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FORM 6

PROVINCE OF ONTARIO

CERTIFICATE OF REGISTRATION OF DEATH

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.

1. PLACE OF DEATH { County of Lennox Kent / If in City, Town or Village Lennox Kent / Township of Lennox Kent / Street Lennox Kent / House No. 11 Buns

2. NAME OF DECEASED Esther Jane (Surname) Lennox (Given name or names)

3. Sex ♀ 4. Racial origin Irish 5. Single, Married, Widowed or Divorced (Write the word) Married

6. BIRTHPLACE Ontario (Province or country)

7. DATE OF BIRTH 1916 (Month) (Day) (Year)

8. AGE OF DECEASED 17 Years 11 Months 17 Days If less than one day old hrs. or min.

9. OCCUPATION OF DECEASED Domestic (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 4 days (b) In province (c) In Canada (if an immigrant)

11. Name of father James Lennox (Province or country)

12. Birthplace of father Ontario (Province or country)

13. Maiden name of mother Martha Lennox (Province or country)

14. Birthplace of mother Ontario (Province or country)

15. Name of Informant A. H. W. W. W. Address Lennox Kent Relation to Deceased son

16. DATE OF DEATH Sept. 4 (Month) (Day) (Year)

17. I HEREBY CERTIFY that I attended deceased from Sept 1 1933 to Sept 4 1933 and last saw her alive on Sept 4 1933
The CAUSE OF DEATH was as follows: Tuber culera Pneumonia
duration of 5 yrs. 5 mos. 5 days
CONTRIBUTORY CAUSE Pulmonary tuberculosis (Secondary)

18. Where was disease contracted if not at place of death? — (duration of) yrs. mos. days

Did an operation precede death? no Date of —

Reason for operation —

Was there an autopsy? no (Signed) A. H. W. W. W. M.D.

Date Sept 4 1933 Address Lennox Kent State the Disease causing death, or in death from Violent Cause, state (1) Means and Nature of Injury, (2) whether Accidental, Suicidal or Homicidal. In case of stillbirths write "born dead" (Month) (Day) (Year)

19. Place of Burial Lennox Kent Date of Burial Sept 5 1933 Address Lennox Kent

20. Name of Undertaker Lennox Kent Address Lennox Kent

For use Division Registrar only: Filed at 18 A. M. this 5 day of Sept 1933 Name James Lennox Division Registrar Date Sept 5 1933

BURIAL PERMIT was issued by: James Lennox Name James Lennox Address Lennox Kent Date Sept 5 1933

Indian Affairs. (RG 10, Volume 6890, file 486/28-3 pt.11)

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