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107

FORM 6

PROVINCE OF ONTARIO

028324

CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County of P. Russell Township of _____
 If in City, Town or Village Haverbury Street Main East House No. 195

2. NAME OF DECEASED Fraser, Malvina
 (Surname) (Given name or names)
 Residence Haverbury
 (Usual place of abode)

3. Sex female 4. Racial origin French 5. Single, Married, Widowed or Divorced (Write the word) married

6. BIRTHPLACE Rigaud Que
 (Province or country)

7. DATE OF BIRTH January 15th 1869
 (Month) (Day) (Year)

8. AGE OF DECEASED } Years 64 Months 3 Days 28 If less than one day old
 hrs. or min.

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

10. LENGTH OF RESIDENCE (in years and months)
 (a) At place of death 33 yrs (b) In province 33 yrs
 (c) In Canada (if an immigrant) _____

11. Name of father Leon Pilon

12. Birthplace of father St. Eustache Que
 (Province or country)

13. Maiden name of mother Yestud Sabamie

14. Birthplace of mother Rigaud Que
 (Province or country)

15. Name of Informant Saint Fraser
 Address Haverbury
 Relation to Deceased Husband

19. Place of Burial Haverbury Date of Burial April 24/33

20. Name of Undertaker F. Y. Bastien Address Haverbury

Fyled at 7 P m. this 22 day of April 1933
 (Hour) (Month)
Eug. Paquette Division Registrar

BURIAL PERMIT was issued by:—
 Name Eug. Paquette Address Haverbury Date Apr 22/33

MEDICAL CERTIFICATE OF DEATH
 16. DATE OF DEATH Apr 22 1933
 (Month) (Day) (Year)
 17. I HEREBY CERTIFY that I attended deceased from March 1933 to Apr 21 1933
 and last saw her alive on Apr 21 1933
 The CAUSE OF DEATH was as follows:
myocarditis endocarditis
 (duration of) 12 yrs. _____ mos. _____ days
 CONTRIBUTORY CAUSE Pneumonia Bronchopneumonia
 (Secondary)
 (duration of) _____ yrs. _____ mos. 6 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) J. W. Smith M.D.
 Address Haverbury Ont
 Date Apr 22 1933
 (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".

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.