This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use, $100," and properly addressed will pass through the Mail "FREE".

Dr, J, S, Ferguson

THIS FORM MUST BE FYLED FORTHWITH WITH THE DIVISION IN WHICH THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

Every item of information should be carefully supplied.

AGE should be stated EXACTLY. PHYSICIANS should STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. RACIAL ORIGIN will be described by stating to what people or race the deceased person belonged, whether English, Irish, Scotch, French, German, etc. The terms "American" or "Canadian" should not be used, as they express citizenship but not a race or people.

FORM 6

PROVINCE OF ONTARIO

018991

177

CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County of Kent Township of Raliegh
If in City, Town or Village (Name) Street (Name) House No.
If in hospital or institution, give name

2. NAME OF DECEASED Gosnell (Surname) Martha (Given name or names)

Residence 6 Th, Consession Raliegh Twp, Ontario (Usual place of abode)

3. Sex	4. Racial origin	5. Single, Married, Widowed or Divorced (Write the word)
Female	English	Widowed

6. BIRTHPLACE Orford Twp, Ontario (Province or country)

7. DATE OF BIRTH Oct, 7 Th, 1847 (Month) (Day) (Year)

8. AGE OF DECEASED	Years	Months	Days	If less than one day old
	84	5	1	hrs. or min.

9. OCCUPATION OF DECEASED—
(a) Retired Lady (Trade or occupation or kind of work)
(b) (Kind of industry)

10. LENGTH OF RESIDENCE (in years and months)
(a) At place of death 3 Years (b) In province All Life
(c) In Canada (if an immigrant)

11. Name of father John Wilkins

12. Birthplace of father Wentworth Co, Ontario (Province or country)

13. Maiden name of mother Rachell Teetzel

14. Birthplace of mother Ontario (Province or country)

15. Name of Informant Mrs John Tape
Address Fletcher P,O, Ont, R, R, #2
Relation to Deceased Daughter

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March (Month) 8 Th, (Day) 1932 (Year)

17. I HEREBY CERTIFY that I attended deceased from Feby 28, 1932 to March 8th 1932
and last saw her alive on Feby 28, 1932

The CAUSE OF DEATH was as follows:
Cerebral Haemorrhage.

(duration of) yrs. mos. 9 days

CONTRIBUTORY CAUSE (Secondary) Hypertension

(duration of) yrs. 6 mos. days

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Reason for operation —

Was there an autopsy? No

(Signed) J. S. Ferguson M.D.
Address Chatham, Ont
Date March 8th 1932
(Month) (Day) (Year)

State the Disease causing death, or in death from Violent Causes, state (1) Means and Nature of Injury, (2) whether Accidental, Suicidal or Homicidal. In case of stillbirths write "born dead".

19. Place of Burial Gosnell Cemetery Orford Twp Ont, Date of Burial March 10 1932

20. Name of Undertaker Campbell's Funeral Service Address 245 Wellington St, W, Chatham Ont,

For use Division Registrar only

Fyled at 10-10 (Hour) m. this 9th day of March (Month) 1932

Division Registrar

BURIAL PERMIT was issued by:—

Name W. M. Forgeson Address Chatham Date March 9/32.
Reg O.W.