spinal cord
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates
dated January 2023

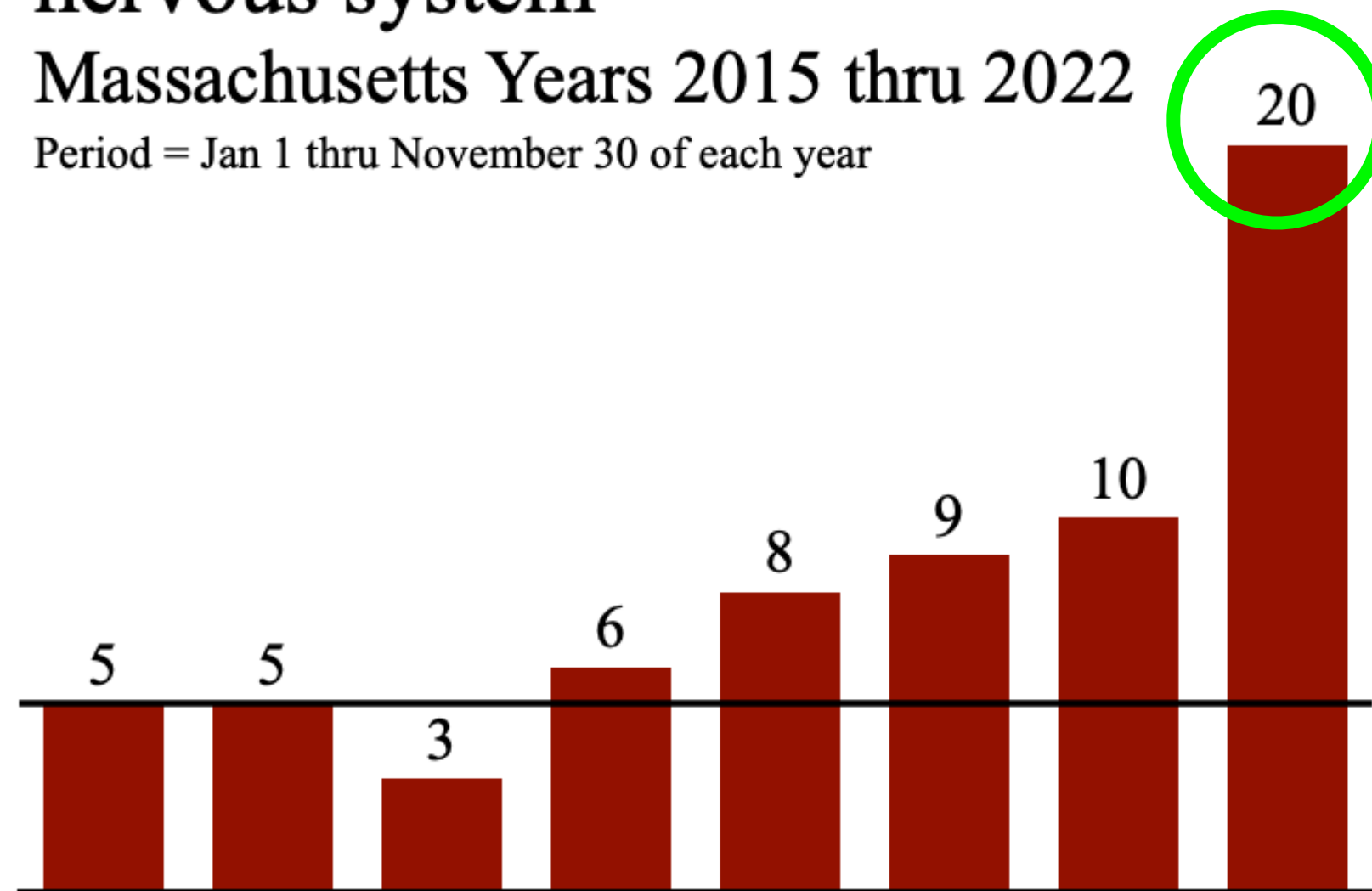
G96 Other disorders of central nervous system



G96 Other disorders of central nervous system

Massachusetts Years 2015 thru 2022

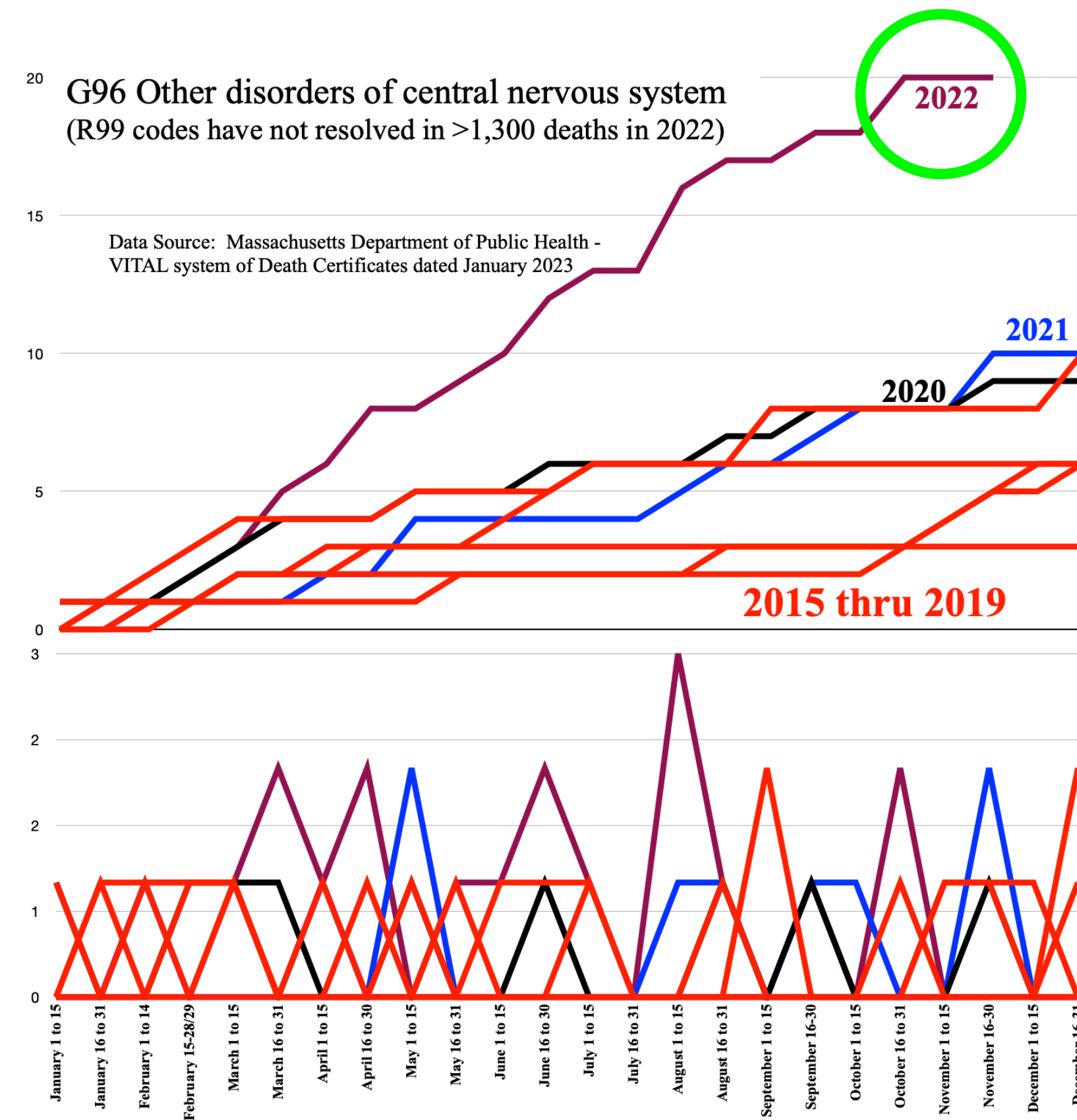
Period = Jan 1 thru November 30 of each year



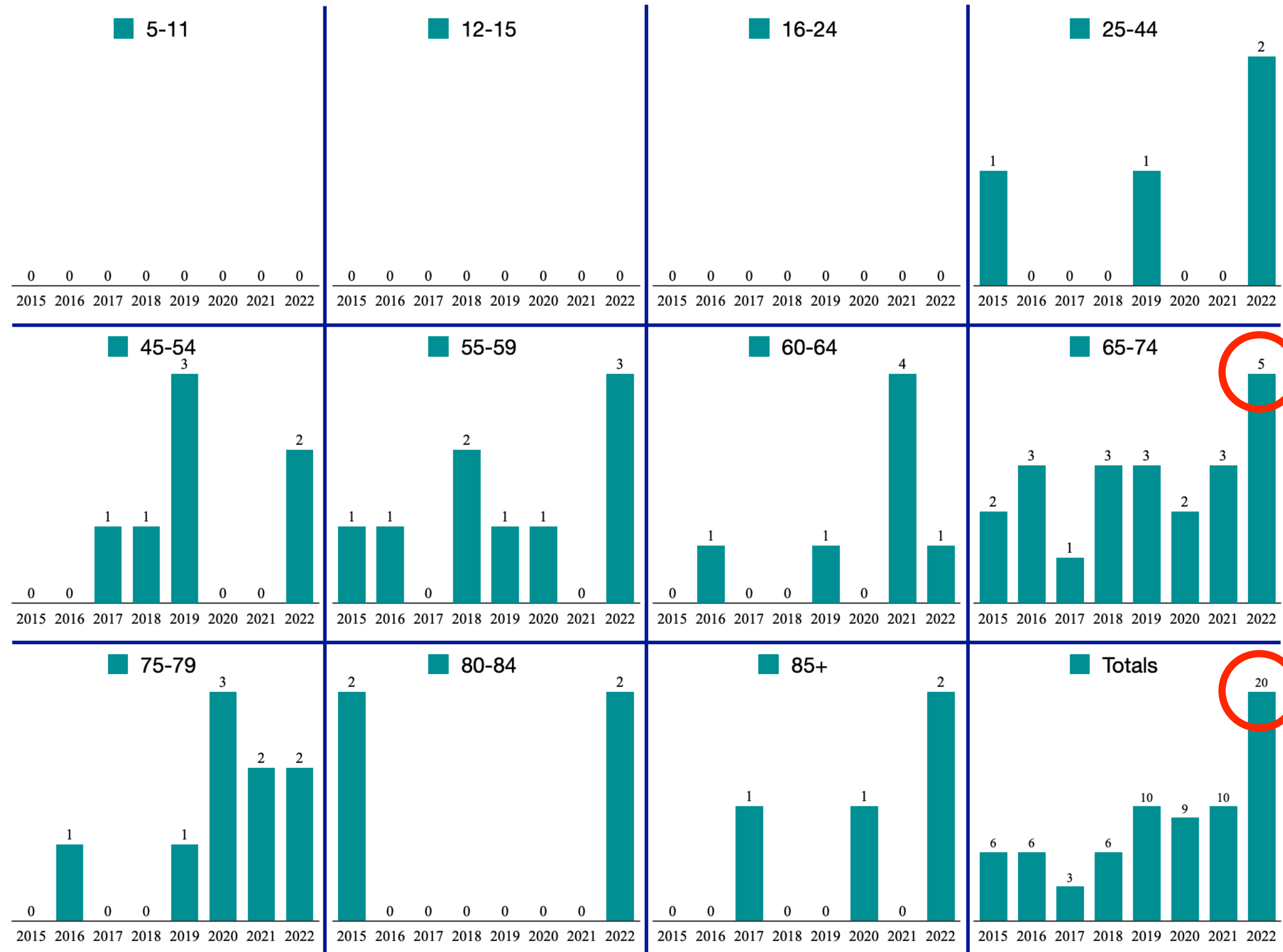
2015 2016 2017 2018 2019 2020 2021 2022

Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

~ 12 Excess Other disorders of central nervous system deaths from January 1, 2021 to November 30, 2022 in Massachusetts alone
 6% Excess in 2021
 125% Excess in 2022



G96 Other disorders of central nervous system



G96 Other disorders of central nervous system
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates
dated January 2023

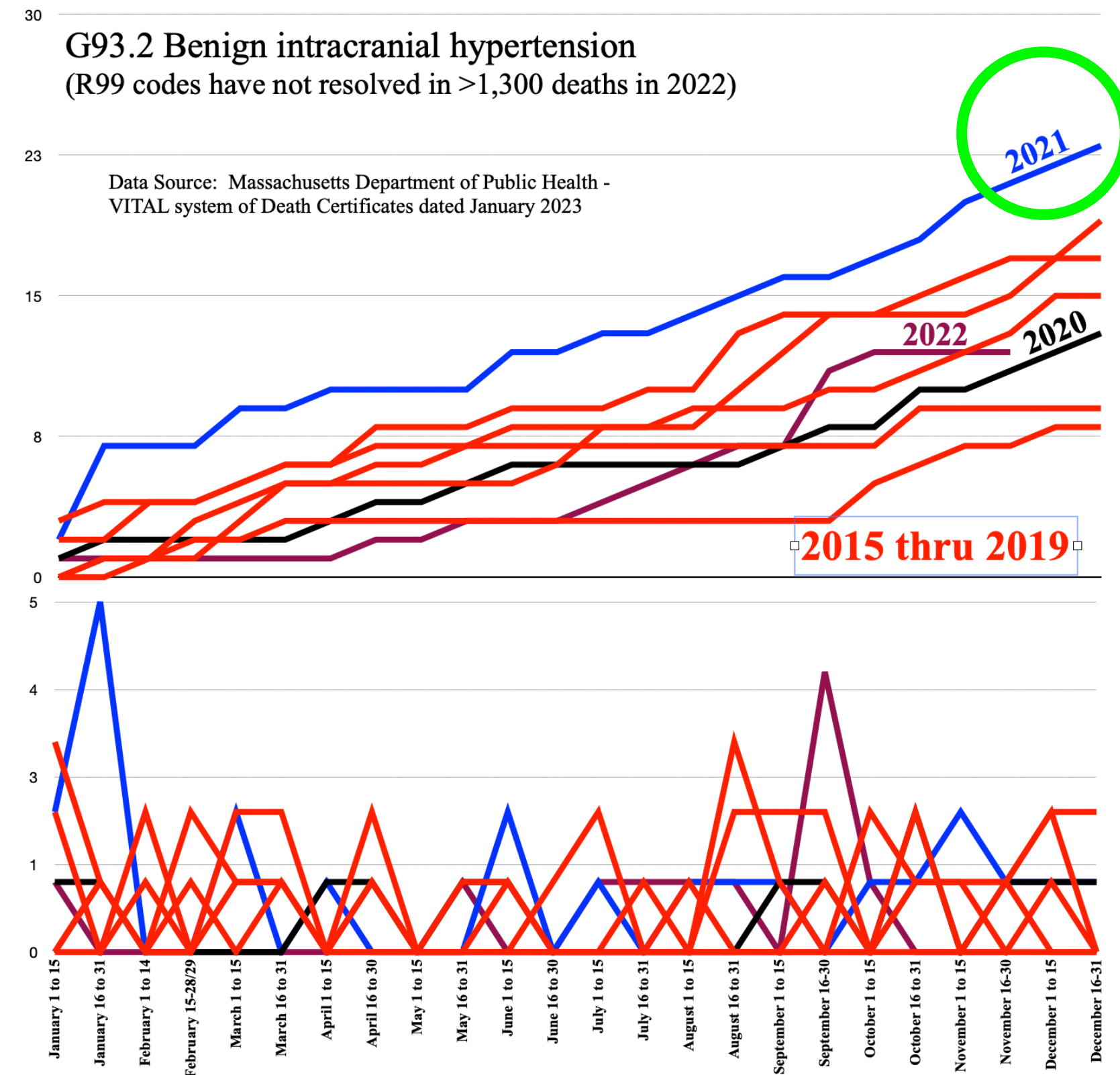
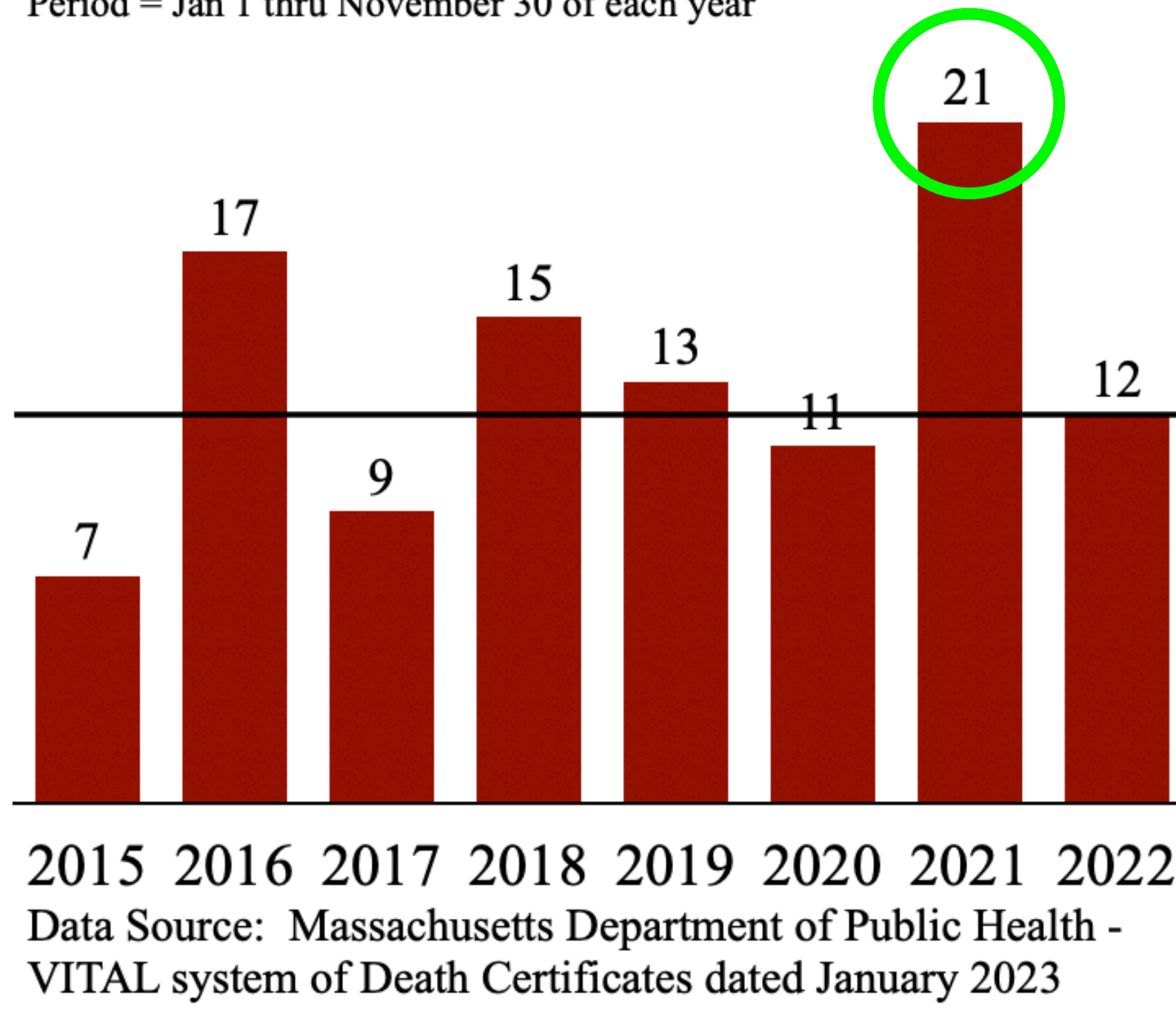
G93.2 Benign intracranial hypertension



