MEDICAL CERTIFICATE OF DEATH

037818

(For use of Registrar-General only)

CODE

THIS IS A PERMANENT RECORD

1. PLACE OF DEATH:
City, Town, Village or Township of .... Ridgetown, Ont. .... Street Address .... (If death took place in a hospital or other institution, state the name thereof)

County or Territorial District of .... Kent

2. PRINT FULL NAME OF DECEASED .... O'NEILL (Surname)
JOSEPH HENRY (Given names)

3. DATE OF DEATH September 5th 1969 (Month by name) (Day) (Year)   4. SEX OF DECEASED Male (Male or Female)   5. AGE 72 (Years)

410·9

6. CAUSE OF DEATH
(Read carefully the instructions on the reverse side)

Approximate interval between onset and death

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) Coronary Thrombosis — instant
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) Arteriosclerosis — years
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. ....

7. If deceased was a female, did the death occur either during pregnancy (including abortion and ectopic pregnancy) or within 90 days thereafter? .... (Yes or No)

8. (1) Was there a surgical operation? .... No (Yes or No)   (2) Date of operation .... (Month by name) (Day) (Year)
(3) State findings ....

9. (1) Was there an autopsy? No (Yes or No)   (2) State findings ....

10. If death was due to violence state whether it was an accident, suicide or homicide .... no   Date of injury .... (Month by name) (Day) (Year)

State how the injury was sustained ....

State nature of injury ....

State where injury occurred (home, farm, industrial place, highway, etc.) ....

I certify that, —
(a) I attended the deceased from the .... day of years, 19 .... to the .... day of ...., 19 ...., both inclusive, and
(b) I last saw the deceased alive on the 25 day of August, 1969

6th August 1969
(Day) (Month by name) (Year)

W.Harold Orr, M.D.
Print name

W Harold Orr, M.D.
(Signature)

Ridgetown, Ontario
(Post-office address)   Medical Practitioner ☒   Coroner ☐

(This space for use of division registrar only)

PLEASE TYPE OR PRINT

Registration Number 18

I am satisfied as to the correctness and sufficiency of this medical certificate and the statement of death, and

I register the death by signing the certificate and statement this 8 Sept. 1969
(Day) ((Month) by name) (Year)

Mildred Mack
(Signature of division registrar)

270015
(Code number)

9004—3.8: 1-29-64