

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
CERTIFICATE OF REGISTRATION OF DEATH 184

1. PLACE OF DEATH County of Wellington Township of _____
 If in City, Guelph Street Essex House No. 87
 (Name) (Name)
 If in hospital or institution, give name _____ **034864**

2. NAME OF DECEASED Kostel Joseph
 (Surname) (Given name or names)
 Residence 87 Essex Street, Guelph, Ontario.
 (Usual place of abode)

3. Sex <u>Masc.</u>	4. Racial origin <u>Bohemian</u>	5. Single, Married, Widowed or Divorced (Write the word) <u>Married</u>
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6. BIRTHPLACE Chicago, U. S. A.
 (Province or country)

7. DATE OF BIRTH March 19/ 1876.
 (Month) (Day) (Year)

8. AGE OF DECEASED	Years	Months	Days	If less than one day old
	<u>57</u>			hrs. or min.

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

10. LENGTH OF RESIDENCE (in years and months)
 (a) At place of death 12 years (b) In province 35 years
 (c) In Canada (if an immigrant) 35 years

11. Name of father Not known
 12. Birthplace of father _____
 (Province or country)
 13. Maiden name of mother _____
 14. Birthplace of mother _____
 (Province or country)

15. Name of Informant Wilfrid Kostel
 Address 87 Essex Street, Guelph.
 Relation to Deceased Son

19. Place of Burial Woodlawn Cemetery, Guelph. Date of Burial Thursday, October 12, 1933.

20. Name of Undertaker McNiven & McIntyre Address Guelph, Ontario.

For use Division Registrar only
 Filed at 9:45 A on this 12 day of Oct 1933
 (Hour) (Month)

 Division Registrar

BURIAL PERMIT was issued by _____
 Name A. J. Headley Address Guelph Date Oct 12/33

MEDICAL CERTIFICATE OF DEATH
 16. DATE OF DEATH October 10/33. 1933
 (Month) (Day) (Year)
 17. I HEREBY CERTIFY that I attended deceased from Sept-14 1923 to Oct 12 1933
 and last saw him alive on Oct 10 1933
 The CAUSE OF DEATH was as follows:
Pulmonary tuberculosis
 (duration of) _____ yrs. 6 mos. _____ days
 CONTRIBUTORY CAUSE Emphysema
 (Secondary)
 (duration of) _____ yrs. _____ mos. 20 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) T. P. Rickard M.D.
 Address Guelph
 Date Oct 11 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".