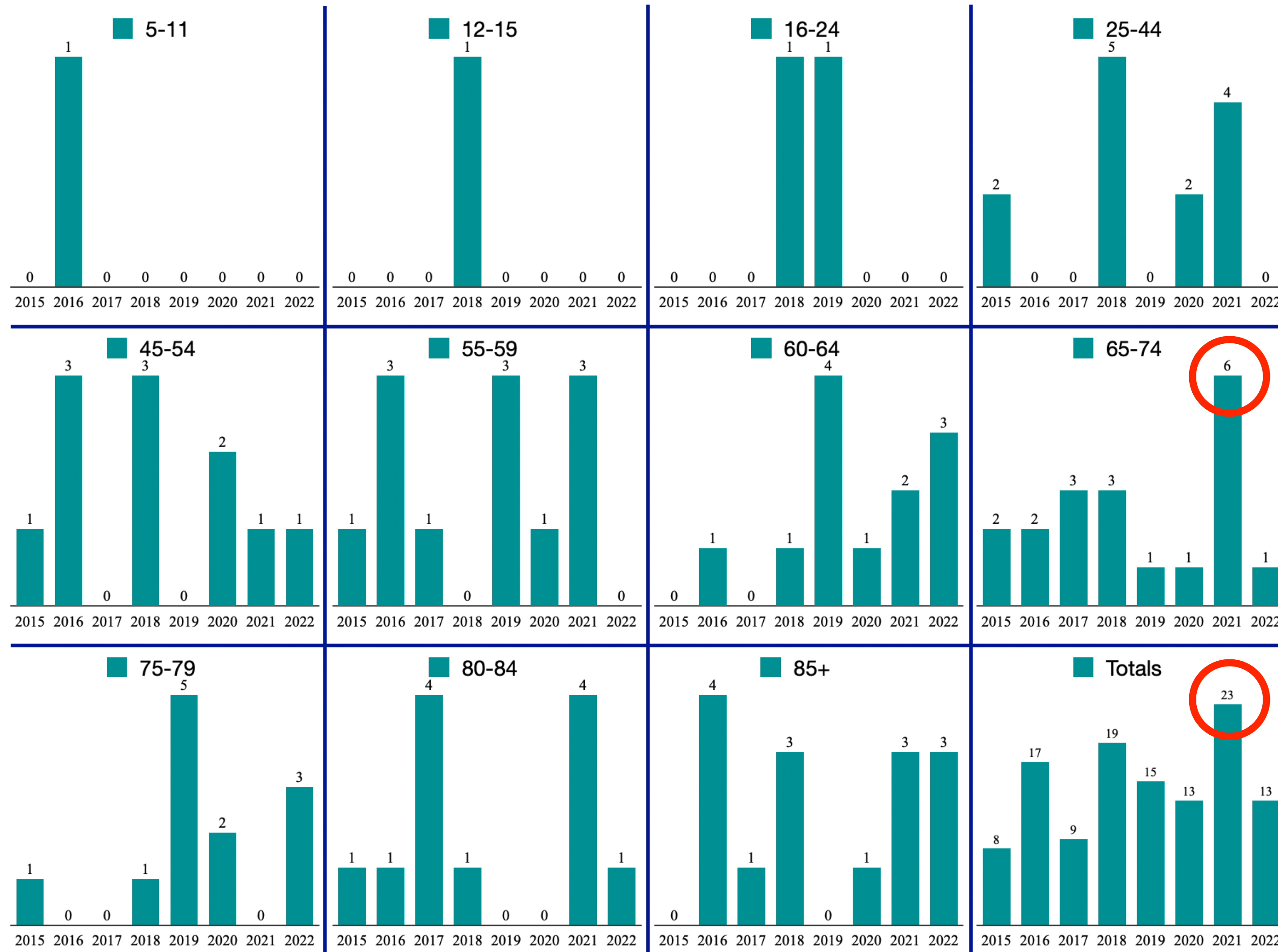
G93.2 Benign intracranial hypertension

Massachusetts Years 2015 thru 2022

Period = Jan 1 thru November 30 of each year



G93.2 Benign intracranial hypertension



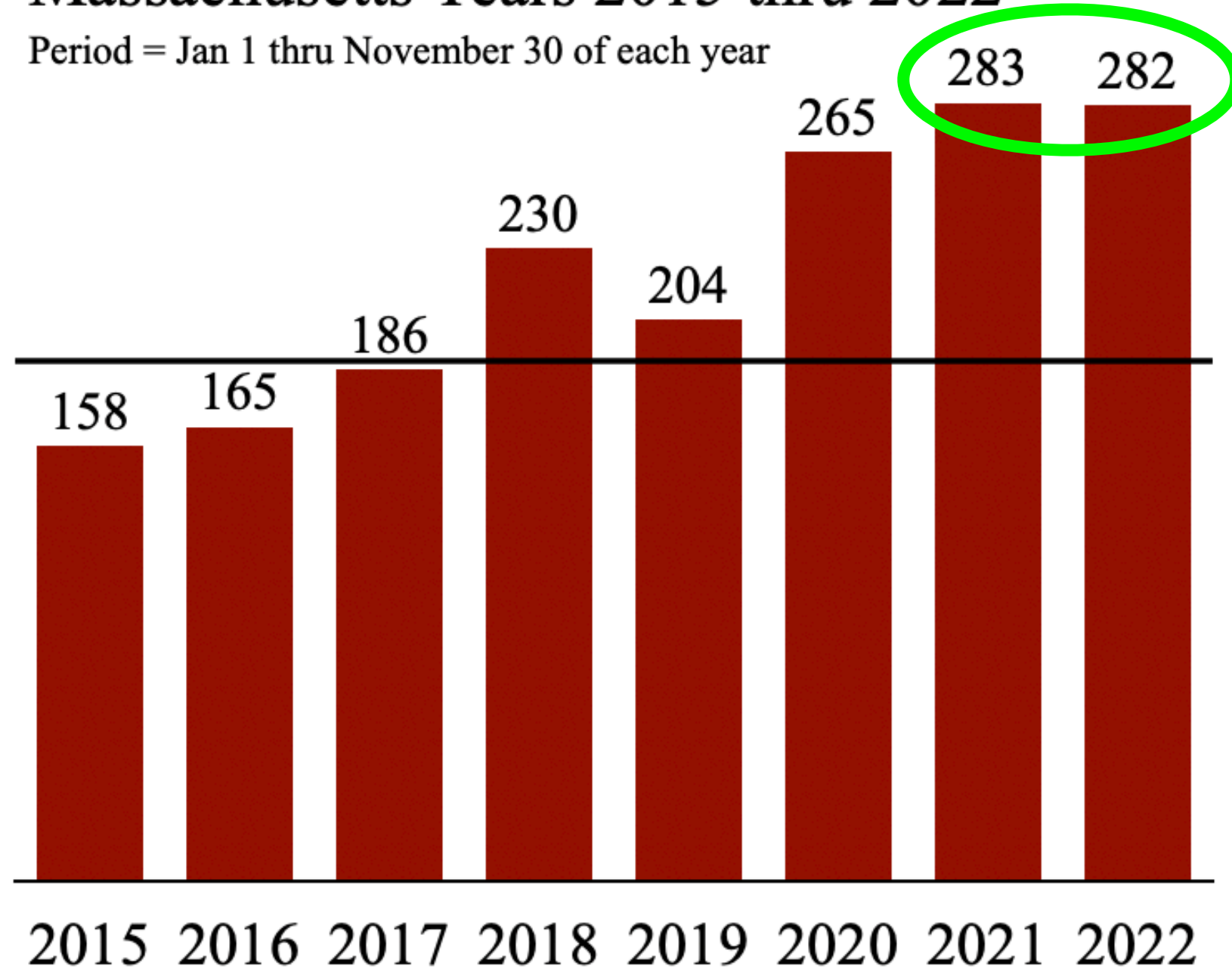
G93.2 Benign intracranial hypertension
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates
dated January 2023

G93.4 Encephalopathy, unspecified



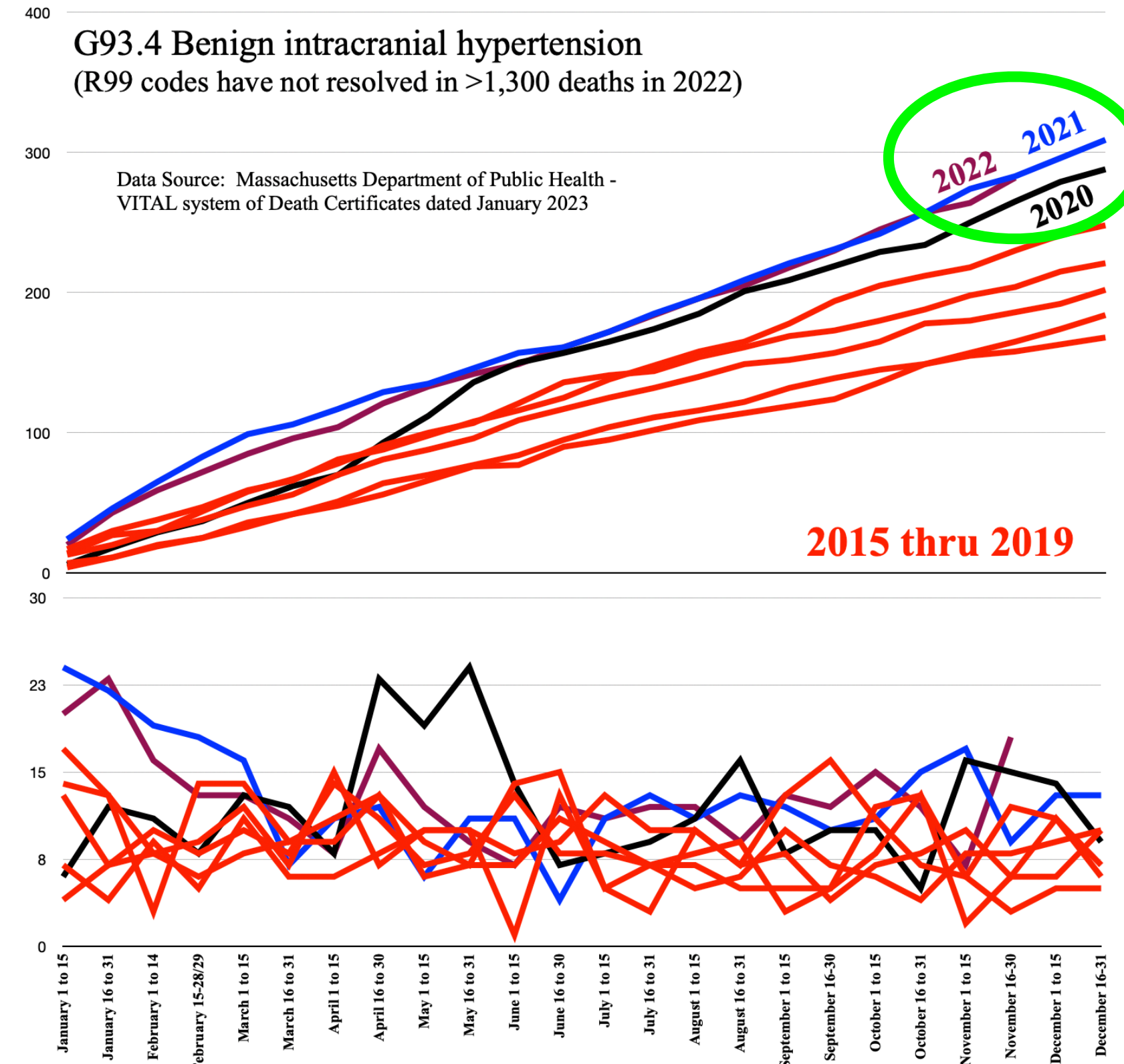
G93.4 Encephalopathy, unspecified Massachusetts Years 2015 thru 2022

Period = Jan 1 thru November 30 of each year



2015 2016 2017 2018 2019 2020 2021 2022
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

~ 51 Excess Encephalopathy deaths
from January 1, 2021 to November 30,
2022 in Massachusetts alone
13% Excess in 2021
6% Excess in 2022



G93.4 Encephalopathy, unspecified



G93.4 Encephalopathy, unspecified
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates
dated January 2023

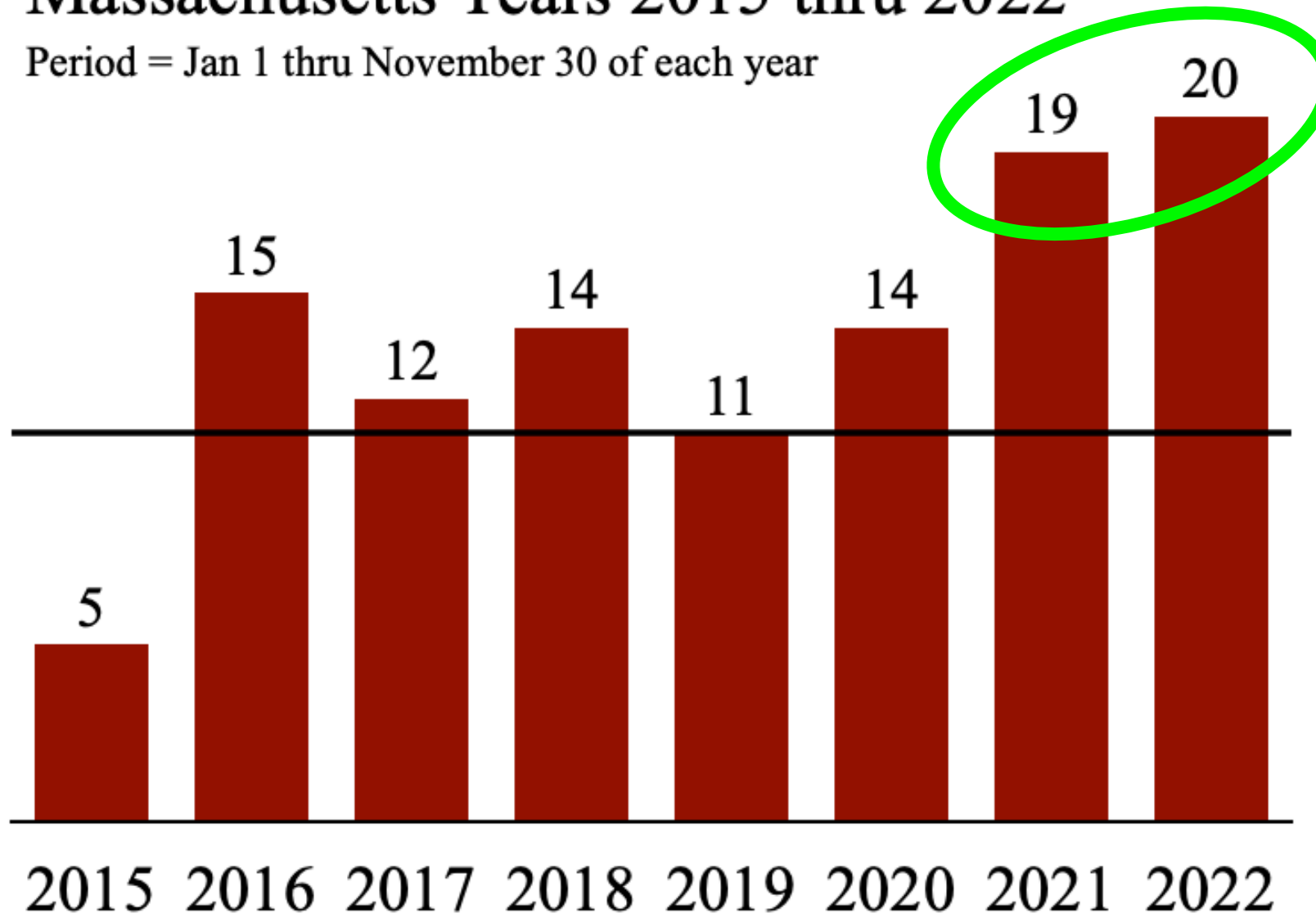
G93.8 Other specified disorders of brain



