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Massachusetts Death Certificates Show Excess Mortality Could be Linked to COVID Vaccines

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After analyzing more than seven years of Massachusetts death certificates, independent investigator John Beaudoin, Sr., uncovered evidence that thousands of deaths in 2021 may have been linked to COVID-19 vaccines.

In this article, I highlight the work of independent investigator **John Beaudoin, Sr.**, who analyzed nearly seven years of Massachusetts death certificates he obtained through a Freedom of Information Act (FOIA) request.

Beaudoin's findings demonstrate that the COVID-19 death toll in Massachusetts was largely confined to a short window of time in 2020, and that COVID-19 deaths in 2020 resulted from pulmonary causes — in contrast to COVID-19 deaths in 2021, which were more closely linked to illnesses of the heart and blood.

There is no reasonable way to explain how SARS-CoV-2 dramatically changed the way it attacks and kills human beings and why it did so at precisely the time the experimental mRNA inoculations were deployed.

Beaudoin's analysis also suggests that medical fraud and negligence may have been in play on a scale yet to be definitively determined.

Massachusetts: a center of COVID controversy

Beaudoin is a fellow resident of Massachusetts. Just down the road from us sit some of the most renowned hospitals and centers for medical research. None seem interested in validating or refuting the devastating implications of Beaudoin's findings.

Boston was home to the infamous Biogen conference held in March 2020. The event was considered to be one of the first "super spreader events" in the country.

In the summer of 2021, an outbreak of COVID-19 in Massachusetts' Barnstable County forced the Centers for Disease Control and Prevention to acknowledge that the injectable mRNA therapies were worthless.

When all was said and done, the vaccinated comprised a disproportionately larger percentage of those who contracted COVID-19 than the percentage of the county's residents who were fully vaccinated.

In other words, there was no evidence that the vaccine offered any protection against infection.

Of those who were hospitalized in this outbreak, 80% were fully vaccinated. The "vaccines" offered no protection against severe disease.

Furthermore, vaccination status had no bearing on the viral load of those who got sick. Because viral load is correlated with infectiousness, the vaccine did not offer any reduction in transmissibility.

In one of its first real-world tests, the rapidly developed, tested and deployed therapy failed completely on all counts.

Massachusetts researchers can't seem to move on from mask mandates

Earlier this month, a study published in the New England Journal of Medicine (NEJM) found there was an increase in COVID-19 cases in Massachusetts school districts that lifted their mask mandates.

The authors of the study were researchers from the Boston Public Health Commission and venerated, local academic institutions in Boston (Harvard T.H. Chan School of Public Health, Department of Epidemiology, School of Public Health, Boston University, the Division of Infectious Diseases, Massachusetts General Hospital and Brigham and Women's Hospital and Harvard Medical School).

According to the authors, school districts with mask mandates had 39.9 fewer cases per 1,000 students over a 15-week period.

I wish to pose a simple question to the dutiful scientists down the road: so what?

Although districts that continued to enforce mask mandates after the statewide mandate was dropped had a lower COVID-19 incidence rate, mask mandates did not eliminate the transmission of the disease. Those districts still had 60 cases per 1,000 students.

The NEJM authors also proved that COVID-19 is transmissible whether or not masking precautions are implemented.

Children are going to get COVID-19 whether they are forced to wear a mask or not. There is no longer a need to "flatten the curve" until a miracle "vaccine" can be developed at "warp speed."

COVID-19 is a disease that will be with us for the foreseeable future. What is the point of such a study? To convince Massachusetts residents that a modest decrease in school days

missed is worth the imposition of perpetual mask mandates upon their children?

The 'Big Story' in Massachusetts

While the NEJM researchers were busy tabulating COVID-19 infection rates in different school districts during the first part of 2022, a far more important story was unfolding in Massachusetts.

Through a FOIA request made to the state's department of public records, Beaudoin, an electrical engineer, obtained access to every death certificate in the state of Massachusetts between 2015 and September 2022.

His investigation into these records paints a disquieting picture of how the COVID-19 "vaccine" likely devastated the health of Massachusetts residents.

Beaudoin's analysis is detailed and rigorous and stands as an example of why a medical degree or an academic appointment is not required to uncover explosive evidence.

In fact, those kinds of credentials can often be impediments rather than assets. There is no excuse why the Massachusetts Department of Public Health has not done the analysis Beaudoin chose to do himself.

For the purposes of this article, I will focus on the summary points. A deeper dive can be found on Mathew Crawford's "Rounding The Earth" podcast or in Beaudoin's own Substack, which he writes under the name "Coquin de Chien."

