

PROVINCE OF ONTARIO
THE VITAL STATISTICS ACT
**MEDICAL CERTIFICATE
OF DEATH**

037818

(For use of Registrar-General only)

CODE

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 4. SEX OF DECEASED Male 5. AGE 72
(Month by name) (Day) (Year) (Male or Female) (Years)

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, asthma, etc. It means the disease, injury, or complication which caused death.)

(a) Coronary Thrombosis
due to (or as a consequence of)

instant

Antecedent causes
Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.

(b) Intermediary
due to (or as a consequence of)

years

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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 (2) Date of operation _____
(Yes or No) (Month by name) (Day) (Year)

(3) State findings _____

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

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,

(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)

Registration Number 10

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)

Michael Mack
(Signature of division registrar)

9004-3.8: 1-29-64

270015
(Code number)

Form 17

PROVINCE OF ONTARIO
THE VITAL STATISTICS ACT
STATEMENT OF DEATH

037818

(For use of Registrar-General only)

CODE

1. PLACE OF DEATH:

City, Town, Village or Township of Ridgetown Street Address York St. West
(If death took place in a hospital or other institution, state the name thereof)
County or Territorial District of Kent

2. DATE OF DEATH September 5 1969
(Month by name) (Day) (Year)

3. LENGTH DECEASED RESIDED (In years, months and days) (a) in municipality or place where death occurred 40 yrs. (b) in Ontario life (c) in Canada, if immigrant _____

4. PRINT NAME OF DECEASED IN FULL

O'NEILL (Surname)
JOSEPH HENRY (Given names)

5. PERMANENT RESIDENCE OF DECEASED:

City, Town, Village or Township of Ridgetown Street Address 22 Erie St. South
County or Territorial District of Kent
Province or State Ontario Country Canada

6. Sex Male 7. Citizenship Canadian 8. Province, state or country of birth Ontario
(Write male or female) (See note 1)
9. Date of birth February 19 1897 10. Age 72 6 17
(Month by name) (Day) (Year) (Years) (Months) (Days) If deceased died when less than one day old _____ hours or _____ minutes

11. (1) Trade, profession or kind of work Municipal Clerk
(See note 2)

(2) Type of industry or business Township
(See note 3)

12. (1) Date deceased last worked at this occupation Dec. 1968 (2) Total number of years deceased was engaged in this occupation 35
(Month by name) (Day) (Year)

13. (1) State whether deceased was single, married, widowed or divorced Married

(2) If deceased was married, widowed or divorced state name of husband or maiden name of wife Kellogg
Elsie Mae (Given names)

14. Print name of father O'Neill Joseph
(Surname) (Given names)

15. Print maiden name of mother Maconald Mary
(Maiden surname) (Given names)

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

September 6 1969
(Month by name) (Day) (Year)

BLENHHEIM, ONT.
(Post-office address)

SON
(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 Sept. 8/69
(Month by name) (Day) (Year)

(2) The proposed place of Burial is Howard Twp.
(Burial, cremation, or other disposition or removal of the body) (Municipality or other place)

Greenwood
(Name of cemetery or crematorium)

397 September 6 1969
(Code No. of business) (Month by name) (Day) (Year)

John M. Keller
(Signature of funeral director)

Ridgetown Ont.
(Post-office address)

(This space for use of division registrar only)

Registration number 10 Date burial permit issued Sept. 8 1969
(Month by name) (Day) (Year)

Burial permit issued by Michael Mack Address of issuer Ridgetown, Ontario

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 8 Sept. 1969
(Day) (Month by name) (Year)

Michael Mack
(Signature of division registrar)

9004-3.7: 22-8-67

270015
(Code number)

DO NOT USE RED INK OR PENCIL

PLEASE TYPE OR PRINT

THIS IS A PERMANENT RECORD DO NOT USE RED INK OR PENCIL PLEASE TYPE OR PRINT

THIS FORM AND MEDICAL CERTIFICATE OF DEATH MUST BE FILED WITH A DIVISION REGISTRAR BEFORE A BURIAL PERMIT CAN BE ISSUED.

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179.0

179.22

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