G93.8 Other specified disorders of brain

Massachusetts Years 2015 thru 2022

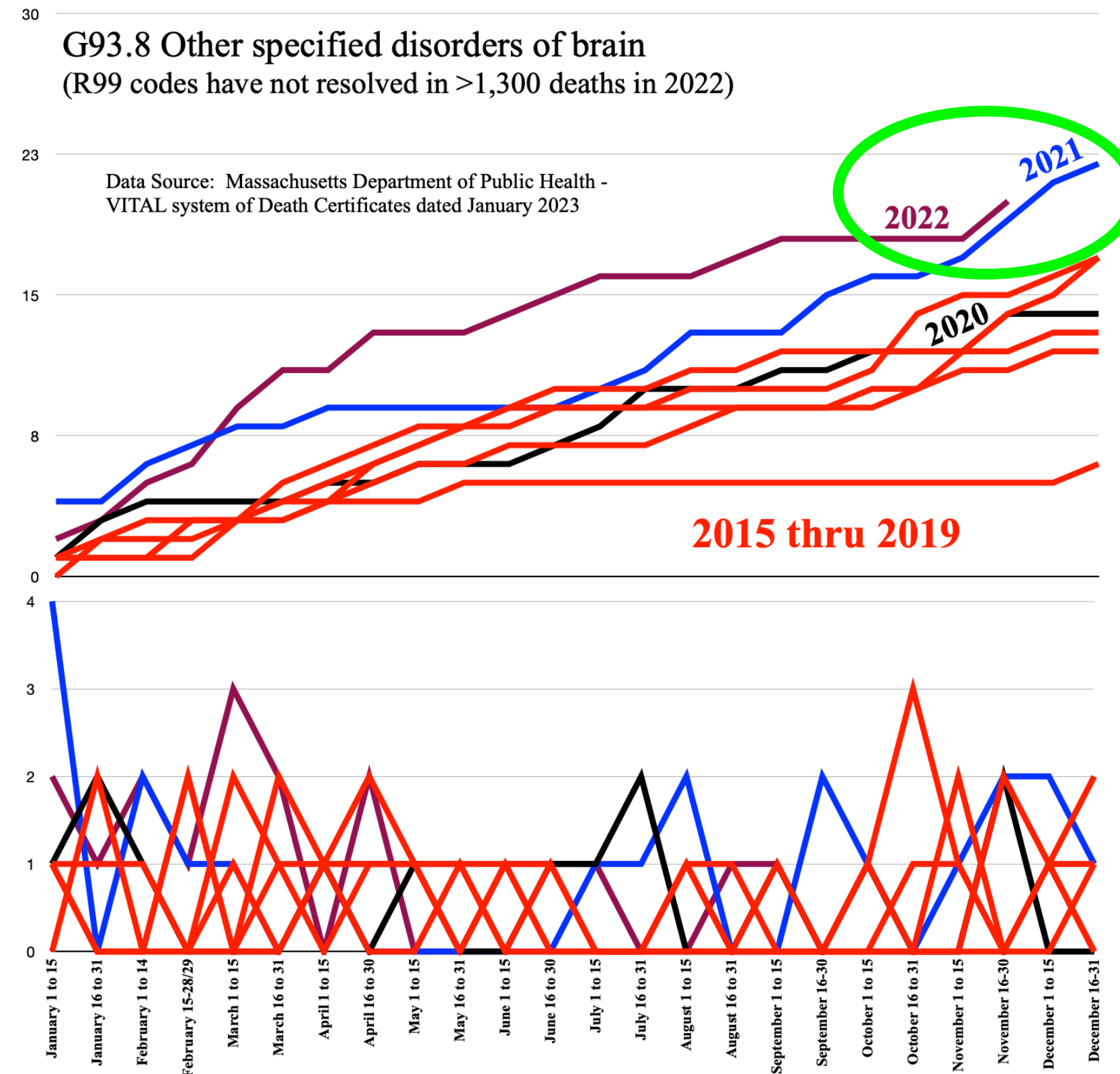
Period = Jan 1 thru November 30 of each year



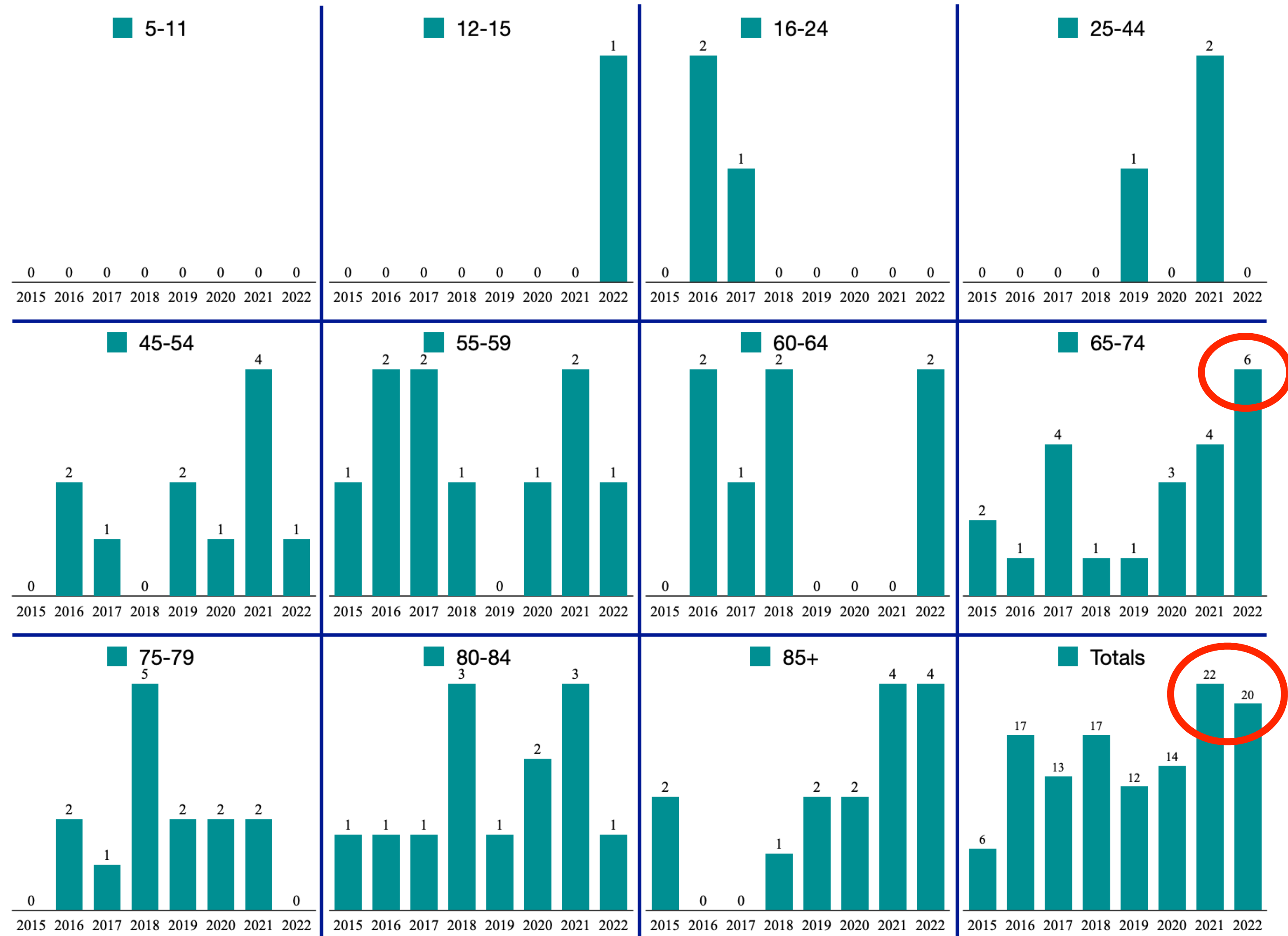
2015 2016 2017 2018 2019 2020 2021 2022

Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

~ 7 Excess Other brain disorders deaths from January 1, 2021 to November 30, 2022 in Massachusetts alone
 24% Excess in 2021
 18% Excess in 2022



G93.8 Other specified disorders of brain



G93.8 Other specified disorders of brain
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates
dated January 2023

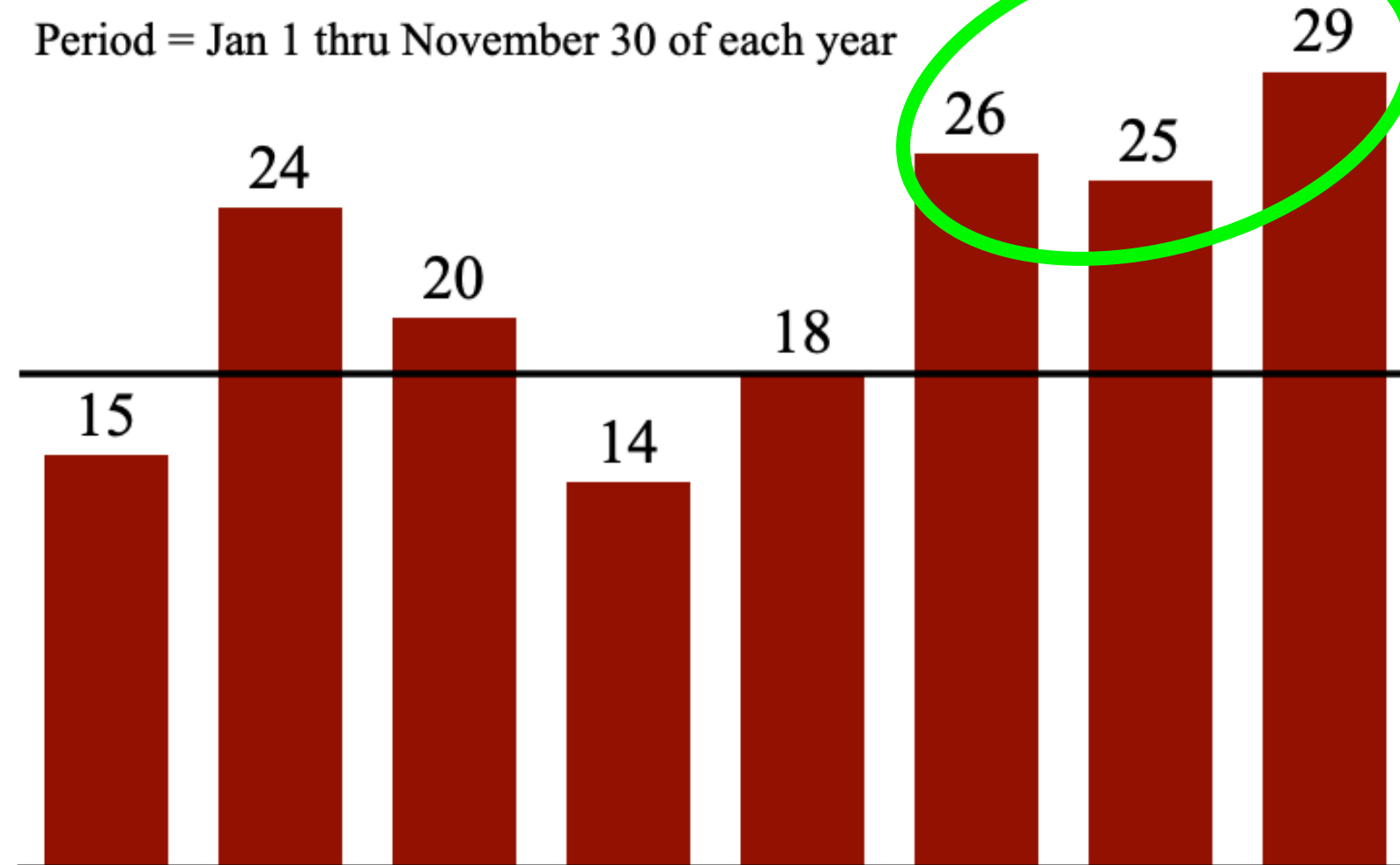
G93.9 Disorder of brain, unspecified



G93.9 Disorder of brain, unspecified

Massachusetts Years 2015 thru 2022

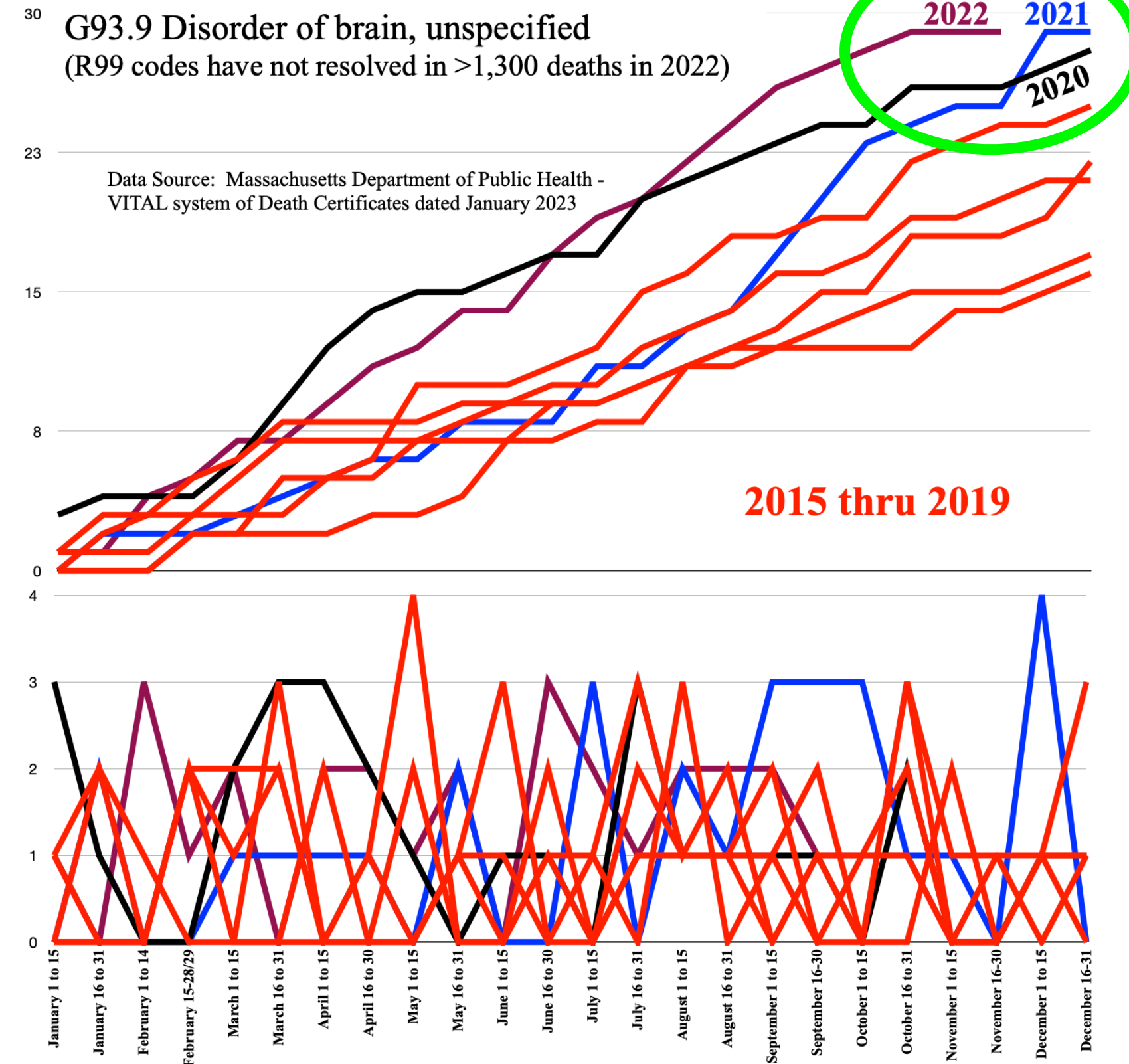
Period = Jan 1 thru November 30 of each year



