This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use, $100," and properly addressed will pass through the Mail "FREE".

FORM 6

PROVINCE OF ONTARIO

306

CERTIFICATE OF REGISTRATION OF DEATH

025627

THIS FORM MUST BE FYLED FORTHWITH WITH THE DIVISION REGISTRAR OF THE DIVISION IN WHICH THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

Every item of information should be carefully supplied.

AGE should be stated EXACTLY. PHYSICIANS should STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. RACIAL ORIGIN will be described by stating to what people or race the deceased person belonged, whether English, Irish, Scotch, French, German, etc. The terms "American" or "Canadian" should not be used, as they express citizenship but not a race or people.

1. PLACE OF DEATH — County of Ontario, Township of Reach, ~~If in City, Town or Village~~ (Name) Greenbank, Street (Name), House No.

If in hospital or institution, give name

2. NAME OF DECEASED — (Surname) Wright — (Given name or names) Joseph Ledwatter

Residence Greenbank (Usual place of abode)

3. Sex	4. Racial origin	5. Single, Married, Widowed or Divorced (Write the word)
M.	English	Widower

6. BIRTHPLACE Reach Tp. Co. of Ontario (Province or country)

7. DATE OF BIRTH August 9th (Month) (Day) 1846 (Year)

8. AGE OF DECEASED	Years	Months	Days	If less than one day old
	86	9		hrs. or min.

9. OCCUPATION OF DECEASED—
(a) Retired Farmer (Trade or occupation or kind of work)
(b) (Kind of industry)

10. LENGTH OF RESIDENCE (in years and months)
(a) At place of death 1 year (b) In province All life
(c) In Canada (if an immigrant)

11. Name of father William Wright

12. Birthplace of father Co. of Ontario (Province or country)

13. Maiden name of mother Rosanna Ledwatter

14. Birthplace of mother Ontario (Province or country)

15. Name of Informant Mrs. D. Ferguson,
Address Greenbank
Relation to Deceased Daughter

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 2 (Day) 1933 (Year)

17. I HEREBY CERTIFY that I attended deceased from Oct 1932 to May 4 1933
and last saw h[illegible] alive on May 4 1933

The CAUSE OF DEATH was as follows:
Gangrene (right hand
foot)
(duration of) yrs. mos. 2 1 days

CONTRIBUTORY CAUSE (Secondary) Cardio vascular disease
(duration of) 10 yrs. mos. days

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Reason for operation

Was there an autopsy? no

(Signed) [illegible] M.D.
Address Port Perry Ont
Date May 5th (Month) (Day) 1933 (Year)

State the Disease causing death, or in death from Violent Causes, state (1) Means and Nature of Injury, (2) whether Accidental, Suicidal or Homicidal. In case of stillbirth write "born dead".

19. Place of Burial Lutiga Cemetery Date of Burial May 8th/33.

20. Name of Undertaker John M. Long Address Cap Nodes

For use of Division Registrar only — Fyled at 11 a.m. this 13 day of May 1933 (Hour) (Month)

[illegible] Division Registrar

BURIAL PERMIT was issued by:—
Name M. H. Crosby Address Mt Wolfe Date May 8/33.