

This form if placed in an envelope, marked "Dominion Statistics-Free, penalty for improper use, \$300," and properly addressed will pass through the Mail "FREE".

THIS FORM MUST BE FILED 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.

FORM 6 PROVINCE OF ONTARIO 81  
 CERTIFICATE OF REGISTRATION OF DEATH

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

If in hospital or institution, give name \_\_\_\_\_

2. NAME OF DECEASED: Wilson Agnes  
 (Surname) (Given name or names)

Residence 107 Vanhome St  
 (Usual place of abode)

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

6. BIRTHPLACE Scotland  
 (Province or country)

7. DATE OF BIRTH Aug 3 1852  
 (Month) (Day) (Year)

8. AGE OF DECEASED: Years 80 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 20 yrs (b) In province 20 yrs  
 (c) In Canada (if an immigrant) 20 yrs

11. Name of father Alexander Swain  
 12. Birthplace of father Scotland  
 (Province or country)

13. Maiden name of mother Agnes McDonald  
 14. Birthplace of mother Scotland  
 (Province or country)

15. Name of Informant Robert Wilson  
 Address 107 Vanhome St  
 Relation to Deceased son

19. Place of Burial Propped Cemetery Date of Burial Dec 20 1932  
 20. Name of Undertaker James & Bolton Address 980 Dundas Street W.

Filed at \_\_\_\_\_ (Hour) m. this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_  
 DIVISION REGISTRAR

BURIAL PERMIT was issued by: C. Humble, P.S. Address No. 7 Police Station Date Dec: 31/1932  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_  
 POWER OF ATTORNEY  
 Division Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH December 28 1932  
 (Month) (Day) (Year)

17. I HEREBY CERTIFY that I attended deceased from Jan 1932 to Dec. 28 1932  
 and last saw him alive on Dec. 28 1932

The CAUSE OF DEATH was as follows:  
Cerebral Haemorrhage  
 (duration of) \_\_\_\_\_ 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) John E. Campbell M.D.  
 Address 1162 Rossmount Road, Brant  
 Date Dec 28 1932  
 (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".

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