2015 2016 2017 2018 2019 2020 2021 2022

Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates dated January 2023

~ 19 Excess Disorder of brain, unspecified deaths from January 1, 2021 to November 30, 2022 in Massachusetts alone
 41% Excess in 2021
 59% Excess in 2022



G93.9 Disorder of brain, unspecified



G93.9 Disorder of brain, unspecified
Data Source: Massachusetts Department of Public Health - VITAL system of Death Certificates
dated January 2023



Average age analysis

2020 COVID-19 Average age 80's

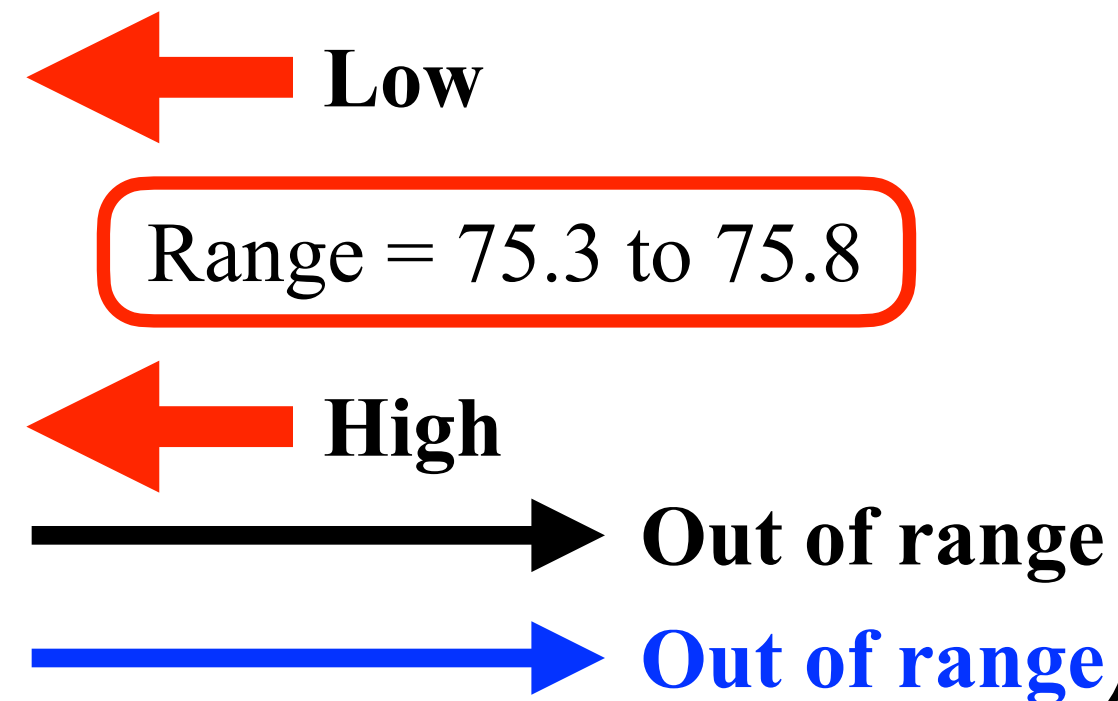
2021 COVID-19, Vaccine, Remdesivir Average age 60's

What age must the excess be, given actual vs trend?



Step 1 - Verify "out of range"

Year	Total Deaths	Avg Age
2015	58,757	75.7
2016	57,881	75.3
2017	59,738	75.6
2018	60,048	75.7
2019	59,616	75.8
2020	68,940	76.2
2021	63,948	75.0



In order for "Expected" to be "in-range" given Actual Total Deaths and Actual Average Ages, Excess deaths must be in the following age ranges:

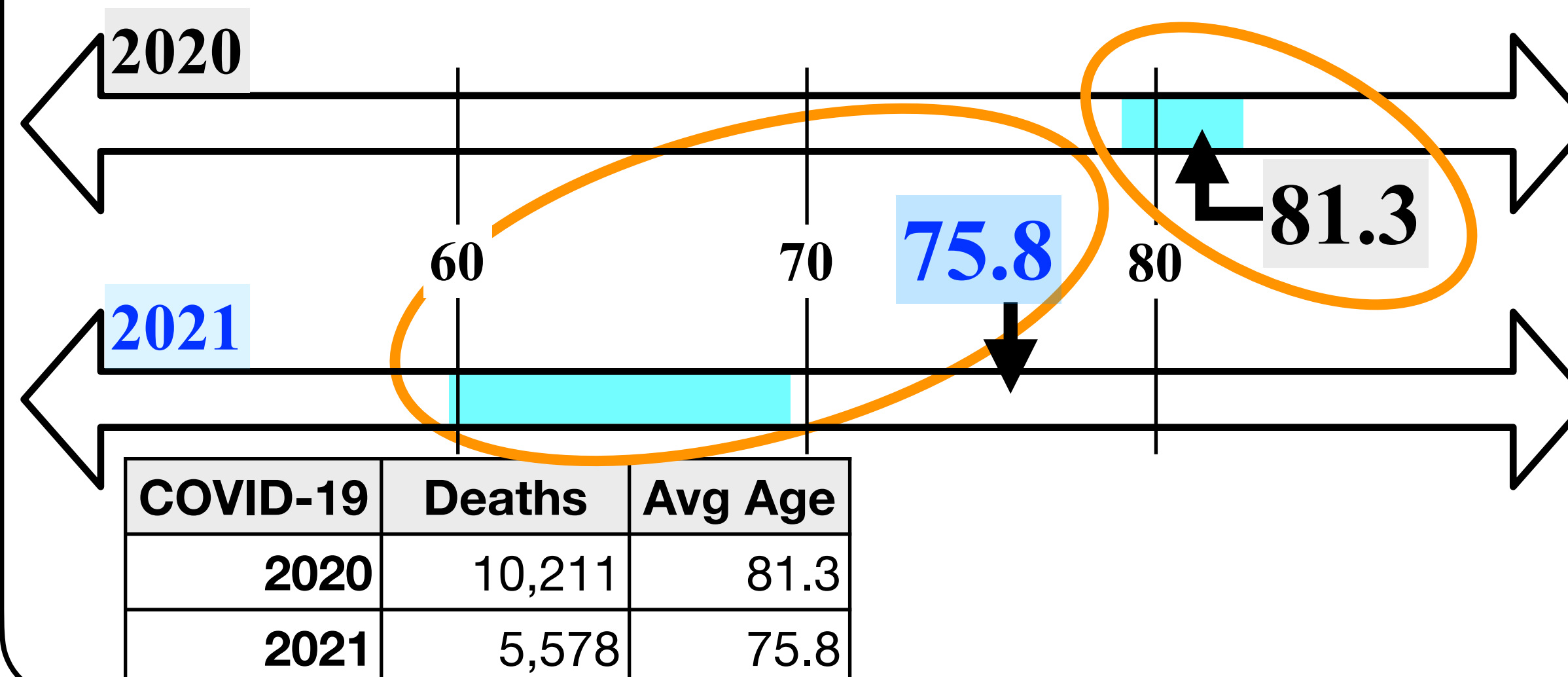
Step 3 - Compute Expected ages of Excess

Year	Lo	Hi
2020 Excess Expected Age	79.0	82.5
2021 Excess Expected Age	59.7	69.3

Step 2 - 2020 & 2021 Expected Totals

	Totals
2015-2019 Slope	389
2015-2019 Intercept	58,431
2020 Trend Expected	60,374
2021 Trend Expected	60,762
2020 Excess Deaths	8,567
2021 Excess Deaths	3,186

Step 4 - Compare with COVID-19 deaths



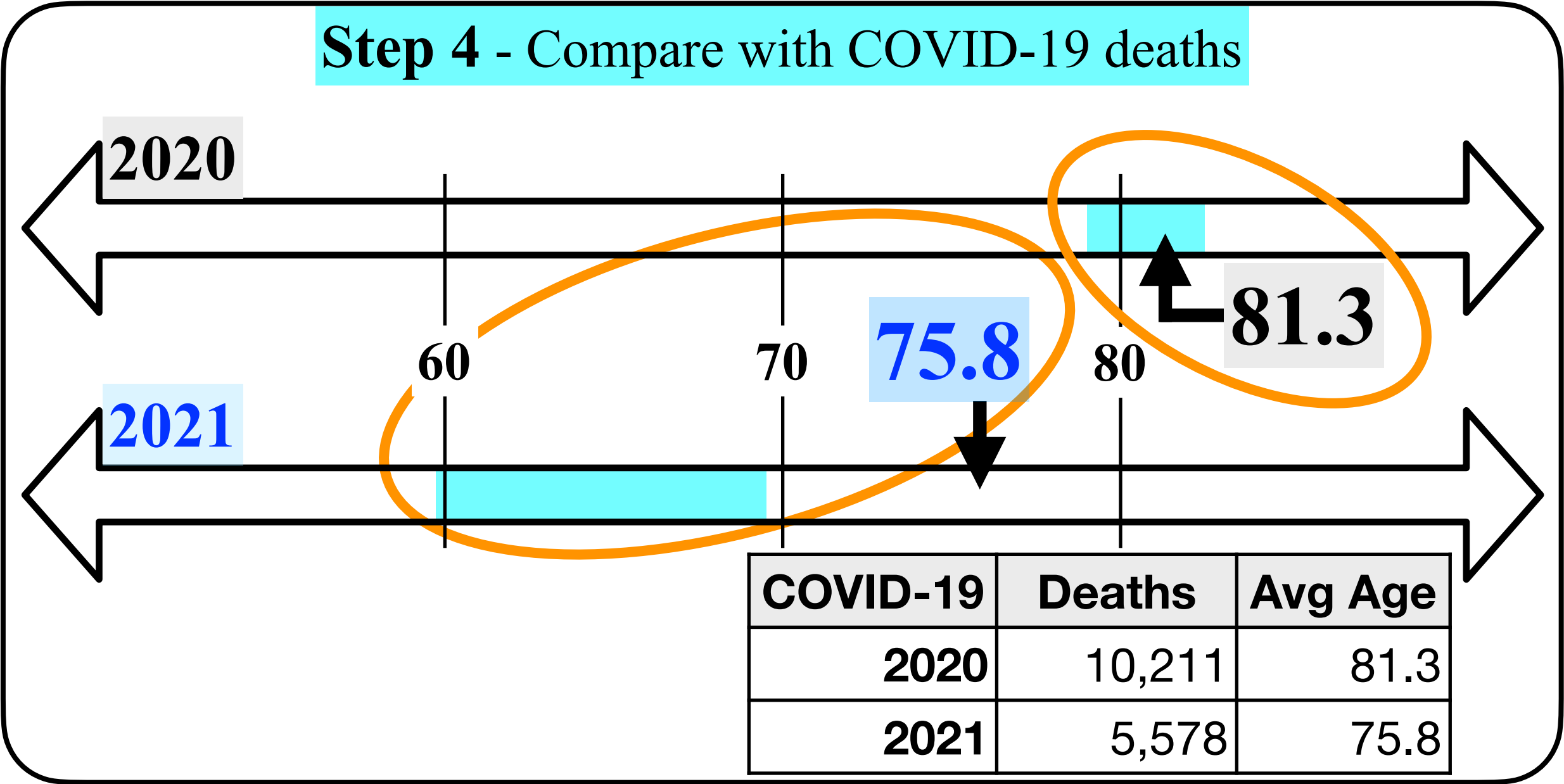
Average age of the excess deaths year over year



★ **2021 EXCESS died ~ 7 to 15 years younger**

COVID-19 2020 = perfectly in-range

COVID-19 2021 = wildly out-of-range



... it was as if scales had fallen from his eyes, and he received his sight

Summary - What happened?



... it was as if scales had fallen from his eyes, and he received his sight

The **Age Spectrum Profile** of a disease does **NOT** just change on a year boundary

The **Symptom Spectrum Profile** of a disease does **NOT** just change on a year boundary

2020 = Respiratory & Older

2021 = BLOOD & Younger

Ergo, “something” **NOT** SARS-COV-2
is the mechanism of excess death
in 2021 & 2022



EXHIBIT F

Examples & Summaries of Fraud and Vaccine Deaths

VAERS Record 2022-2038120

Year	2022	SEX	F	DATE_DIED	0	ONSET_DATE	01/15/2021
VAERS_ID	2038120	AGE_YRS	7	VAX_DATE	01/13/2021	TODAYS_DATE	01/15/2022
PRIOR_VAX	Severe nausea and vomiting from 5min post vaccination and for the next 8-10 hours						
SYMPTOM_TEXT							
Spiked a 103 fever, severe stomachache, has not had a bowel movement since the day before vaccination, which makes today 3 days without one. First vaccine caused severe nausea and vomiting from 5minutes post injection and for the next 8-10 hours.							
LAB_DATA; OTHER_MEDS; CUR_ILL; HISTORY							
None; None; None; None							



Was she vaccinated?

Is this the same person?

Relief sought includes access to the MIIS.

I believe that no one in the United States has had access to or correlated a state's IIS to death certificates. This is what I am asking for.

I will sign an NDA and work in a state office. I will not release names. But I am sure I will find more than 1,000 vaccine deaths in Massachusetts alone.

MA DPH Death Certificate 2022-5980

Year	2022	Cassidy 7
SFN_NUM	5980	
SEX	F	
DOD_4_FD	01/18/2022	
AGE1_CALC	7	
CODIA; INTIA; UNITA	COMPLICATIONS OF CORONAVIRUS-19 VIRAL INFECTION; ; DAYS	
CODIB; INTIB; UNITB	;;	
CODIC; INTIC; UNITC	;;	
CODID; INTID; UNITD	;;	
CONDII	FUNGAL AND BACTERIAL PLEURITIS	
	ASTHMA	
TRX_REC_AXIS_CD	U071 B49 J450 R091	

Vax to Onset = MINUTES

Summary of Pages 20-35

Strong Correlation of VAERS records to Death Certificates

DeathDate	SFN_NUMBER	AGE	SEX	Vax to Onset - Cause
12/31/2020	68777	72	M	ONE DAY - Heart Attack
03/06/2021	13110	60	F	ONE DAY - Cardiac Arrst
03/08/2021	13132	67	M	2 DAYS - Brain Bleed
03/15/2021	14781	70	F	SAME DAY - Resp. Failure
04/09/2021	18499	52	M	ONE DAY - Hemorrhage
04/12/2021	19179	54	M	3 DAYS - Arrhythmia
04/12/2021	20085	67	M	SAME DAY - CP Arrest
04/25/2021	21056	47	M	ONE DAY - Heart Attack
05/08/2021	23618	69	M	5 MINUTES - Card. Arrst
05/11/2021	25223	59	F	2 DAYS - Card.Resp.Arrst
05/25/2021	26053	53	M	HOURS - CLOTS
06/21/2021	30156	63	F	3 WEEKS - PE CLOT
10/23/2021	50161	70	F	ONE DAY - Card. Arrest
11/19/2021	55707	69	M	ONE DAY - Card. Arrest
01/12/2022	2551	86	F	JUST AFTER BOOSTER
02/24/2022	12822	59	M	2 WKS - PERICARDITIS

Another 20+ records follow these in the detailed records below. Some are ONE DAY onset times. Some are arrhythmia, clots, strokes, heart attacks.

• Beaudoin v Baker

- Docket # 1:22-cv-11356-NMG
- US District Court, District of MA
- **EXHIBIT F** page 4
- Summary of short “Vax to Onset” deaths in exhibit



Minutes or Days to Onset of Symptoms

- Heart attack
- Stroke
- Arrhythmia
- Bleeds
- Clots
- Carditis

Summary of Pages 69-77

Nine (9) Death certificates mention vaccination in text fields. ONE (1) has Y590 & T881 codes. Eight (8) omitted the codes and will not show up in CDC reports as vaccine-caused

DeathDate	SFN_NUMBER	AGE	SEX	Cause
01/16/2021	11199	60	M	Bronchopneumonia et al
"ACUTE BRONCHOPNEUMONIA AND IDIOPATHIC THROMBOCYTOPENIA FOLLOWING COVID-19 VACCINATION" in "DAYS" ONLY Y590 & T881 record				
02/13/2021	9150	84	F	Dementia, UTI, Delirium
"SECOND COVID VACCINATION WAS GIVEN 5 DAYS BEFORE DEATH AND SHE DEVELOPED FEVER AND MENTAL STATUS CHANGES SHORTLY AFTER GETTING IT."				
12/19/2021	12117	85	F	Sepsis, Aspiration et al
"RECEIVED SECOND COVID-19 VACCINE THE PRIOR WEEK"				
03/18/2021	15403	62	F	Hemorrhagic Stroke
"ACUTE INTRACRANIAL HEMORRHAGE IN THE SETTING OF THROMBOCYTOPENIA IN A PERSON TREATED WITH COVID 19 VACCINATION 11 DAYS PRIOR TO PRESENTATION" in "DAYS"				
03/19/2021	16835	67	F	Atherosclerosis et al
"... IN THE SETTING OF RECENT FENTANYL USE AND COVID-19 VACCINATION" when is "UNKNOWN"				
04/04/2021	17541	97	F	Cong. Heart Failure et al
"COVID 19 VACCINATION"				
04/16/2021	20283	59	F	Cardiac Arrhythmia
"COVID VACCINATION" in "2 DAYS"				
05/18/2021	25261	60	M	Cardiac Arrhythmia et al
"RECENT COVID-19 VACCINE ON DATE OF DEATH" ON DATE OF DEATH				
03/14/2022	14456	85	M	Cerebrovascular Dementia
"CEREBRAL VASCULAR DEMENTIA and GUILLAIN-BARRE SYNDROME AFTER VACCINATION" in "5 MOS."				

