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FORM 6

PROVINCE OF ONTARIO ✓

CERTIFICATE OF REGISTRATION OF DEATH

025995 23

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 "race or people."

1. PLACE OF DEATH: County of Oxford Township of _____
 If in City, Town or Village Norwich (Name) Street _____ (Name) House No. _____
 If in hospital or institution, give name _____

2. NAME OF DECEASED: Gilmore (Surname) Charlott (Given name or names)
 Residence _____ (Usual place of abode)

3. Sex <u>F. W. Dutch</u>	4. Racial origin <u>Dutch</u>	5. Single, Married, Widowed or Divorced (Write the word) <u>Widowed</u>								
6. BIRTHPLACE <u>Dundas Ont</u> (Province or country)										
7. DATE OF BIRTH <u>Jan 15</u> (Month) (Day) (Year)										
8. AGE OF DECEASED <table border="1"> <tr> <th>Years</th> <th>Months</th> <th>Days</th> <th>If less than one day old</th> </tr> <tr> <td><u>87</u></td> <td><u>0</u></td> <td><u>16</u></td> <td>hrs. or min.</td> </tr> </table>			Years	Months	Days	If less than one day old	<u>87</u>	<u>0</u>	<u>16</u>	hrs. or min.
Years	Months	Days	If less than one day old							
<u>87</u>	<u>0</u>	<u>16</u>	hrs. or min.							
9. OCCUPATION OF DECEASED— (a) <u>Retired</u> (Trade or occupation or kind of work) (b) <u>Agriculture</u> (Kind of industry)										
10. LENGTH OF RESIDENCE (in years and months) (a) At place of death <u>4 mos</u> (b) In province _____ (c) In Canada (if an immigrant) _____										
11. Name of father <u>Cornelius Winstrom</u>										
12. Birthplace of father <u>Pennsylvania</u> (Province or country)										
13. Maiden name of mother <u>Irene Spore</u>										
14. Birthplace of mother <u>Pennsylvania</u> (Province or country)										
15. Name of Informant <u>Mrs Maria Dietz</u> Address <u>Norwich</u> Relation to Deceased <u>Daughter</u>										
19. Place of Burial <u>Lymedock</u>										
20. Name of Undertaker <u>L. C. Ann</u>										

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 17 1933
 (Month) (Day) (Year)

17. I HEREBY CERTIFY that I attended deceased from May 1931 to Jan 17 1933
 and last saw h. er alive on Jan 17 1933

The CAUSE OF DEATH was as follows:
Emphysema
 (duration of) _____ yrs. _____ mos. 14 days

CONTRIBUTORY CAUSE Arterio Sclerosis
 (Secondary)
 (duration of) _____ yrs. 7 mos. _____ days

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

Did an operation precede death? No Date of _____
 Reason for operation none

Was there an autopsy? No

(Signed) H. S. Wood M.D.
 Address Tillsonburg
 Date Jan 17 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".

Date of Burial Jan. 19th/33
 Address Norwich

For use Division Registrar only

Filed at _____ (Hour) m. this _____ day of _____ 19____ (Month)

BURIAL PERMIT was issued by:—
 Name A. B. Bishbee Address Norwich Date Jan 18th 33