

127035

STATEMENT OF DEATH

1. PLACE OF DEATH: City, Town or Village of Toronto Street Address Our Lady of Mercy Hosp
 Township of York County or Territorial District of York
 2. DATE OF DEATH: July 30 1955

3. LENGTH DECEASED RESIDED: (a) in municipality or place where death occurred (b) in Ontario (c) in Canada, if immigrant
 4. PRINT NAME OF DECEASED IN FULL: DROHAN (Surname) DAVID (Given names)

5. PERMANENT RESIDENCE OF DECEASED: City, Town or Village of Toronto Street Address 394 Armadale Ave
 Township of York County or Territorial District of York
 Province or State Ont Country Canada

6. SEX Male 7. CITIZENSHIP CANADIAN 8. RACIAL ORIGIN Irish 9. PROVINCE, STATE OR COUNTRY OF BIRTH Ontario

10. DATE OF BIRTH: Dec 6 1882 11. AGE: 72 7 24

12. (1) TRADE, PROFESSION OR KIND OF WORK: Retired city Employee
 (2) TYPE OF INDUSTRY OR BUSINESS

13. (1) DATE DECEASED LAST WORKED AT THIS OCCUPATION: 1950 (2) TOTAL NUMBER OF YEARS DECEASED WAS ENGAGED IN THIS OCCUPATION

14. (1) STATE WHETHER DECEASED WAS SINGLE, MARRIED, WIDOWED OR DIVORCED: widowed
 (2) IF DECEASED WAS MARRIED, WIDOWED OR DIVORCED STATE NAME OF HUSBAND OR MAIDEN NAME OF WIFE: CORBEAU (Surname) ESTELLE (Given names)

15. PRINT NAME OF FATHER: DROHAN (Surname) DAVID (Given names)
 16. PRINT MAIDEN NAME OF MOTHER: ROWAN (Maiden surname) MARY (Given names)

17. BIRTHPLACE OF FATHER: Ireland 18. BIRTHPLACE OF MOTHER: Ontario

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, ITEMS 1 TO 18, BOTH INCLUSIVE, ARE TRUE AND CORRECT.

394 Armadale Ave (Post-office address) July 30 1955 (Month by name) (Day) (Year)
 F. Mrs. Margaret Dolan (Signature of informant) Wife (Relationship to deceased)

(1) The proposed date of burial, cremation or other disposition or removal of the body is: Aug 2 1955
 (2) The proposed place of burial, cremation, or other disposition or removal of the body: Mount Hope Cemetery

3299 Dundas St W (Post-office address) Aug 2 1955 (Month by name) (Day) (Year)
 J. W. Lynchell (Signature of funeral director)

REGISTRATION NUMBER: 1950 DATE BURIAL PERMIT ISSUED: Aug 18 1955
 BURIAL PERMIT ISSUED BY: J. W. Lynchell ADDRESS OF ISSUER: 770 4 St

I am satisfied as to the correctness and sufficiency of this statement and the medical certificate of death, and I register the death by signing the statement and certificate this: July 30 1955

GEORGE A. WEALE (Signature of registrar) (Code number)

SUBSEQUENT INFORMATION BECOMES AFTER REGISTRATION

PROVINCE OF ONTARIO THE VITAL STATISTICS ACT MEDICAL CERTIFICATE OF DEATH

127035

1. PLACE OF DEATH: City, Town or Village of Toronto Street Address Our Lady of Mercy Hosp
 Township of York County or Territorial District of York

2. PRINT FULL NAME OF DECEASED: DROHAN (Surname) DAVID (Given names)

3. DATE OF DEATH: July 30 1955 4. SEX OF DECEASED: Male 5. AGE: 72

6. CAUSE OF DEATH: (Read carefully the instructions on the reverse side) 350X
 IMMEDIATE CAUSE—State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asphyxia, as-thenia, et cetera. (a) Parkinson's Disease due to
 MORBID CONDITIONS, if any, giving rise to immediate cause (state in order backwards from immediate cause). (b) due to (c)
 OTHER MORBID CONDITIONS (if important) contributing to death but not causally related to immediate cause.

7. (1) IF DECEASED WAS A FEMALE, WAS THE DEATH ASSOCIATED WITH PREGNANCY? (2) DURATION OF PREGNANCY WEEKS (3) WAS THERE A DELIVERY?

8. (1) WAS THERE A SURGICAL OPERATION? (2) DATE OF OPERATION (3) STATE FINDINGS

9. (1) WAS THERE AN AUTOPSY? (2) STATE FINDINGS

10. IF DEATH WAS DUE TO VIOLENCE STATE WHETHER IT WAS AN ACCIDENT, SUICIDE OR HOMICIDE. DATE OF INJURY
 STATE HOW THE INJURY WAS SUSTAINED
 STATE NATURE OF INJURY
 STATE WHETHER INJURY TOOK PLACE AT HOME, IN INDUSTRY, OR IN A PUBLIC PLACE

I certify that,—
 (a) I attended the deceased from the 9 day of Jan 1952 to the 30 day of July 1955, both inclusive, and
 (b) I last saw the deceased alive on the 29 day of July 1955
July 30 1955 (Month by name) (Day) (Year)
J. G. Hara (Signature)
134 Bloor St W (Post-office address) Medical Practitioner (Designation as medical practitioner, coroner, or medical officer of health)

REGISTRATION NUMBER: 1950 DATE: AUGUST 1955

GEORGE A. WEALE (Signature of registrar) (Code number)