**Arrhythmia - Heart Failure - Thrombocytopenia
Hemorrhagic Stroke - Guillain Barré Syndrome**

• Beaudoin v Baker

- Docket # 1:22-cv-11356-NMG
- US District Court, District of MA
- **EXHIBIT F** page 5
- Summary of mentions of "vaccin" on death certificates, but not in ICD-10 Codes



Death certifier believed Vax contributed to death

- Heart attack
- Stroke
- Arrhythmia
- Bleeds/Clots
- Sepsis
- Guillain Barré

BEAUDOIN v BAKER et al (2022)

Docket No. 1:22-cv-11356-NMG

MA DPH Death Certificate 2021-15403

Year	2021	SFN_NUM	15403		
SEX	F	AGE	62	Date of Death	03/18/2021
CODIA; INTIA; UNITA	ACUTE INTRACRANIAL HEMORRHAGE IN THE SETTING OF THROMBOCYTOPENIA; -;				
CODIB; INTIB; UNITB	IN A PERSON TREATED WITH COVID 19 VACCINATION 11 DAYS PRIOR; -;				
CODIC; INTIC; UNITC	TO PRESENTATION; ; DAYS				
CODID; INTID; UNITD	;;				
CONDII	0				
TRX_REC_AXIS_CD	D696 I629				
Certifier Name	JULIE A. HULL	Certifier Lic#	278320		
Certifier Designation	MEDICAL EXAMINER				

If they investigated Diane's death in March 2021, maybe Brianna would be alive today.

If they investigated Brianna's death in April 2021, maybe Eden would be alive today.

If they investigated Eden's death, or Holly's, or her brother Dan's or Charles', or Abigail's, then maybe

CASSIDY AND PRESTON WOULD BE ALIVE TODAY

Brianna [REDACTED], **30yo**, died April 2021

- STROKE (from VAERS & Death Certificate)

Eden [REDACTED], **17yo**, died June 2021

- STROKE (from VAERS & Death Certificate)

Holly [REDACTED], **42yo**, died Sept 2021 (Holly's brother Dan Earley, 37yo, died June 2021 unexpectedly)

- INTERNAL BLEEDING (from local anecdote; but Death Certificate states U071 "COVID-19" as cause of death)

Charles [REDACTED], **48yo**, died Nov 2021

- Died in his sleep < 24hrs after vaccination (from personal contact; but Death Certificate states U071 "COVID-19")

Abigail [REDACTED], **20yo**, died Dec 2021

- MYOCARDITIS (from news, obituary & Death Certificate)

Cassidy [REDACTED], **7yo**, died Jan 2022

- GI shutdown - minutes to onset, days to painful death (from news, obituary, VAERS record & Death Certificate)

Preston [REDACTED], **15yo**, died Feb 2022

- CARDIOMYOPATHY (prior heart condition) **Was he vaccinated? If so, when? And if so, how long would he have lived with his heart condition but for vaccination?**

Brianna received vax 12 days after Diane died



VAERS Record 2021-1368271

Year	2021	SEX	F	DATE_DIED	04/15/2021	ONSET_DATE	04/02/2021
VAERS_ID	1368271	AGE_YRS	30	VAX_DATE	03/30/2021	TODAYS_DATE	06/02/2021
PRIOR_VAX	0						
SYMPTOM_TEXT							
<p>On April 15th, the otherwise healthy 30 year old daughter of my cousin passed away in a hospital from a massive stroke and seizures related to encephalitis of unknown cause. She recovered easily from Covid19 back in November of 2020, along with several of her close friends and family members with no lingering effects. On March 30th, she was given a single dose of the Moderna vaccine along with her teaching colleagues at a local high school. She initially complained of mild nausea and vomiting but quickly developed a severe headache prompting her to visit the local ER where she received treatment for a migraine. She returned to the ER at least one more time after no relief from the headache. By April 3rd, Saturday, she no longer recognized her sister nor knew what a mask was for. Her family rushed her again to the same ER and she was subsequently transferred the following day to a Hospital. Due to dangerously high intracranial pressure, she suffered a stroke with paralysis of her left side and a seizure. Multiple lesions were noted on her brain via MRI. A shunt was inserted to relieve the pressure, she was intubated and placed into a deep coma from which she would never awaken. Despite these medical interventions and pharmacological interventions, the pressure did not subside. A craniotomy was performed the following Saturday as a last ditch effort to relieve the unrelenting pressure in her brain. The craniotomy was able to reduce the pressure but it was too late. There was no longer any brain activity and my cousin's daughter was removed from life support after they were able to say their goodbyes. The medical examiner will be examining her brain to attempt to find a cause but that report may take 6 months.</p>							
LAB_DATA; OTHER_MEDS; CUR_ILL; HISTORY							
MRI, LP, intubation, medically induced coma, shunt, craniotomy; ; ; Hx of positive Covid 19 test and illness in November 2020 with full recovery							

MA DPH Death Certificate 2021-19578

Year	2021	Brianna 30
SFN_NUM	19578	
SEX	F	
DOD_4_FD	04/15/2021	
AGE1_CALC	30	
CODIA; INTIA; UNITA	NONTRAUMATIC CEREBRAL HERNIATION; ; DAYS	STROKE
CODIB; INTIB; UNITB	ISCHEMIC STROKE; ; DAYS	
CODIC; INTIC; UNITC	COVID-19; ; MOS.	
CODID; INTID; UNITD	::	
CONDII	0	
TRX_REC_AXIS_CD	U071 G935 I64	

But for the purposeful omission of C19 vaccine, by medical examiners, as causes of death, in prior death certificates, danger would have been known, coercion to vaccinate would have ebbed, and this 30yo daughter, friend, and teacher would be alive today.

Instead, the medical examiner fraudulently added "COVID-19" as a cause of death, when clearly it was not, thus creating more fear, that drove more injections, resulting in more deaths, including minor children, which is shown in this EXHIBIT.

VAERS Record 2021-1388042

Year	2021	SEX	F	DATE_DIED	0	ONSET_DATE	06/07/2021
VAERS_ID	1388042	AGE_YRS	17	VAX_DATE	05/23/2021	TODAYS_DATE	06/10/2021
PRIOR_VAX	0						
SYMPTOM_TEXT							
Patient had massive acute intracranial hemorrhage. Was found down in bathroom. In ED CT scan showed large intraventricular hemorrhage, EVD placed, patient progressed to massive brain swelling and infarctions, decompressive craniectomy, unable to control intracranial pressure, parents agreed to DNR status and patient is not expected to survive.							
LAB_DATA; OTHER_MEDS; CUR_ILL; HISTORY							
CT scans 6/7 and 6/8; None; Headache started around 3 weeks prior to event that delayed dose of second vaccine. Headache was very severe and she saw PCP for it twice and it lasted a week. It then resolved and she got her second vaccine.; None except obesity with BMI 39							




MA DPH Death Certificate 2021-29067

Year	2021	Eden 17
SFN_NUM	29067	
SEX	F	
DOD_4_FD	06/11/2021	
AGE1_CALC	17	
CODIA; INTIA; UNITA	COMPLICATIONS OF CEREBRAL VENOUS SINUS THROMBOSIS; UNKNOWN;	
CODIB; INTIB; UNITB	;;	
CODIC; INTIC; UNITC	;;	
CODID; INTID; UNITD	;;	
CONDII	0	Massive STROKE
TRX_REC_AXIS_CD	G08	

Eden received vax 5 weeks after Brianna died

Fatal Post COVID mRNA-Vaccine Associated Cerebral Ischemia

The Neurohospitalist
2022, Vol. 0(0) 1–3
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Abstract

Background: Venous thromboses have been linked to several COVID-19 vaccines, but there is limited information on the Moderna vaccine's effect on the risk of arterial thrombosis. Here we describe a case of post-Moderna COVID-19 vaccination arterial infarct with vaccine-associated diffuse cortical edema that was complicated by refractory intracranial hypertension. **Case Summary:** 24 hrs after receiving her first dose of the Moderna COVID-19 vaccine, a 30-year-old female developed severe headache. Three weeks later she was admitted with subacute headache and confusion. Imaging initially showed scattered cortical thrombosis with an elevated opening pressure on lumbar puncture. An external ventricular drain was placed, but she continued to have elevated intracranial pressure. Ultimately, she required a hemicraniectomy, but intractable cerebral edema resulted in her death. Pathology was consistent with thrombosis and associated inflammatory response. **Conclusion:** Though correlational, her medical team surmised that the mRNA vaccine may have contributed to this presentation. The side effects of COVID-19 infection and vaccination are still incompletely understood. Though complications are rare, clinicians should be aware of presentations like this one.

Fatal Post COVID mRNA-Vaccine Associated Cerebral Ischemia



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Abstract

Background: **Venous thromboses have been linked to several COVID-19 vaccines**, but there is limited information on the Moderna vaccine's effect on the risk of arterial thrombosis. Here we describe a case of post-Moderna **COVID-19 vaccination arterial infarct** with vaccine-associated diffuse cortical edema that was complicated by refractory intracranial hypertension.

Case Summary: **24 hrs after receiving her first dose** of the Moderna COVID-19 vaccine, a **30-year-old female** developed **severe headache**. Three weeks later she was admitted with subacute headache and confusion.

Fatal Post COVID mRNA-Vaccine Associated Cerebral Ischemia



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Case Presentation

A 30-year-old woman with **prior asymptomatic COVID-19** infection **three months earlier** developed **severe, throbbing bi-frontal headache 24-hours after first dose** of the mRNA COVID-19 vaccine (Moderna). The headaches were atypical, prompting evaluation by her primary care provider and three emergency department visits where vital signs and neurologic examinations were normal. She had a history of class I obesity, but no prior headaches.

More like 4.5 months - Nov to March

Fatal Post COVID mRNA-Vaccine Associated Cerebral Ischemia



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Discussion

The diffuse **endothelial damage and vessel wall inflammation** seen on pathology suggested an underlying **pro-thrombotic state** and **T cell inflammatory response**. **A number of case reports have demonstrated cerebral venous sinus thrombosis and systemic thromboses post-COVID-19 vaccination.** While this patient did not have CVST, CVST has been previously associated with COVID-19 vaccination where **thrombocytopenia is frequent** and termed ‘vaccine-induced prothrombotic immune thrombocytopenia’ (VIPIT)

Like Eden 5 wks later

Like Diane 2 wks earlier

Fatal Post COVID mRNA-Vaccine Associated Cerebral Ischemia



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In summary, administration of COVID-19 vaccine was considered a

possible cause of the extensive multifocal arterial thromboses with associated inflammatory response and elevated intracranial pressure given the temporal association. The mechanism for initial elevation in intracranial pressure is not known but may relate to cerebral autoregulatory changes in the setting of cortical microvascular thrombosis. Review of the medical literature and **vaccine adverse event reporting system (VAERS)** produced **no similar cases**, suggesting the condition is **extremely rare**, but a potentially fatal vaccine-associated event.

This word “**possible**” is not in the draft version.

From Draft:

We are unaware of any similar published reports or descriptions in the ... [CDC] ... VAERS, suggesting continued surveillance of post-vaccine adverse events is critically important.

They **know to surveil** VAERS, but **did not enter the case** into VAERS, though they have a **legal duty** to do so

Doctors aware of VAERS, but extended family entered report 6 weeks later because doctors failed to do so



12yo Girl

Color Schemes (Before/After):
 Red/Green Yellow/Blue Orange/Purple Dark Red/Blue

First Appeared on 2/17/2023

6 mo.s late

VAERS ID: 2582749 Vaccinated: 2022-08-03
VAERS Form: 2 Onset: 2022-08-30
Age: 12.0 Submitted: 0000-00-00
Sex: Female Entered: 2023-02-15
Location: Massachusetts



Vaccinated 8/3/2022



Entered in VAERS 2/2/2023

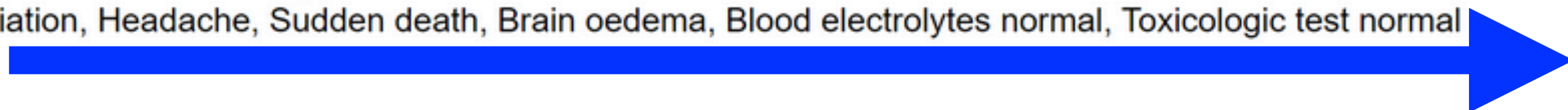
Vaccination / Manufacturer (4 vaccines)	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FN2908 / 3	LA / -
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	I780876 / 1	RA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U7294AB / 1	LA / IM
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C5963AA / 1	LA / IM

~~WRONG~~ Onset 8/30/2023

Administered by: Private Purchased by: ??

Symptoms: Brain herniation, Headache, Sudden death, Brain oedema, Blood electrolytes normal, Toxicologic test normal

Life Threatening? No



Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-08-30

Permanent Disability? No

Recovered? No

Office Visit (V2.0)? No

ER or Office Visit (V1.0)? No

ER or ED Visit (V2.0)? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Sertraline, Topiramate, Ibuprofen

Current Illness: Hx Migraine, Depression, ADD, Asthma

Preexisting Conditions: Hx Migraine, Depression, ADD, Asthma

Allergies: NKDA

Diagnostic Lab Data: Negative tox screen Electrolytes nl for episode

CDC 'Split Type':

Write-up: Sudden Death after a headache episode Post shows Cerebellar tonsillar and bilateral uncal herniation in the setting of "mild" cerebral edema No fever No rash

Died? Yes

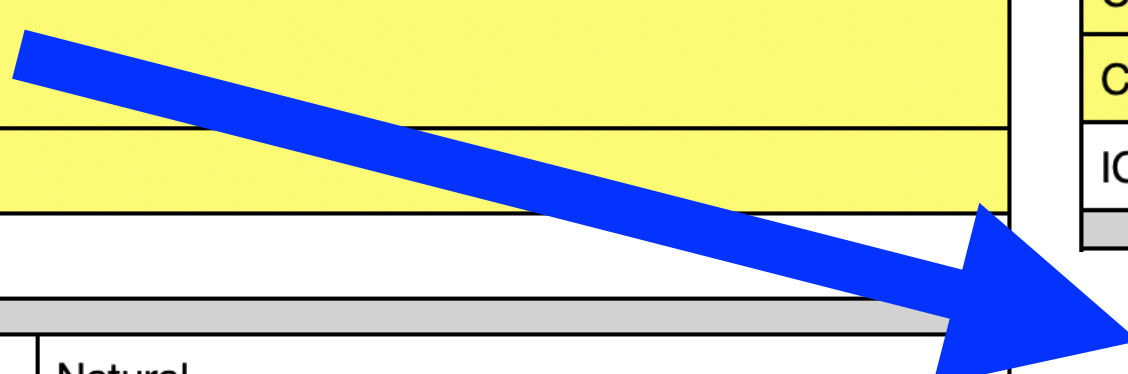
“Sudden Death after a headache episode
Cerebellar tonsillar and bilateral uncal herniation
in the setting of “mild” cerebral edema ...”



