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FORM 6

PROVINCE OF ONTARIO

6417

CERTIFICATE OF REGISTRATION OF DEATH

A 609
007102

1. PLACE OF DEATH, of in City, Town or Village. York County of York Township of Vanhome
Street Vanhome House No. 107

If in hospital or institution, give name
2. NAME OF DECEASED Wilson (Surname) John (Given name or names)
Residence 107 Vanhome (Usual place of abode)

3. Sex M 4. Racial origin Irish 5. Single, Married, Widowed or Divorced (Write the word) Married
6. BIRTHPLACE Scotland (Province or country)
7. DATE OF BIRTH Dec 14 1850 (Month) (Day) (Year)
8. AGE OF DECEASED 80 Years Months Days If less than one day old hrs. or min.
9. OCCUPATION OF DECEASED—
(a) (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 3/4 (b) In province 18 3/4
(c) In Canada (if an immigrant) 18 years

11. Name of father William Wilson
12. Birthplace of father Scotland (Province or country)
13. Maiden name of mother Jacqueline Buchanan
14. Birthplace of mother Scotland (Province or country)
15. Name of Informant Robert Wilson
Address 107 Vanhome
Relation to Deceased Son

19. Place of Burial Prospert Cemetery Date of Burial Oct 30 1950
20. Name of Undertaker Ernest Bolton Address 980 Bevercourt Rd

Filed at 120 Somerset (Hour) m. this day of (Month) 19 1950

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October 27 1950 (Month) (Day) (Year)

17. I HEREBY CERTIFY that I attended deceased from 19 27 to Oct 27 1950 and last saw him alive on Oct 28 1950

The CAUSE OF DEATH was as follows:
Carcinoma
(Head of Pancreas)
(duration of) 1 1/2 yrs. mos. days

CONTRIBUTORY CAUSE (Secondary)
(duration of) 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) Gordon E. Campbell M.D.
Address 1062 Bevercourt Rd. York
Date Oct 28 1950 (Month) (Day) (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 stillbirths write "born dead".

FORWARD TO THE DIVISION OF REGISTRATION OF DEATHS WITH PLAIN INK. THIS IS A PERMANENT RECORD.
Every item of information should be carefully supplied.
PHYSICIANS should STATE CAUSE OF DEATH in plain terms, so that it may be properly recorded. RACIAL ORIGIN is very important. RACIAL ORIGIN will be described by stating to what people or nations the deceased belonged, whether English, Irish, Scotch, French, German, etc. The terms "American" or "Canadian" do not express citizenship but not a race or people.