Below is a plot of the raw numbers of daily deaths (confirmed by death certificates) over time for the years 2015-2021 overlayed:

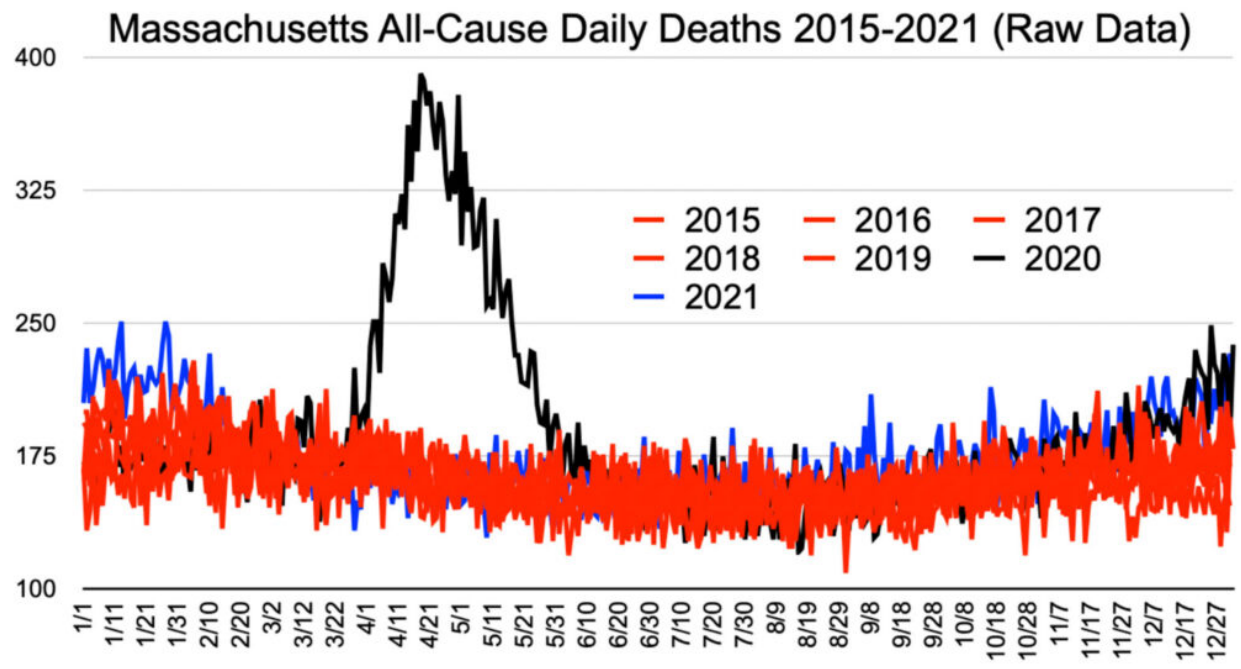

Image credit: John Beaudoin, Sr.

The takeaway is impossible to miss. The rise and fall of daily deaths over a 10-week period in the early-to-late spring of 2020 is representative of a non-immune population encountering an infectious and virulent pathogen for the first time. This bump in the black

line was from the casualties of the first wave of SARS-CoV-2 infections in Massachusetts.

Whether or not the state was still in the throes of a pandemic emergency beyond the first few weeks of June 2020 is debatable because it is quite clear that daily deaths quickly returned to baseline and stayed there until the autumn — when a far less lethal second wave hit the state. Recall that Emergency Use Authorization (EUA) stipulates that a public emergency is required before any mitigating therapy can obtain EUA.

The rapid rise and fall of deaths in Massachusetts in early 2020 is unmistakable, but who died? Beaudoin answers this question here:

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

	< 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	3.4	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	0.8	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	2.4	3.7	3.3	-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	2.7	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	0.9	0.1	1.9	-0.6	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	-2.6	-2.4	0.9	-0.5	-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	-0.4	-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

Image credit: John Beaudoin, Sr.

This graphic visualization technique is called a heat map. Each cell in the array represents the deviation from the expected number of deaths in specific age groups at a specific time in 2020, based on values from 2015-2019. The deeper the red, the greater the difference is over expected levels. The deeper the blue, the lower the difference.

The majority of the casualties were confined to the elderly (65 and older) over a 10-week period. This is represented by the deep red cells in ages over 65 starting April 1.

Contrary to the endless deluge of news reports that suggested otherwise, official death certificates indicate the pandemic in Massachusetts was short-lived and affected only the most vulnerable.

Beaudoin gives us the equivalent heat map for the year 2021. Once again comparisons are made with the years 2015-2019:

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

	< 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	-4.7	-0.4	-0.9	1.6	1.3	-0.5	1.3	1.3	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	0.7	-0.0	-0.2	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	1.8	0.9	0.4	3.7	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	0.8	1.0	1.4	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	2.0	-0.7	1.2	4.8	6.0	3.2	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

Image credit: John Beaudoin, Sr.