Year	Sex	Certifier Name	MANNER_L
SFN_NUM	Age	Date of Death	AUTOPSY AVAILABLE
CODIA, CODIB, CODIC, CODID; CONDII			
Cause categories (ICD-10 Codes)			
2022	F	ELIZABETH ERNSTBERGER	Natural
29323	12	06/10/2022	N
Cause A: RESPIRATORY FAILURE; Time from Onset 2MOS.			
Cause B: NEURODEGENERATIVE DISEASE; Time from Onset 10YRS.			
Cause C: IMMUNE DYSREGULATION DISORDER; Time from Onset 10YRS.			
Cause D: ; Time from Onset			
Conditions Contributing: EPILEPSY, G TUBE DEPENDENCE, HYDROCEPHALUS			
ICD-10 Codes: G319 D898 G409 G919 J969 K902			
2022	F	MICHELE N. MATTHEWS	Natural
42316	12	08/29/2022	Y
Cause A: SUDDEN CARDIAC DEATH IN A PERSON WITH DILATION OF THE FRONTAL; Time from Onset -			
Cause B: HORNS OF THE LATERAL VENTRICLES, CEREBRAL EDEMA, AND; Time from Onset -			
Cause C: CEREBELLAR TONSILLAR AND BILATERAL UNCAL HERNIATION; Time from Onset UNKNOWN			
Cause D: ; Time from Onset			
Conditions Contributing:			
ICD-10 Codes: G938 G935 G936 I461			
2022	F	ANDREW ELIN	Natural
46448	12	09/03/2022	Y
Cause A: PROBABLE SEIZURE; Time from Onset UNKNOWN			
Cause B: ; Time from Onset			
Cause C: ; Time from Onset			
Cause D: ; Time from Onset			
Conditions Contributing: EPILEPTIC ENCEPHALOPATHY (GABRB2 MUTATION), ASTHMA			
ICD-10 Codes: G409 G934 J459 R568			

Year	Sex	Certifier Name	MANNER_L
SFN_NUM	Age	Date of Death	AUTOPSY AVAILABLE
CODIA, CODIB, CODIC, CODID; CONDII			
Cause categories (ICD-10 Codes)			
2022	F	ROBERT M. WELTON	Pending investigation
51999	12	10/24/2022	N
Cause A: PENDING; Time from Onset PENDING			
Cause B: ; Time from Onset			
Cause C: ; Time from Onset			
Cause D: ; Time from Onset			
Conditions Contributing:			
ICD-10 Codes: R99			
2022	F	JUN SASAKI	Natural
56341	12	11/10/2022	U
Cause A: ACUTE HEART FAILURE; Time from Onset 2WKS.			
Cause B: CARDIOMYOPATHY; Time from Onset 2WKS.			
Cause C: HYPOXIC ISCHEMIC ENCEPHALOPATHY; Time from Onset 1WKS.			
Cause D: MUSCULAR DYSTROPHY; Time from Onset 10YRS.			
Conditions Contributing: JUVENILE DERMATOMYOSITIS			
ICD-10 Codes: I429 G710 I509 I678 M331			

**Died 10/24/2022
PENDING**



SUDDEN CARDIAC DEATH IN A PERSON WITH DILATION OF THE FRONTAL HORNS OF THE LATERAL VENTRICLES, CEREBRAL EDEMA, AND CEREBELLAR TONSILLAR AND BILATERAL UNCAL HERNIATION

12yo Girl



SUDDEN CARDIAC DEATH IN A PERSON WITH DILATION OF THE FRONTAL HORNS OF THE LATERAL VENTRICLES, CEREBRAL EDEMA, AND **CEREBELLAR TONSILLAR AND BILATERAL UNCAL HERNIATION**

- G93.5 | Compression of the brain
- G93.6 | Cerebral edema
- G93.8 | Other specified disorders of brain
- I46.1 | Sudden cardiac death, so described

Read other 4 Death Certificates

I now declare - I am **ANTIVAXER Man**



Doctors knew cause

Medical examiners knew cause

Yet **no mention of vaccine** on death certificates

Some **lied and committed federal felony fraud**, **blamed COVID**, and caused **parents to put more children at risk of death**

Physicians have a legal duty to report vaccine injuries and deaths

But **physicians** are **coerced by ABIM, ABFM, ABP, FSMB**, and other NGO's

Bill & Melinda Gates Foundation, IHME \$279M - "research" used in court against MA citizens

Gates dropped of \$12M at a meeting sponsored by Mass Med Soc in Boston (NEJM) in 2018 (BOUGHT)

Summary of Pages 97-98

Overdose Fraud



Pattern of poor death certificate completion

24 death certificates contain both X42 & U071 and no other codes

X42 = “Accidental poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified”

U071 = “COVID-19”

A positive test is not a “cause of death” and it is fraud to put “U071” or “COVID-19” as a cause of death on a death certificate when it had nothing to do with the causal chain leading to death.

Example

- Year 2022
- SFN_NUMBER 822
- CODIA = “ACUTE COCAINE AND FENTANYL INTOXICATION”
- CONDII = “SARS-COV-2 POSITIVE”

U071 should NOT appear on this death certificate, but it does.

Federal Felonies
18 USC § 1035 False Statements
18 USC § 1040 Fraud
18 USC § 1343 Fraud by Wire
18 USC § 241 Conspiracy
18 USC § 242 Deprivation of Rights
At least these 24 times

24

Death Certificates are obviously fraudulent and show a pattern of behavior in an organization taking federal money in both health care matters and disaster relief

More found last night from new data



Year	Sex	Certifier Name	MANNER_L
SFN_NUM	Age	Date of Death	AUTOPSY AVAILABLE
CODIA, CODIB, CODIC, CODID; CONDII			
Cause categories (ICD-10 Codes)			
2022	M	BARBARA C VIDAL	Accident
476	49	01/04/2022	Y
Cause A: ACUTE INTOXICATION DUE TO THE COMBINED EFFECTS OF; Time from Onset -			
Cause B: FENTANYL AND ETHANOL; Time from Onset UNKNOWN			
Cause C: ; Time from Onset			
Cause D: ; Time from Onset			
Conditions Contributing: SARS COV-2 RNA DETECTED BY PCR			
ICD-10 Codes: X42 F191 T404 T510 U071 X45			
2022	M	ROBERT M. WELTON	Accident
480	27	01/02/2022	0
Cause A: ACUTE INTOXICATION; Time from Onset --			
Cause B: THE COMBINED EFFECTS OF ETHANOL, COCAETHYLENE, CODEINE, MORPHINE;; Time from Onset --			
Cause C: METHADONE, HEROIN, 4-ANPP, FLUOROFENTANYL AND FENTANYL; Time from Onset UNKNOWN			
Cause D: ; Time from Onset			
Conditions Contributing: SARS-COV-2 POSITIVE			
ICD-10 Codes: X42 F191 T401 T402 T403 T404 T405 T510 U071 X45			
2022	M	ROBERT M. WELTON	Accident
822	41	01/02/2022	0
Cause A: ACUTE COCAINE AND FENTANYL INTOXICATION; Time from Onset UNKNOWN			
Cause B: ; Time from Onset			
Cause C: ; Time from Onset			
Cause D: ; Time from Onset			
Conditions Contributing: SARS-COV-2 POSITIVE			
ICD-10 Codes: X42 F191 T404 T405 U071			

Year	Sex	Certifier Name	MANNER_L
SFN_NUM	Age	Date of Death	AUTOPSY AVAILABLE
CODIA, CODIB, CODIC, CODID; CONDII			
Cause categories (ICD-10 Codes)			
2022	F	MICHELE N. MATTHEWS	Accident
3304	38	01/05/2022	0
Cause A: ACUTE INTOXICATION DUE TO THE COMBINED EFFECTS OF FENTANYL; Time from Onset -			
Cause B: AND COCAINE; Time from Onset UNKNOWN			
Cause C: ; Time from Onset			
Cause D: ; Time from Onset			
Conditions Contributing: CORONAVIRUS-19 VIRAL INFECTION			
ICD-10 Codes: X42 F191 T404 T405 U071			
2022	M	RICHARD M. ATKINSON	Accident
3356	51	01/17/2022	0
Cause A: ACUTE FENTANYL AND COCAINE INTOXICATION; Time from Onset UNKNOWN			
Cause B: ; Time from Onset			
Cause C: ; Time from Onset			
Cause D: ; Time from Onset			
Conditions Contributing: POSITIVE FOR SARS-COV-2			
ICD-10 Codes: X42 F191 T404 T405 U071			
2022	F	MICHELE N. MATTHEWS	Accident
6327	51	01/26/2022	Y
Cause A: COMPLICATIONS OF ACUTE COCAINE INTOXICATION; Time from Onset DAYS			
Cause B: ; Time from Onset			
Cause C: ; Time from Onset			
Cause D: ; Time from Onset			
Conditions Contributing: ATHEROSCLEROTIC CARDIOVASCULAR DISEASE			
CORONAVIRUS-19 VIRAL INFECTION			
ICD-10 Codes: X42 F191 T405 U071			

Federal Felonies
18 USC § 1035 False Statements
18 USC § 1040 Fraud
18 USC § 1343 Fraud by Wire
18 USC § 241 Conspiracy
18 USC § 242 Deprivation of Rights
At least these 24 times

More found last night from new data



Year	Sex	Certifier Name	MANNER_L
SFN_NUM	Age	Date of Death	AUTOPSY AVAILABLE
CODIA, CODIB, CODIC, CODID; CONDII			
Cause categories (ICD-10 Codes)			
2022	M	ADEBOLA YAKUBU-OWOLEWA	Accident
6475	51	01/31/2022	0
Cause A: ACUTE INTOXICATION DUE TO THE COMBINED EFFECTS OF COCAINE; Time from Onset -			
Cause B: AND ETHANOL; Time from Onset UNKNOWN			
Cause C: ; Time from Onset			
Cause D: ; Time from Onset			
Conditions Contributing: COVID-19 INFECTION			
ICD-10 Codes: X42 B99 F191 T405 T510 U071 X45			
2022	M	JANICE Y. GRIVETTI	Accident
7839	52	01/26/2022	0
Cause A: ACUTE FENTANYL INTOXICATION; Time from Onset UNKNOWN			
Cause B: ; Time from Onset			
Cause C: ; Time from Onset			
Cause D: ; Time from Onset			
Conditions Contributing: COVID-19; CHRONIC LYMPHOCYTIC LEUKEMIA			
ICD-10 Codes: X42 C911 F191 T404 U071			
2022	M	MARIA DEL MAR CAPO-MARTINEZ	Accident
8390	53	02/02/2022	0
Cause A: ACUTE INTOXICATION DUE TO THE COMBINED EFFECTS OF FENTANYL, 4-ANPP; Time from Onset --			
Cause B: AND COCAINE; Time from Onset UNKNOWN			
Cause C: ; Time from Onset			
Cause D: ; Time from Onset			
Conditions Contributing: COVID-19, BRONCHIAL ASTHMA			
ICD-10 Codes: X42 F191 J459 T404 T405 U071			

Year	Sex	Certifier Name	MANNER_L
SFN_NUM	Age	Date of Death	AUTOPSY AVAILABLE
CODIA, CODIB, CODIC, CODID; CONDII			
Cause categories (ICD-10 Codes)			
2022	M	ANDREW ELIN	Accident
12691	50	02/05/2022	0
Cause A: COMPLICATIONS OF ACUTE INTOXICATION DUE TO THE COMBINED EFFECTS OF; Time from Onset --			
Cause B: FENTANYL, FLUOROFENTANYL, 4-ANPP, AND ETHANOL IN THE SETTING OF; Time from Onset --			
Cause C: RECENT COCAINE USE; Time from Onset UNKNOWN			
Cause D: ; Time from Onset			
Conditions Contributing: SEPTIC EMBOLI, LEFT LOWER LOBE PNEUMONIA, CIRRHOSIS, HEPATITIS C, POLYSUBSTANCE ABUSE, SARS-COV-2 POSITIVE			
ICD-10 Codes: X42 B182 F149 F191 I269 J189 K746 T404 T510 U071 X45			
2022	M	ADEBOLA YAKUBU-OWOLEWA	Accident
23354	42	05/07/2022	0
Cause A: ACUTE INTOXICATION DUE TO THE COMBINED EFFECTS OF FENTANYL; Time from Onset -			
Cause B: COCAINE, AND ETHANOL; Time from Onset UNKNOWN			
Cause C: ; Time from Onset			
Cause D: ; Time from Onset			
Conditions Contributing: SARS-COV-2 RNA DETECTED BY PCR			
ICD-10 Codes: X42 F191 T404 T405 T510 U071 X45			
2022	M	ADEBOLA YAKUBU-OWOLEWA	Accident
23985	55	05/02/2022	Y
Cause A: ACUTE INTOXICATION DUE TO THE COMBINED EFFECTS OF FENTANYL; Time from Onset -			
Cause B: AND ETHANOL WITH RECENT COCAINE USE; Time from Onset UNKNOWN			
Cause C: ; Time from Onset			
Cause D: ; Time from Onset			
Conditions Contributing: SARS-COV-2 RNA DETECTED BY PCR			
ICD-10 Codes: X42 F149 F191 T404 T510 U071 X45			

Federal Felonies
18 USC § 1035 False Statements
18 USC § 1040 Fraud
18 USC § 1343 Fraud by Wire
18 USC § 241 Conspiracy
18 USC § 242 Deprivation of Rights
At least these 24 times

Summary Pages 99-105

Medical Examiner Dr. Robert Welton



Pattern of fraud or error in death certificates

Dr. Welton is a professional Medical Examiner certifying ~400 death certificates per year.

Summary

- **28 Total “U071” records in-period certified by Welton**
- 10 involved pneumonia, 3 involved COPD, 1 involved asthma
- 12 had no reference to respiratory ICD-10 codes (“J” codes)
- 4 involved drug overdoses

Federal Felonies

18 USC § 1035 False Statements
18 USC § 1040 Fraud
18 USC § 1343 Fraud by Wire
18 USC § 241 Conspiracy
18 USC § 242 Deprivation of Rights
Multiple times

- **Example:** “ACUTE FENTANYL INTOXICATION IN A PERSON WITH A SARS-COV-2 (COVID-19) POSITIVE CULTURE”

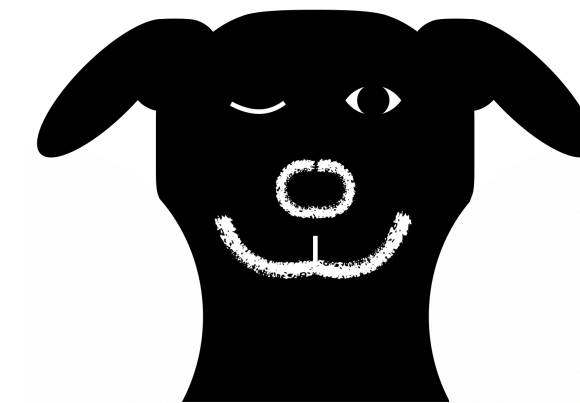
- 6 involved “CARDIAC DYSRHYTHMIA” and only 1 of those had pneumonia. 5 others had no respiratory issues.
- 6 involved “IMPACT INJURY”
- 1 is a 13yo boy “COMPLICATIONS OF MULTI-ORGAN FAILURE IN A CHILD IN THE SETTING OF RECENT SARS-COV-2 POSITIVITY”

These are not mistakes. They are likely intentional fraud. Y590 and T881 are never used by this Medical Examiner. COVID-19 U071 is added when clearly the decedent died from a fentanyl overdose, impact injury, or heart arrhythmia.

All Dr. Welton’s death certificates should be inspected and amended to reflect the true causes of death and an investigation should ensue.

Summary of Pages 106-110

Medical Examiner Dr. Janice Grivetti



Pattern of fraud in death certificates

Dr. Grivetti is a professional Medical Examiner certifying ~400 death certificates per year.

