

PROVINCE OF ONTARIO  
THE VITAL STATISTICS ACT  
**STATEMENT OF DEATH**

004305

(For use of Registrar-General only)

CODE

1192  
1

1. PLACE OF DEATH:

City, Town, Village or Township of London Street Address Victoria Hospital  
(If death took place in a hospital or other institution, state the name thereof)  
County or Territorial District of Middlesex

2. DATE OF DEATH January 25 1967  
(Month by name) (Day) (Year)

3. LENGTH DECEASED RESIDED (a) in municipality or place where death occurred 67 months (b) in Ontario 67 yrs (c) in Canada, if immigrant

4. PRINT NAME OF DECEASED IN FULL

GIBSON (Surname)  
GEORGE (Given name)

5. PERMANENT RESIDENCE OF DECEASED:

City, Town, Village or Township of Mt. Brydges Street Address R.R. 1  
County or Territorial District of Middlesex  
Province or State Ontario Country Canada

00029

6. Sex Male (Write male or female)  
7. Citizenship Canadian (See note 1)  
8. Province, state or country of birth London, Ontario

9. Date of birth July 22 1879 10. Age 87 6 3  
(Month by name) (Day) (Year) Years Months Days  
If deceased died when less than one day old  
hours or minutes

OCCUPATION 11. (1) Trade, profession or kind of work Professional Base Ball Player (See note 2)  
(2) Type of industry or business Organized base ball, several American teams (See note 3)

12. (1) Date deceased last worked at this occupation 1936 (2) Total number of years deceased was engaged in this occupation 30  
(Month by name) (Day) (Year)

13. (1) State whether deceased was single, married, widowed or divorced Widow  
(2) If deceased was married, widowed or divorced state name of husband or maiden name of wife M. MURPHY (Surname)  
MARGARET (Given name)

14. Print name of father GIBSON (Surname) GEORGE (Given name)

15. Print maiden name of mother SOUTHAM (Maiden surname) HANNAH (Given name)

16. Birthplace of father Ireland (Province, State or Country) 17. Birthplace of mother England (Province, State or Country)

I certify that to the best of my knowledge and belief, items 1 to 17, both inclusive, are true and correct.

January 26 1967  
(Month by name) (Day) (Year)

New Braunfels Texas (Postoffice address) daughter (Relationship to deceased)

(Item 18 is to be completed only by the funeral director):

18. (1) The proposed date of burial, cremation or other disposition or removal of the body is January 28 1967  
(Month by name) (Day) (Year)

(2) The proposed place of Burial is Lobo Township  
(Burial, cremation, or other disposition or removal of the body) (Municipality or other place)

Campbells  
(Name of cemetery or crematorium)

242 January 26 1967  
(Code No. of business) (Month by name) (Day) (Year)

Bennett & Fincombe 371 Dundas St., London, Ont.  
(Signature of funeral director) (Post-office address)

THIS IS A PERMANENT RECORD

X

DO NOT USE RED INK OR PENCIL  
This form and Medical Certificate of Death must be filled with a Division Registrar before a Burial Permit can be issued.

PLEASE TYPE OR PRINT

1192