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Office of the Registrar General
Ontario, Canada

Registration Number:
Numéro d'enregistrement :

1989 023515
PAGE 1 of 1

Certificate number:
Numéro du certificat : **P 1315108**

Date issued:
Date de délivrance :

Aug 29 2010

File number:
Numéro de dossier :

10359399-03-7

Office of the Registrar General
Bureau du registraire général

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(Ontario) Canada

Form 15
(VSA 1970)

PROVINCE OF
ONTARIO (Canada)

STATEMENT OF
DEATH

Registration No. (Department use only)
(023515)

Office of the Registrar-General

NAME OF DECEASED	1. Surname of deceased (print or type) MASON	Social Insurance Number (if available)
	All given names MARGARET WATSON (RITA)	
DATE OF DEATH	3. Month (by name), day, year of death MAY 21 1989	
PLACE OF DEATH	4. Name of hospital or institution (otherwise give exact location where death occurred) SCARBOROUGH CENTENARY	
	Borough, city, town, village, township, (by name) Metro Toronto	

FOR DEPARTMENT USE ONLY	For Office Use Only 20011
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BIRTHDATE	5. Month (by name), day, year of birth AUGUST 22 1903	6. AGE (years) 85	If under 1 year (Months) (Days)	If under 1 day (Hours) (Minutes)
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BIRTHPLACE	7. City or place of birth unknown	Province (or country) england	For Office Use Only 2100
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MARITAL STATUS	8. Single, married, widowed or divorced (Specify) Widowed	9. If married, widowed or divorced, give full name of husband or full maiden name of wife GEORGE MASON
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OCCUPATION	10. Type of work done during most of working life HOUSEWIFE	11. Type of business or industry to which deceased worked during most of working life.
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FATHER	12. Surname and all given names of father (print or type) GARDNER (UNKNOWN)	13. BIRTHPLACE - City or place, province (or country) SCOTLAND
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MOTHER	14. Maiden surname and all given names of mother (print or type) WATSON MARGARET	15. BIRTHPLACE - City or place, province (or country) SCOTLAND
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USUAL RESIDENCE	16. Complete address. If rural give exact location (not Post Office or Rural Route address) 1748 finch ave E. PICKERING	For Office Use Only 18012
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SIGNATURE OF INFORMANT	17. Signature of informant <i>[Signature]</i>	18. Relationship to deceased Son
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19. Address of informant 1748 Finch Ave E.	20. Date: Month (by name), day, year May - 22 - 88
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(Items 21 - 25 to be completed only by the funeral director)

DISPOSITION	21. Burial, cremation or other disposition (Specify) <input checked="" type="checkbox"/> BURIAL	22. Proposed date of burial or disposition (month, day, year) MAY 24 1989
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23. Name and address of proposed cemetery, crematorium or place of disposition RESTHAVEN MEMORIAL GARDENS

24. Name and address of funeral home (or person in charge of remains) (print or type) MARTINO CHAPEL GIFFEN MACK 4115 LAWRENCE AVE E.	Postal Code
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FUNERAL DIRECTOR	25. Signature of funeral director (responsible officer) <i>[Signature]</i>	Business Code No. 423	Date: Month (by name), day, year
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Burial Permit issued by - <i>[Signature]</i>	Address 411 DIVISION	Date issued (m, d, yr) 89 05 22
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CERTIFICATION OF DIVISION REGISTRAR	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 the medical certificate of death - <i>[Signature]</i> DEPUTY		
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Registration Number 1354	Code Number 2002	Date: Month (by name), day, year JUN 02 1989
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For Department Use Only RECEIVED JUNE 03 1989

8-2300-34.1: 2-3-83

THIS IS A PERMANENT LEGAL RECORD
WRITE PLAINLY AND COMPLETE ALL ITEMS
Directions and legal requirements under the Vital Statistics Act
(see reverse)

This form and Form 16 Medical Certificate of Death
must be filed with a Division Registrar
before a Burial Permit can be issued.

Judith M Hartman

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

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