Summary

- **21 Total “U071” records in-period certified by Grivetti**
- Only 1 involved pneumonia and 1 involved COPD
- The other 19 had no reference to respiratory ICD-10 codes (“J” codes)
- 3 involved drug overdoses “ACUTE FENTANYL INTOXICATION”
- 1 involved “ALZHEIMER'S DISEASE; RIGHT HIP FRACTURE; HYPERTENSIVE AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE; DIABETES MELLITUS, COVID-19”
- 1 involved “HYPERTENSIVE AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE AND HEART FAILURE”
- 1 involved “BLUNT FORCE TRAUMA OF TORSO”
- 4 involved U071 COVID-19 and no other causes (not acceptable; no one dies from COVID-19 alone without some other cause)
- 5 involved COVID-19 and OBESITY and no other cause

Federal Felonies
18 USC § 1035 False Statements
18 USC § 1040 Fraud
18 USC § 1343 Fraud by Wire
18 USC § 241 Conspiracy
18 USC § 242 Deprivation of Rights
Multiple times

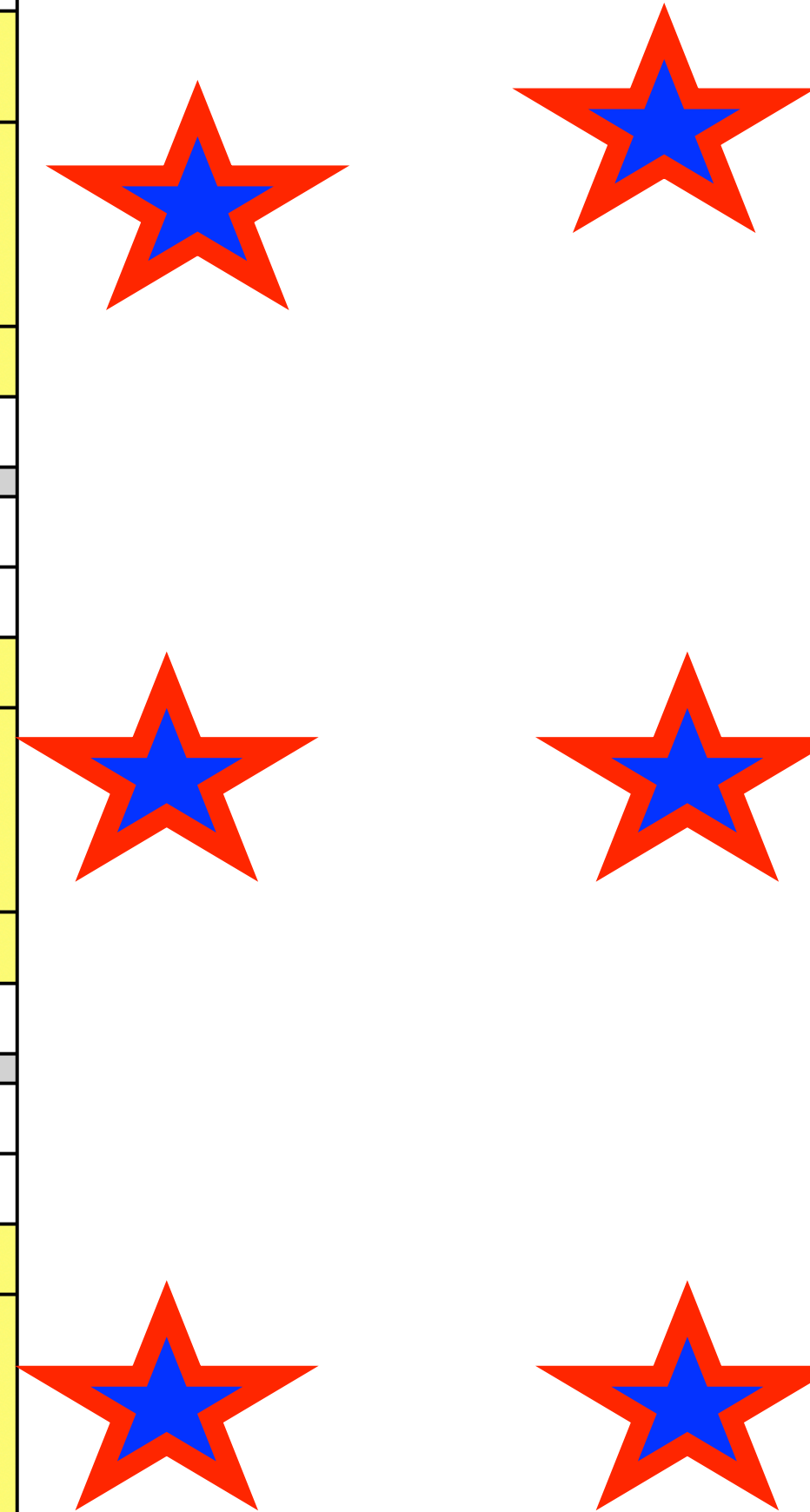
These are not mistakes. They are intentional fraud. Y590 and T881 are never used by this Medical Examiner. COVID-19 U071 is added when clearly the decedent died from a fentanyl overdose, blunt force trauma, or heart disease.

All Dr. Grivetti’s death certificates should be inspected and amended to reflect true causes and an investigation should ensue.

College Age 18-22 in 2022 Natural Deaths Massachusetts

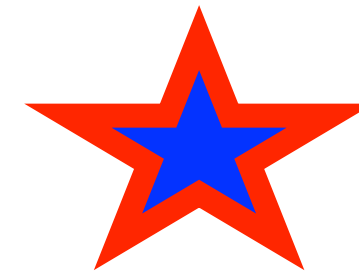
Year	Sex	Certifier Name	MANNER_L
SFN_NUM	Age	Date of Death	AUTOPSY AVAILABLE
CODIA, CODIB, CODIC, CODID; CONDII			
Cause categories (ICD-10 Codes)			
2022	M	MARIE ELIZABETH CANNON	Natural
835	19	01/07/2022	Y
Cause A: PROBABLE CARDIAC DYSRHYTHMIA IN THE SETTING OF ASYMPTOMATIC; Time from Onset -			
Cause B: COVID-19 VIRUS INFECTION; Time from Onset UNKNOWN			
Cause C: ; Time from Onset			
Cause D: ; Time from Onset			
Conditions Contributing:			
ICD-10 Codes: U071 I499			
2022	F	ANDREW ELIN	Could not be determined
1115	21	01/07/2022	Y
Cause A: PULMONARY EMBOLI; Time from Onset UNKNOWN			
Cause B: ; Time from Onset			
Cause C: ; Time from Onset			
Cause D: ; Time from Onset			
Conditions Contributing:			
ICD-10 Codes: I269			
2022	F	AHMAD ALWASSIA	Natural
1410	21	01/04/2022	0
Cause A: CARDIOPULMONARY ARREST; Time from Onset MIN.			
Cause B: ACUTE HYPOXIC RESPIRATORY FAILURE; Time from Onset DAYS			
Cause C: COVID-19 PNEUMONIA, ACUTE RESPIRATORY DISTRESS SYNDROME; Time from Onset DAYS			
Cause D: ACUTE RENAL FAILURE; Time from Onset DAYS			
Conditions Contributing:			
ICD-10 Codes: U071 I469 J189 J80 J960 N179			

Year	Sex	Certifier Name	MANNER_L
SFN_NUM	Age	Date of Death	AUTOPSY AVAILABLE
CODIA, CODIB, CODIC, CODID; CONDII			
Cause categories (ICD-10 Codes)			
2022	M	CHRISTIAAN REES	Natural
1895	22	01/03/2022	N
Cause A: CARDIAC ARRHYTHMIA; Time from Onset HRS.			
Cause B: HEART FAILURE; Time from Onset YRS.			
Cause C: CARDIOGENIC SHOCK; Time from Onset YRS.			
Cause D: ENDOCARDITIS; Time from Onset YRS.			
Conditions Contributing: POLYSUBSTANCE USE DISORDER			
ICD-10 Codes: I38 F199 I499 I509 R570			
2022	F	BILAL SAEED	Natural
4883	21	01/25/2022	0
Cause A: BRAIN HERNIATION; Time from Onset SEC.			
Cause B: CARDIOPULMONARY ARREST; Time from Onset MIN.			
Cause C: INTRACEREBRAL HEMORRHAGE; Time from Onset DAYS			
Cause D: ; Time from Onset			
Conditions Contributing:			
ICD-10 Codes: I619 G935 I469			
2022	M	IRINI A. SCORDI-BELLO	Natural
7605	22	02/05/2022	Y
Cause A: CARDIAC DYSRHYTHMIA IN THE SETTING OF HYPERGLYCEMIA, KETOSIS,; Time from Onset -			
Cause B: ACIDOSIS AND ELECTROLYTE ABNORMALITIES IN INDIVIDUAL WITH RECENT; Time from Onset -			
Cause C: GASTROINTESTINAL DISTRESS, OBESITY AND ALCOHOL ABUSE; Time from Onset UNKNOWN			
Cause D: ; Time from Onset			
Conditions Contributing:			
ICD-10 Codes: K30 E669 E872 E878 E888 F101 I499 R739			



College Age 18-22 in 2022 Natural Deaths Massachusetts

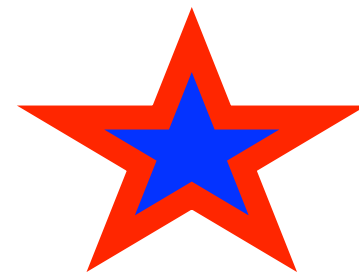
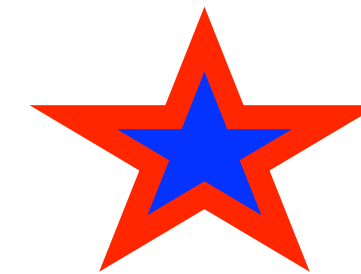
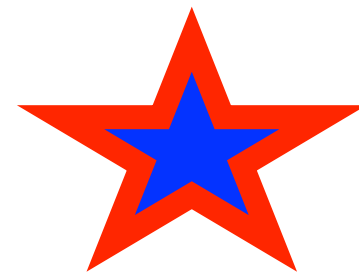
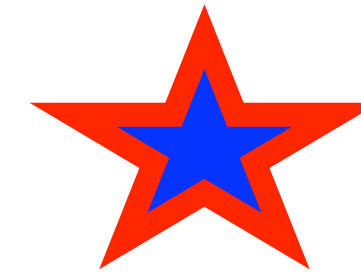
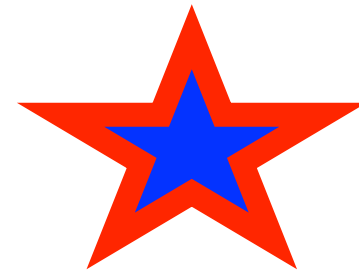
Year	Sex	Certifier Name	MANNER_L
SFN_NUM	Age	Date of Death	AUTOPSY AVAILABLE
CODIA, CODIB, CODIC, CODID; CONDII			
Cause categories (ICD-10 Codes)			
2022	M	FARYL SANDLER	Natural
19127	19	04/08/2022	Y
Cause A: COMPLICATIONS OF MORBID OBESITY; Time from Onset UNKNOWN			
Cause B: ; Time from Onset			
Cause C: ; Time from Onset			
Cause D: ; Time from Onset			
Conditions Contributing: CARDIOMEGALY, EVIDENCE OF PANCREATITIS, FATTY LIVER, HEPATOSPLENOMEGALY			
ICD-10 Codes: R99			
<hr/>			
2022	M	MOLLIE WASSERMAN	Natural
26417	18	05/26/2022	0
Cause A: ACUTE RESPIRATORY FAILURE; Time from Onset 2DAYS			
Cause B: ; Time from Onset			
Cause C: ; Time from Onset			
Cause D: ; Time from Onset			
Conditions Contributing: MECP2 DUPLICATION SYNDROME			
ICD-10 Codes: F842 J960			
<hr/>			
2022	M	NIKKI MOURTZINOS	Natural
28164	22	05/29/2022	N
Cause A: COMPLICATIONS OF BRONCHIAL ASTHMA; Time from Onset UNKNOWN			
Cause B: ; Time from Onset			
Cause C: ; Time from Onset			
Cause D: ; Time from Onset			
Conditions Contributing:			
ICD-10 Codes: J459			



Year	Sex	Certifier Name	MANNER_L
SFN_NUM	Age	Date of Death	AUTOPSY AVAILABLE
CODIA, CODIB, CODIC, CODID; CONDII			
Cause categories (ICD-10 Codes)			
2022	M	JANICE Y. GRIVETTI	Natural
30935	22	06/24/2022	0
Cause A: COMPLICATIONS OF INFECTIVE ENDOCARDITIS; Time from Onset WKS.			
Cause B: CHRONIC SUBSTANCE ABUSE; Time from Onset YRS.			
Cause C: ; Time from Onset			
Cause D: ; Time from Onset			
Conditions Contributing:			
ICD-10 Codes: F191 I330			
<hr/>			
2022	M	EMEL MIDYAT	Natural
31003	18	06/26/2022	0
Cause A: CARDIOPULMONARY FAILURE; Time from Onset 12DAYS			
Cause B: DESMOPLASTIC SMALL ROUND CELL TUMOR; Time from Onset 4YRS.			
Cause C: ; Time from Onset			
Cause D: ; Time from Onset			
Conditions Contributing:			
ICD-10 Codes: D489 R092			
<hr/>			
2022	M	BENJAMIN EROMOSELE	Natural
33552	22	07/10/2022	0
Cause A: HYPERKALEMIA; Time from Onset HRS.			
Cause B: HEMOLYSIS; Time from Onset HRS.			
Cause C: SICKLE CELL DISEASE; Time from Onset YRS.			
Cause D: ; Time from Onset			
Conditions Contributing: ADULT RESPIRATORY DISTRESS SYNDROME			
ICD-10 Codes: D571 D65 E875 J80			

College Age 18-22 in 2022 Natural Deaths Massachusetts

Year	Sex	Certifier Name	MANNER_L
SFN_NUM	Age	Date of Death	AUTOPSY AVAILABLE
CODIA, CODIB, CODIC, CODID; CONDII			
Cause categories (ICD-10 Codes)			
2022	M	ANDREW ELIN	Natural
33874	22	07/08/2022	Y
Cause A: COMPLICATIONS OF CARDIAC DYSRHYTHMIA; Time from Onset DAYS			
Cause B: ; Time from Onset			
Cause C: ; Time from Onset			
Cause D: ; Time from Onset			
Conditions Contributing: CARDIOMEGALY			
ICD-10 Codes: I517 I499			
2022	M	DAVID J. LUCIER	Natural
35371	20	07/20/2022	Y
Cause A: DILATED CARDIOMYOPATHY; Time from Onset UNKNOWN			
Cause B: ; Time from Onset			
Cause C: ; Time from Onset			
Cause D: ; Time from Onset			
Conditions Contributing: LUNG INJURY, CEREBROVASCULAR EVENT			
ICD-10 Codes: I420 I64 J984			
2022	F	ALISON GRIFFIN	Natural
39577	20	08/12/2022	0
Cause A: CARDIAC ARREST; Time from Onset MIN.			
Cause B: ; Time from Onset			
Cause C: ; Time from Onset			
Cause D: ; Time from Onset			
Conditions Contributing: TETRALOGY OF FALLOT			
PULMONARY ATRESIA			
ICD-10 Codes: Q213 I469 Q255			

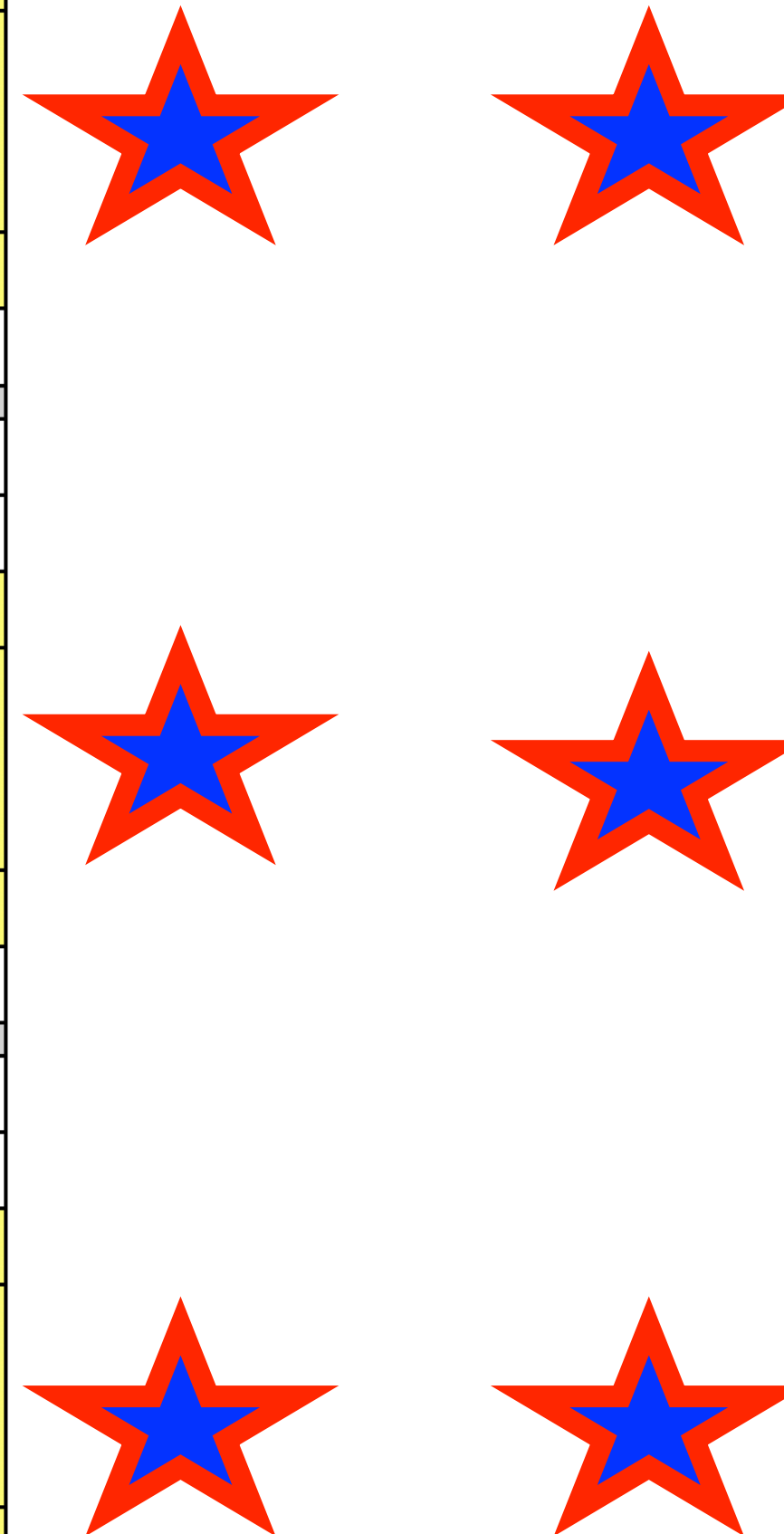


Year	Sex	Certifier Name	MANNER_L
SFN_NUM	Age	Date of Death	AUTOPSY AVAILABLE
CODIA, CODIB, CODIC, CODID; CONDII			
Cause categories (ICD-10 Codes)			
2022	M	CHRISTOPHER PERRY	Natural
41443	18	08/26/2022	0
Cause A: PROBABLE CARDIAC DYSRHYTHMIA OF NATURAL ETIOLOGY IN AN PERSON WITH; Time from Onset -			
Cause B: A HISTORY OF CEREBRAL PALSY, SEIZURE DISORDER, AND NOCTURNAL HYPOXEMIA; Time from Onset UNKNOWN			
Cause C: ; Time from Onset			
Cause D: ; Time from Onset			
Conditions Contributing:			
ICD-10 Codes: I499 G809 R090 R568 R99			
2022	M	JARONE LEE	Natural
43489	18	09/06/2022	Y
Cause A: LACTIC ACIDOSIS; Time from Onset 24HRS.			
Cause B: GROUP A STREPTOCOCCUS INFECTION; Time from Onset 7DAYS			
Cause C: DISSEMINATED INFECTION; Time from Onset 7DAYS			
Cause D: CONGENITAL NEUTROPENIA OF UNKNOWN ETIOLOGY; Time from Onset 4MOS.			
Conditions Contributing:			
ICD-10 Codes: D70 A491 E872 R99			
2022	M	RICHARD M. ATKINSON	Could not be determined
45461	18	09/18/2022	Y
Cause A: UNDETERMINED; Time from Onset UNKNOWN			
Cause B: ; Time from Onset			
Cause C: ; Time from Onset			
Cause D: ; Time from Onset			
Conditions Contributing:			
ICD-10 Codes: R99			

