6502

REGISTRATION OF DEATH

PROVINCE OF QUEBEC
MINISTRY OF HEALTH
05 29 69

1. PLACE OF DEATH — County: Island of Montreal — Official name of civil municipality or township: Montreal — Street: Cedar Ave. — No. 1650 — Hospital or institution: The Montreal General

2. LENGTH OF STAY — (a) In hospital or institution: Years / Months / Days — (b) In municipality where death occurred: Years / Months / Days — (c) In Province: Years / Months / Days — (d) In Canada (if immigrant): Years

65-46-2

3. NAME OF DECEASED: Shaughnessy (Surname or Family Name — If a woman, maiden surname)
Frank Joseph (All given or Christian Names)

65-04-2

4. RESIDENCE — Street: Brock ave S — No. 131 — Official name of civil municipality or township: Montreal West — Municipal county: Isle of Montreal — Province: Que

5. SEX: M ✓ / F

6. Nationality (Citizenship): Canadian

7. Ethnic origin: Eng.

8. Widowed ✓ (Single / Married / Widowed / Divorced)

9. If married, give name of husband or maiden name of wife: Katherine née Quinn

10. BIRTHPLACE (Province or Country): U.S.A.

11. DATE OF BIRTH: April (Month) 8 (Day) 1883 (Year)

12. AGE OF DECEASED: 86 Years, 1 Months, Days — If less than one day old: hrs. or min.

OCCUPATION
13. Trade, profession or kind of work, as farmer, sales clerk, office clerk, etc.: Retired
14. Kind of industry or business as agriculture, grocery store, bank, etc.:
15. Date deceased last worked at this occupation:
16. Total years spent in this occupation:

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Patrick Shaughnessy	Ireland
MOTHER (Maiden name)	Unknown	Ireland

19. Place of burial, cremation or removal: Cote des Neiges Cemetery

20. Date of burial: May 17 1969 (Month) (Day) (Year)

21. PLACE OF REGISTRATION OF THE BURIAL — (a) Name of Parish or church: St Ignatius of Loyola — (b) Civil municipality of: Montreal — (c) Municipal county: Isle of Montreal — (d) Date: May 17 69 (Month by name) (Day) (Year)

Name of Funeral Director: Clarke Funeral Home

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. This form may be mailed "FREE" in a properly addressed envelope on which is printed "Dominion Statistics – Free, penalty for improper use $50".

MEDICAL CERTIFICATE OF DEATH

The attending physician, or coroner, shall without charge fill in, sign and return this medical certificate BEFORE burial.

22. DATE OF DEATH: 3³⁰ a.m. May (Month by name) 15 (Day) 1969 (Year)

23. CAUSE OF DEATH — Approximate interval between onset and death

I. Disease or condition directly leading to death (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death).
(a) Aortic aneurysm, due to (or as a consequence of)
Antecedent causes — Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.
(b) ruptured, due to (or as a consequence of)
(c)
II. Other significant conditions contributing to the death, but not related to the disease or condition causing it.

III. If a communicable disease is mentioned on this certificate, give: (a) Date of appearance 19 — (b) Duration of disease days

24. If a woman, did the death occur either during pregnancy or within 90 days following pregnancy? yes / no

25. Was there a surgical operation? yes ✓ / no — Date of: May 14 19 — State findings: Laparotomy - resection of aneurysm — Was there an autopsy? yes / no ✓ — State findings

26. IF A VIOLENT DEATH (External cause) — (a) Accident; Suicide; Homicide. Date 19 — (b) How did the violence occur? — (c) Indicate injury sustained — (d) Indicate place of violence: Home / Farm / Industrial premises / Street or highway / Other (specify)

27. I HEREBY CERTIFY that I attended deceased from 11⁰⁰ a.m May 13 1969 to 3³⁰ am May 15 1969 and last saw h im alive on May 15 1969
D E MacDonald M.D.
Address — Date: May 15 1969

28. Signature of person who fills in the form (relative, coroner, hospital authority, etc.): W^m MacCormick
This signature authorizes the collector to accept this form as authentic.

29. Signature of clergyman in charge of Register of Civil Status in which registration of this burial was made: Rev [illegible]

-04- 115351

FOR USE OF DEPARTMENT ONLY