Ontario

Office of the Registrar General
Bureau du registraire général

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Office of the Registrar General
Ontario, Canada
Bureau du registraire général
(Ontario) Canada

Registration Number:
Numéro d'enregistrement : 1950 023603

Certificate number:
Numéro du certificat : A 105378

Date issued:
date de délivrance : Mar 11 1998

File number:
Numéro du file : 98077125-03-1

Form 15

PROVINCE OF ONTARIO
THE VITAL STATISTICS ACT, 1948

STATEMENT OF DEATH

023603
(For use of Registrar-General only)

1. PLACE OF DEATH:
City, Town or Village of Mitchell Street Address Montreal
(If death took place in a hospital or other institution, state the name thereof)
Township of ..... County or Territorial District of Perth 4450

2. DATE OF DEATH June (Month by name) 29 (Day) 1950 (Year)

3. LENGTH DECEASED RESIDED (In years, months and days) (a) in municipality or place where death occurred 1 mo. & 15 days (b) in Ontario all life (c) in Canada, if immigrant

4. PRINT NAME OF DECEASED IN FULL
WILLS (Surname)
NORA JANE (Given names)

5. PERMANENT RESIDENCE OF DECEASED:
City, Town or Village of Corunna RR#1 Street Address 29009
Township of Moore County or Territorial District of Lambton
Province or State Ontario Country Canada

6. SEX	7. CITIZENSHIP	8. RACIAL ORIGIN	9. PROVINCE, STATE OR COUNTRY OF BIRTH
Female (Write male or female)	Canadian (See note 1)	English (See note 2)	Ontario

10. DATE OF BIRTH June (Month by name) 10 (Day) 1869 (Year)

11. AGE

Years	Months	Days
81	0	19

If deceased died when less than one day old ..... hours or ..... minutes

OCCUPATION

12. (1) TRADE, PROFESSION OR KIND OF WORK Housewife (See note 3)
(2) TYPE OF INDUSTRY OR BUSINESS ..... (See note 4)

13. (1) DATE DECEASED LAST WORKED AT THIS OCCUPATION ..... (Month by name) (Day) (Year)
(2) TOTAL NUMBER OF YEARS DECEASED WAS ENGAGED IN THIS OCCUPATION .....

14. (1) STATE WHETHER DECEASED WAS SINGLE, MARRIED, WIDOWED OR DIVORCED Widow
(2) IF DECEASED WAS MARRIED, WIDOWED OR DIVORCED STATE NAME OF HUSBAND OR MAIDEN NAME OF WIFE
WILLS (Surname)
JAMES HENRY (Given names)

15. PRINT NAME OF FATHER TAYLOR (Surname) WILLIAM (Given names)

16. PRINT MAIDEN NAME OF MOTHER GLANVILLE (Maiden surname) HANNAH (Given names)

17. BIRTHPLACE OF FATHER England (Province, State or Country) 18. BIRTHPLACE OF MOTHER Ontario (Province, State or Country)

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, ITEMS 1 TO 18, BOTH INCLUSIVE, A TRUE AND CORRECT.

June (Month by name) 29 (Day) 195 (Year)
F. Gladys Rolph (Signature of informant)
Mitchell, Ont. (Post-office address) Daughter (Relationship to deceased)

(Item 19 is to be completed only by the funeral director)

19. (1) The proposed date of burial, cremation or other disposition or removal of the body is July (Month by name) 3 (Day) 19 (Year)
(2) The proposed place of burial (burial, cremation, or other disposition or removal of the body) is ..... (Municipality or other place)
Victoria Memorial (Name of cemetery or crematorium)
June (Month by name) 29 (Day) 19 (Year)
Mitchell, Ont. (Post-office address) [signature] (Signature of funeral director)

(This space for use of division registrar only)

REGISTRATION NUMBER 21 DATE BURIAL PERMIT ISSUED July (Month by name) 3 (Day) 19 (Year)
BURIAL PERMIT ISSUED BY G. D. Jordan ADDRESS OF ISSUER Mitchell

I am satisfied as to the correctness and sufficiency of this statement and the medical certificate of death, and I register death by signing the statement and certificate this July (Month by name) 3 (Day) 1950 (Year)

G. D. Jordan (Signature of division registrar)
440012 (Code number)

Indira Singh

Indira Singh
Deputy Registrar General
Registraire générale adjointe

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