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Office of the Registrar General  
Ontario, Canada

Registration Number:  
Numéro d'enregistrement :

1968 054702

PAGE 1 of 1

Certificate number:  
Numéro du certificat : **P 1323157**

Date issued:  
Date de délivrance :

SEP 13 2010

File number:  
Numéro de dossier :

10359399-02-7

Office of the Registrar General  
Bureau du registraire général

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Bureau du registraire général  
(Ontario) Canada

Form 17 PROVINCE OF ONTARIO  
THE VITAL STATISTICS ACT  
**STATEMENT OF DEATH**

5-661  
654702

\* CODE

1. PLACE OF DEATH: (For use of Registrar General only)  
City, Town, Village or Township: City of North York Street Address: Deerbrook Hospital 92155  
County or Territorial District of: York (If death took place in a hospital or other institution, state the name/number)

2. DATE OF DEATH: (Month by name) Dec (Day) 23 (Year) 1968

3. LENGTH DECEASED RESIDED: (a) in municipality or place where death occurred: N/A (b) in Ontario: 53 yrs (c) in Canada, if immigrant: 53 yrs

4. PRINT NAME OF DECEASED IN FULL: GARDNER  
GILBERT WATSON (Given name)

5. PERMANENT RESIDENCE OF DECEASED:  
City, Town, Village or Township of: Toronto Street Address: 53 Vestburn Cres. 91455  
County or Territorial District of: York Province or State: Ont Country: Can

6. Sex: Male 7. Citizenship: Can 8. Province, state or country of birth: Ont

9. Date of birth: Dec 2, 1899 10. Age: 69 7 0 If deceased died when less than one day old: \_\_\_\_\_ hours or \_\_\_\_\_ minutes

11. (1) Trade, profession or kind of work: High Keying  
(2) Type of industry or business: Telephone

12. (1) Date deceased last worked at this occupation: 1963 (2) Total number of years deceased was engaged in this occupation: 4 yrs

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: CAMPBELL MARY

14. Print name of father: W. L. GARDNER WILLIAM

15. Print maiden name of mother: WATSON MARGARET

16. Birthplace of father: Scot 17. Birthplace of mother: Scot

I certify that to the best of my knowledge and belief, items 1 to 17, both inclusive, are true and correct.  
53 Vestburn Cres. (Post-office address) Dec 23 1968 (Month by name) (Day) (Year)  
Mary S. Gardner (Signature of informant) (Relationship to deceased)

18. (1) The proposed date of burial, cremation or other disposition or removal of the body is: Dec 26/68  
(2) The proposed place of: Cremation (Burial, cremation, or other disposition or removal of the body) (Municipality or other place)

Brown Bros. Funeral Chapel (Name of cemetery or crematorium)  
LIMITED (Code No. of business)  
1812 Eglinton Ave. W., Toronto, Ont. (Post-office address)

Registration number: 1564 Date burial permit issued: December 24, 1968  
Burial permit issued by: A.G. Standing Address of issuer: 5000 Yonge Street, Willowdale

I am satisfied as to the correctness and sufficiency of this statement and the medical certificate of death, and register the death by signing the statement and certificate this 24th December 1968  
DEC 31 1968 (Day) (Month by name) (Year)  
A. Roberts (Signature of division registrar)  
NORTH YORK 700026 (Code number)

THIS IS A PERMANENT RECORD

DO NOT USE RED INK OR PENCIL  
This form and Medical Certificate of Death must be filed with a Division Registrar before a Burial Permit can be issued.

PLEASE TYPE OR PRINT

*Judith M. Hartman*

Judith M. Hartman  
Deputy Registrar General  
Registraire générale adjointe  
de l'état civil

---CERTIFIED COPY---  
NOT VALID WITHOUT ALL PAGES