College Age 18-22 in 2022 Natural Deaths Massachusetts

Year	Sex	Certifer Name	MANNER_L
SFN_NUM	Age	Date of Death	AUTOPSY AVAILABLE
CODIA, CODIB, CODIC, CODID; CONDII			
Cause categories (ICD-10 Codes)			
2022	M	TAYLOR CINELLI	Natural
47364	19	09/26/2022	0
Cause A: CARDIO RESPIRATORY FAILURE; Time from Onset 18MIN.			
Cause B: INVASIVE FUNGAL INFECTION; Time from Onset 2.5MOS.			
Cause C: REFRACTORY T-CELL ALL; Time from Onset 14MOS.			
Cause D: ; Time from Onset			
Conditions Contributing:			
ICD-10 Codes: C910 B49 R092			
2022	F	PAUL I. SIMMONS	Natural
52546	22	10/31/2022	0
Cause A: AORTIC RUPTURE; Time from Onset 23DAYS			
Cause B: CONGENITAL HEART DISEASE; Time from Onset 22YRS.			
Cause C: ; Time from Onset			
Cause D: ; Time from Onset			
Conditions Contributing:			
ICD-10 Codes: I718 Q249			
2022	F	SHAYNA WEINSHEL	Natural
53585	22	11/06/2022	N
Cause A: CARDIAC ARREST; Time from Onset HRS.			
Cause B: RIGHT VENTRICULAR FAILURE; Time from Onset HRS.			
Cause C: PULMONARY EMBOLISM; Time from Onset HRS.			
Cause D: ; Time from Onset			
Conditions Contributing:			
ICD-10 Codes: I269 I469 I500			

Year	Sex	Certifer Name	MANNER_L
SFN_NUM	Age	Date of Death	AUTOPSY AVAILABLE
CODIA, CODIB, CODIC, CODID; CONDII			
Cause categories (ICD-10 Codes)			
2022	M	BRYAR HANSEN	Natural
54820	22	11/11/2022	0
Cause A: CARDIAC ARREST; Time from Onset DAYS			
Cause B: ; Time from Onset			
Cause C: ; Time from Onset			
Cause D: ; Time from Onset			
Conditions Contributing: OBSTRUCTIVE HYDROCEPHALUS			
ICD-10 Codes: G911 I469			
2022	F	PAUL F. CURRIER	Natural
55953	22	11/13/2022	Y
Cause A: PULMONARY EMBOLISM; Time from Onset DAYS			
Cause B: ; Time from Onset			
Cause C: ; Time from Onset			
Cause D: ; Time from Onset			
Conditions Contributing: CARDIOMEGALY			
ICD-10 Codes: O994 I269I1517			
2022	F	SNEHA SHAH	Natural
56452	21	11/19/2022	0
Cause A: CARDIORESPIRATORY ARREST; Time from Onset MIN.			
Cause B: ACUTE HYPOXIC RESPIRATORY FAILURE; Time from Onset DAYS			
Cause C: PLEURAL EFFUSION; Time from Onset DAYS			
Cause D: COVID-19 PNEUMONIA; Time from Onset DAYS			
Conditions Contributing: OSTEOSARCOMA WITH METASTASIS			
ICD-10 Codes: U071 C419 I469 J189 J90 J960			



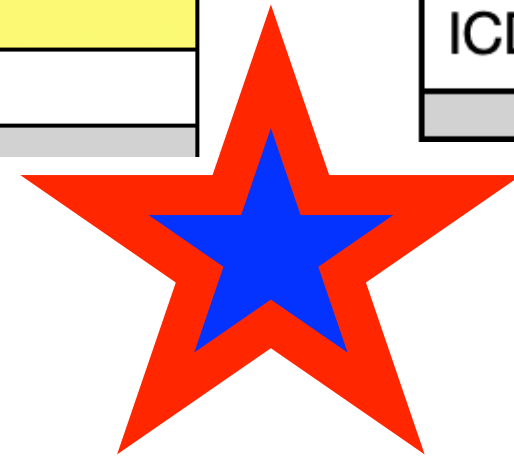
College Age 18-22 in 2022 Natural Deaths Massachusetts



Year	Sex	Certifier Name	MANNER_L
SFN_NUM	Age	Date of Death	AUTOPSY AVAILABLE
CODIA, CODIB, CODIC, CODID; CONDII			
Cause categories (ICD-10 Codes)			
Cause A: CARDIORESPIRATORY ARREST; Time from Onset MIN.			
Cause B: ACUTE HYPOXIC RESPIRATORY FAILURE; Time from Onset DAYS			
Cause C: PLEURAL EFFUSION; Time from Onset DAYS			
Cause D: COVID-19 PNEUMONIA; Time from Onset DAYS			
Conditions Contributing: OSTEOSARCOMA WITH METASTASIS			
ICD-10 Codes: U071 C419 I469 J189 J90 J960			
2022	F	CHRISTOPHER M. COLEY	Natural
60620	19	12/13/2022	0
Cause A: CEREBRAL EDEMA; Time from Onset DAYS			
Cause B: VENOUS THROMBOSIS; Time from Onset DAYS			
Cause C: LEMIERRE'S SYNDROME; Time from Onset DAYS			
Cause D: ; Time from Onset			
Conditions Contributing:			
ICD-10 Codes:			

Year	Sex	Certifier Name	MANNER_L
SFN_NUM	Age	Date of Death	AUTOPSY AVAILABLE
CODIA, CODIB, CODIC, CODID; CONDII			
Cause categories (ICD-10 Codes)			
2022	F	PETER TREUT	Natural
62155	6	12/19/2022	0
Cause A: HYPOXIC AND HYPERCAPNIC CARDIAC ARREST; Time from Onset MIN.			
Cause B: HYPOXIC AND HYPERCAPNIC RESPIRATORY FAILURE; Time from Onset HRS.			
Cause C: NEUTROPENIA AND SEPSIS CAUSED BY PNEUMONIA; Time from Onset HRS.			
Cause D: VIRAL SYNDROME; Time from Onset HRS.			
Conditions Contributing:			
ICD-10 Codes:			

Pending



[@shmandalynn30](#) update: my son went to his hematologist today & the Dr. admitted that his P.E. was from his jab! However, he wouldn't document that due to fear of losing his license. I'm just so grateful to dr. Admitting & 4 u & [@ChayaLevy8](#) [@JohnBeaudoinSr](#) 4 helping him see truth



Mom - a while after vaccination came down with a fast acting cancer; prognosis terminal
Dad - a while after vaccination came down with fast acting cancer and pulmonary embolism; prognosis terminal
Son - 24yo - military and athlete - vaccinated - chest pain - diagnosed with pulmonary embolism, on Eloquis for a while. Didn't believe mom that vax caused PE because doctor told him that maybe it was from drinking so much at bars with his friends on weekends.

Some doctors and I spoke to him on Twitter spaces Thursday night. He went to doctor Friday and Doctor finally admitted the vaccine caused it, but would not report it for fear of retribution. This is happening everywhere all the time, especially in Moderna HQ'd Massachusetts.

Vermont



Name				Date of Death	Age	Cause of Death					
First Name	Middle Name	Last Name	Suffix	Death Date	Age (Years)	Cause A	Cause B	Cause C	Cause D	Other Contributing Conditions	
Karyn				11/21/2021	45	Pulmonary Thromboembolism	Multifactorial (See Part 2)			Recently Sedentary, Obesity (Body mass index 46.9), Desogestrel/ethinyl estradiol use and COVID-19 and Influenza vaccinations on 11/11/2021	

VAERS Record

Year	SEX	VAX_DATE	DATEDIED	
VAERS_ID	AGE_YRS	ONSET_DATE	TODAYS_DATE	ALLERGIES
PRIOR_VAX				
SYMPTOM_TEXT				
LAB_DATA; OTHER_MEDS; CUR_ILL; HISTORY				
2022	F	11/11/2021	11/21/2021	
2317423	45.0	11/20/2021	06/13/2022	unknown
0				
Decedent was reportedly feeling unwell with respiratory complaints for several days to week prior to death, progressively became more ?wiped out? and tired, staying in bed most of the time. She was found unresponsive in the bathroom where she was pronounced dead by EMS. Autopsy confirmed bilateral pulmonary thromboemboli as cause of death, with multiple risk factors including obesity (BMI 46.9), recently sedentary, COVID-19 and Influenza vaccinations, and Desogestrel/ethinyl estradiol				
autopsy; Possibly Topiramate, Sertraline hydrochloride, Clonazepam, Desogestrel; ethinyl estradiol; unknown; migraines, anxiety				

45yo
Woman

TEN
Days

Vermont



Name				Date of Death	Age	Cause of Death				
First Name	Middle Name	Last Name	Suffix	Death Date	Age (Years)	Cause A	Cause B	Cause C	Cause D	Other Contributing Conditions
Ethel				4/23/2021	98	Congestive Heart Failure	Myocardial Infarction	Hypertensive cardiovascular disease		

VAERS Record

State	VT	SEX	F	DATE_DIED	04/23/2021	ONSET_DATE	04/22/2021
VAERS_ID	1267587	AGE_YRS	98.0	VAX_DATE	04/21/2021	TODAYS_DATE	04/28/2021
PRIOR_VAX	0						
SYMPTOM_TEXT							
patient woke up on 04/22/2021 with shortness of breath and weakness. On exam, she was hypotensive, tachycardic and edematous							
LAB_DATA; OTHER_MEDS; CUR_ILL; HISTORY							
4/22/2021 EKG: A fib, RVR, 145 bpm, q wave abnormalities showing ischemia inferiorly and anterolaterally.; gabapentin 100 mg once a day; none; none							

98yo Woman

INJECTED - Fast Heart Beat (Tachycardia)

DEAD in TWO DAYS

Vermont

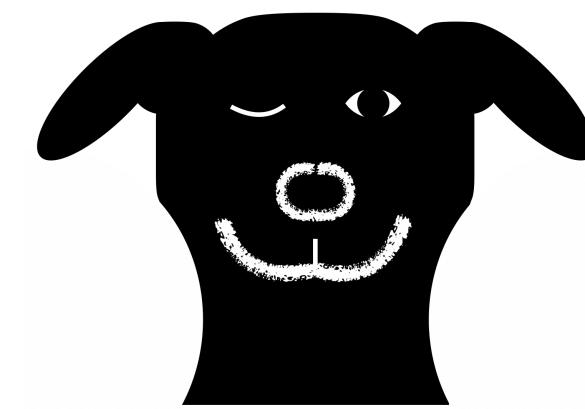


Name				Date of Death	Age	Cause of Death					
First Name	Middle Name	Last Name	Suffix	Death Date	Age (Years)	Cause A	Cause B	Cause C	Cause D	Other Contributing Conditions	
Dorothy				1/5/2021	87	complications of Dementia with psychosis	dementia			chronic kidney disease, hypothyroid , venous stasis	

VAERS Record

State	VT	SEX	F	DATE_DIED	01/05/2021	ONSET_DATE	01/05/2021
VAERS_ID	942072	AGE_YRS	87.0	VAX_DATE	01/02/2021	TODAYS_DATE	01/13/2021
PRIOR_VAX	0						
SYMPTOM_TEXT							
Death occurred 3 days after vaccine receipt attributed to complications of her chronic advanced dementia with aspiration at age 87. No evidence of acute vaccine reaction.							
LAB_DATA; OTHER_MEDS; CUR_ILL; HISTORY							
COVID-19 PCR neg on 12/31/20 and 1/3/21; Tramadol, risperidone, fluoxetine, cyanocobalamin, colchicine, torsemide, levothyroxine: aspiration pneumonia-completed treatment prior to vaccination.; Advanced dementia with severe violent behavioral symptoms. Progressive decline and frailty due to late stage dementia with likely terminal aspiration after completion of treatment for previous aspiration pneumonia. Death attributed to complications of her advanced dementia. No evidence of acute reaction to vaccine (rash, dyspnea, swelling, redness). Chronic kidney disease, hypothyroidism, type 2 diabetes, gout, B12 deficiency							

“Death occurred 3 days after vaccine”
“No evidence of acute vaccine reaction.”



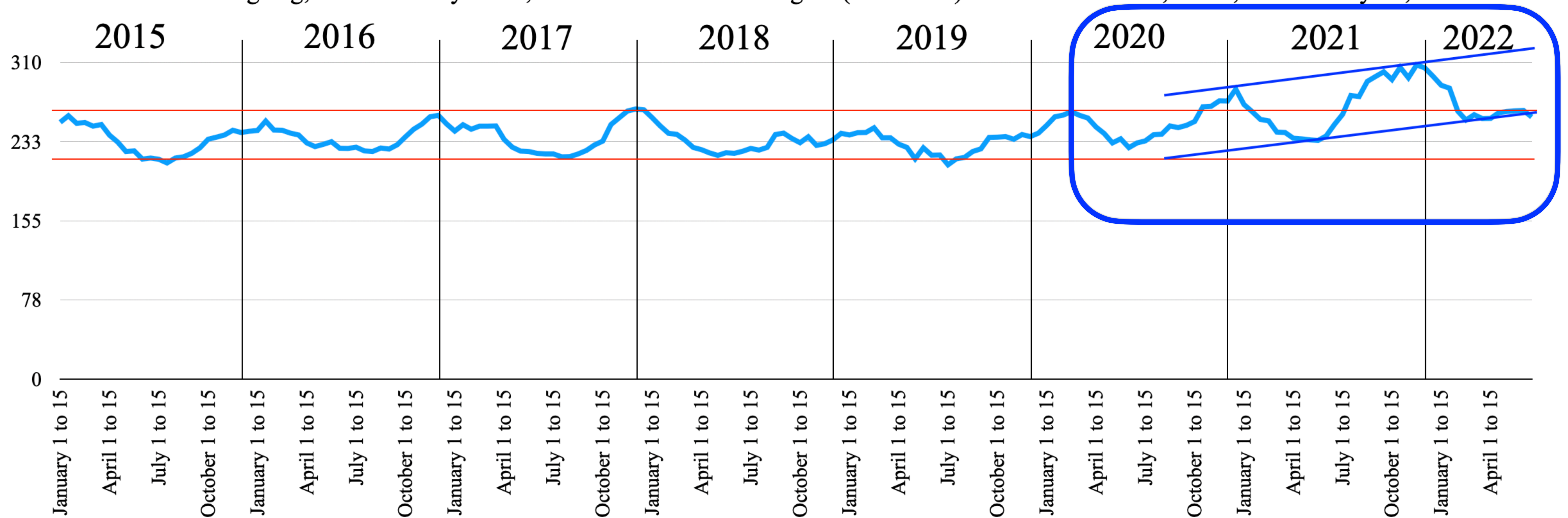
new slides after presentation to generals & colonels

Do 2021 & 2022 resemble a seasonal virus or a different externality? What began in 2021?



Vermont Actual Deaths 2015 to August 2022

5-Period rolling avg; Semi-monthly totals; Vermont deaths involving ** (All-Cause) as a cause of death; Feb 1, 2015 to July 31, 2022





Marc Girardot
Jonathan Couey
John Beaudoin
Stephanie Seneff
Kevin McKernan
Jessica Rose



LIVE

**Key Contributions
Round Table**

**Friday - March 17, 2023
3:00PM-5:00PM EDT-USA**

**Rumble Channel
via *veravita***