| | STATISTICS | | 1.0 | /0:X C |
|--|---|--|--|--|
| STATEME | NT OF | | 0.0 | P Registrar-General only) |
| City, Town of / the Oracles Village of | | County or Ferritorial District of | (If death took | |
| 2 DATE OF DEATH (Manual | (a) in municipality | (Day) (Yes | | (c) in Canada, |
| (In years, months and days) 4. PRINT NAME OF | The state of the state of | eurrea (6 |) In Ontario | if inunigrant |
| DECEASED IN FULL | DIAJIJO ECEASED | (C | iven names) | 6443 |
| City, Town or Village of County of C | L | Street Address County or Territorial District of | | radale 4 |
| Province or State O 323 | R RACIAL O | ORIGIN PRO | And the late of the second of the second | COUNTRY OF BIRTH |
| (Kite male of emale) (See note,1) | (See note | Years Mont | hs Days 1 | deceased died when less than one day old s |
| (Month by name) (Day) (Day) (Day) (Day) (Day) | OR KIND OF WO | 1-54 | ned | cely Emplo |
| (2) TYPE OF INDUSTRY O | | (2) TOT | (See note 4) AL NUMBER OF | VEARS |
| WORKED AT THIS. OCCUPATION (Month by ra 44. (1) STATE WHETHER DECEAS | S. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10 | (Year) DEC | S OCCUPATION. | GAGED IN |
| (2) IF DECEASED WAS MARRI STATE NAME OF HUSBANI | ED. WIDOWED | OR DIVORCED | CORBE | ₽W Surname) |
| 11. PRINT NAME OF FATHER | A AW | | DAZIO | en names) |
| NAME OF MOTHER OF W | (Malden surname) | | MARY | |
| I CERTIFY THAT TO THE BEST TRUE AND CORRECT. | OF MY KNOWL | ry) | F ITEMS I TO 18, | (Pravince, State of Country) BOTH INCLUSIVE, ARE |
| 391 6 | | f-Mas. TM | privity name) argoret de (Signature of into | Day) (Year) |
| (Post-office address) | (Item 19 is to be comp | leted only by the funeral | (Relationship to de | crassed) |
| (1) The proposed date of burial, crem (2) The proposed place of thurial c | buna | exition or removal of the solution or removal of the | 1 615 | by fame) (Day) (Year) unicipally of other place) |
| 3299 Dec 3 | 1. 0.7 | , mo | Same of cometoxyfr (Month of partie) | Coxy (Year) |
| (Post-office address | (This space for u | ne of division registrar only | (Signature of Juneral | director) |
| BURIAL PERMIT ISSUED BY. | A Ville | 20 ADDRESS | (Month by | une) (Day); (Year) Y. Hu |
| l am satisfied as to the correctness death by signing the statement and certifications. | and sufficiency of | this statement and th | Minimum and Anni | of death, and I register the |
| | | | (Signature GEO ROSE A. BRIVERRIM | i division (cristrar) |
| | | \$200 BBBB BBBBBBBBBBBBBBBBBBBBBBBBBBBBBB | | |
| | E OF ONTA | | | EDISSION INFORMATION DECID AFTER REGISTRATION |
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