The distribution of deaths in 2021 is remarkably different than in 2020:

- The short-lived and profound increase in deaths in the elderly in the spring of 2020 is not present in 2021. As mentioned above, the pandemic emergency was arguably over by the summer of 2020.
- There is a substantial and sustained (present throughout the year) increase in deaths in people ages 60 to 80 that is not present in 2020. What is causing or contributing to the excess deaths in this younger age group in 2021 that was not present in 2020?
- There is a substantial decrease in deaths in the eldest age group (85+).

The paradoxical drop in deaths in the most elderly (85+) is best explained by the substantial jump in deaths from the previous year in that age group. SARS-CoV-2 took the lives of the most elderly leaving a hardier group of octogenarians.

The increase in deaths throughout 2021 implicates the COVID-19 "vaccines" as a contributing factor (among others) for two reasons.

First, the pattern of deaths is not representative of an infectious agent that takes the lives of the vulnerable while leaving behind a population that is more robust and that is attaining natural immunity through exposure, i.e., what was seen in 2020.

Second — and most obvious — is that the "vaccines" were present in 2021 and not in 2020.

What is actually killing people in 2021?

The increase in all-cause mortality in 2021 in Massachusetts is reflected in other parts of the world. This concerning trend is often explained as solely the result of pandemic restrictions that prevented people from obtaining basic healthcare, cancer screenings, chemotherapy, etc.

This is where Beaudoin's Massachusetts findings go further. Here are some key points from his detailed analysis:

- Average age of all-cause deaths in 2021 was 75, which is significantly lower than the average for the years 2015-2019 (75.6) and even more so than in 2020 (76.2).
- 2021 saw an 8% jump in deaths from all causes compared to the average for the years 2015-2019, yet there was a substantial decrease in deaths attributed to COVID-19 compared to 2020. This could be explained by a vaccine that is partially effective in preventing COVID-19 deaths. However …
- 2021 saw the biggest jump in deaths from cardiac arrest compared to the previous year. Deaths from cardiac arrest in 2020 made up 16.62% of all deaths that year. In 2021, it was 18.63% of all deaths — or a 12.1% increase from 2020, which already had the greatest percentage of the previous five years.
- A similar jump in deaths from pulmonary emboli occurred in 2021 as well. Moreover, COVID-19 deaths that involved pulmonary emboli doubled in 2021 compared to 2020 and more than tripled in 2022.
- The proportion of COVID-19 deaths that involved cardiac arrest increased by 47.5% in 2021 compared to 2020 and 63.3% in 2022. Recall that Pfizer's six-month results demonstrated a four times greater risk of cardiac arrest in vaccinated participants than in those who received the placebo (Table S4).

According to information extracted from actual death certificates, COVID-19 apparently changed its way of killing people in 2021. Beaudoin accurately summarizes:

"Viruses do not simply change how they kill from one year to the next. Something happened in C19-involved deaths after 2020 that changed how C19 purportedly kills people. Pneumonia and respiratory issues dominated 2020, the year of C19, but something insidious has doubled and tripled relative numbers of circulatory system deaths after 2020. The Massachusetts DPH cannot hide from this. Either there is massive fraud in coding of deaths or some intervention in 2021 and 2022 caused deaths or both are true at the same time."

Evidence of medical fraud?

In his dive into the 400,000 or so death certificates he obtained, Beaudoin showed there is also a high likelihood that some deaths are being inappropriately attributed to COVID-19 while others are linked to the vaccine but no mention of this appears on the certificate.

One such example involves the death of a 7-year-old girl in a town near my own. As Beaudoin has respectfully declined to mention the name of the child in his Substack, I will follow his example. Multiple news outlets covered this tragedy. All reported that she died from COVID-19.

Beaudoin was able to find her death certificate, which indeed states that she died from "Complications from COVID-19 viral infection."

But was her death certificate accurate?

He also found a report in the Vaccine Adverse Event Reporting System, or VAERS, of a complication from a second dose of the Pfizer formulation that was administered to a 7-year-old girl in Massachusetts.

Personal identification information does not appear on VAERS reports. However, the report indicates that this vaccine complication occurred just three days prior to the day of the death of the child who died of COVID-19:

VAERS Event Details

Request Form | Results | Map | Chart | Report | About

Dataset Documentation | Other Data Access | Data Use Restrictions | Printing Tips | Save

New Report | Top | Notes | Citation

Details for VAERS ID: 2038120-1

Event Information			
Patient Age	7.00	Sex	Female
State / Territory	Massachusetts	Date Report Completed	2022-01-15
Date Vaccinated	2022-01-13	Date Report Received	2022-01-15
Date of Onset	2022-01-15	Date Died	
Days to onset	2		
Vaccine Administered By	Pharmacy *	Vaccine Purchased By	Not Applicable *
Mfr/Imm Project Number	NONE	Report Form Version	2
Recovered	No	Serious	No

* VAERS 2.0 Report Form Only
** VAERS-1 Report Form Only
"Not Applicable" will appear when information is not available on this report form version.

Event Categories	
Death	No
Life Threatening	No
Permanent Disability	No
Congenital Anomaly / Birth Defect *	No
Hospitalized	No
Days in Hospital	None
Existing Hospitalization Prolonged	No
Emergency Room / Office Visit **	N/A
Emergency Room *	No
Office Visit *	No

* VAERS 2.0 Report Form Only
** VAERS-1 Report Form Only
"N/A" will appear when information is not available on this report form version.

Vaccine Type	Vaccine	Manufacturer	Lot	Dose	Route	Site
COVID19 VACCINE	COVID19 (COVID19 (PFIZER-BIONTECH))	PFIZER\BIONTECH	FK5127	2	IM	LA

Symptom
ABDOMINAL PAIN UPPER
BOWEL MOVEMENT IRREGULARITY
NAUSEA
PYREXIA
VOMITING

Adverse Event Description

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.

Source: Vaccine Adverse Event Reporting System

Note that this VAERS report indicates the child previously experienced severe nausea and vomiting for 8-10 hours immediately following her first dose. After her second dose, for which this report was filed, her fever spiked to 103, she developed a severe stomachache and had not had a bowel movement for three days.

Is this the same child who purportedly died from COVID-19? If so, attributing the death to COVID-19 with no mention of the vaccine on her death certificate would constitute medical fraud — or at the very least, negligence on the part of the medical examiner.

Conspicuously missing from news reports covering this child's death was her vaccination status. Was this an oversight? If this young person who died from COVID-19 had not received the COVID-19 "vaccine" would this have been mentioned?

Notably, a different 7-year-old girl who died from COVID-19 made the news around the same time this year. This child was from Tennessee. People magazine covered her story, taking care to mention that she had not been inoculated.

People printed a quote from her doctor, a pediatric infectious disease expert, who told Good Morning America:

"This is not something to mess around with. The takeaway for parents is this is a virus that

we have got to take very seriously and one we have a safe and effective vaccine for."

Media coverage rarely misses an opportunity to laud the vaccines' benefits and warn of the danger of remaining unvaccinated. Simultaneously, any information that may implicate the COVID-19 "vaccines" when harm has occurred is categorically omitted.

Of course, without proof of this child's vaccination status, we can only speculate. This information exists on the Massachusetts Immunization Information System, which Beaudoin hopes he will eventually be able to access.

Questions for the medical establishment

How many deaths have occurred where the COVID-19 "vaccine" likely played a role but was not mentioned in official records?

How many deaths have been falsely attributed to COVID-19?

In March, health officials in Massachusetts eliminated nearly 4,000 (approximately 15%) COVID-19 deaths from their tally. Dr. Catherine Brown, a Massachusetts Department of Public Health epidemiologist said:

"After a deep dive into our data and reviewing thousands of death certificates we recognize that this updated definition gives us a truer picture of mortality associated with COVID-19."

What prompted this "deep dive?" Was it news of Beaudoin's FOIA request and his investigation that was being picked up around the same time?

While researchers at prestigious institutions are trying to retrospectively determine whether face coverings may have prevented absenteeism in a handful of school districts, Massachusetts health officials continue to ignore enormous vaccine safety signals and evidence of medical fraud in their own state.

Official death certificates indicate that thousands of deaths in 2021 may have been linked to the COVID-19 vaccines. If they weren't linked to these products, why and how has the SARS-CoV-2 virus found a different way to kill people in 2021 and 2022?

Do these same signals appear in other states as well? How long will state departments of public health sit on their data before telling the public what that data show?

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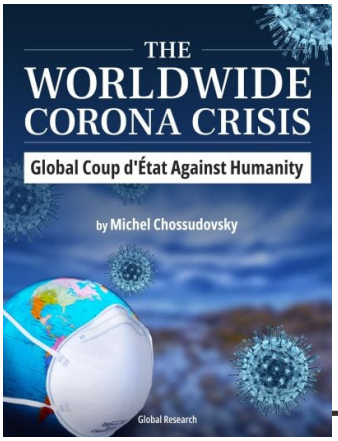

The Worldwide Corona Crisis, Global Coup d'Etat Against Humanity

by Michel Chossudovsky

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"My objective as an author is to inform people worldwide and refute the official narrative which has been used as a justification to destabilize the economic and social fabric of entire countries, followed by the imposition of the "deadly" COVID-19 "vaccine". This crisis affects humanity in its entirety: almost 8 billion people. We stand in solidarity with our fellow human beings and our children worldwide. Truth is a powerful instrument."

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