FORM 6

This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use $300," and properly addressed will pass through the mail "FREE"

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

031039 69

1. PLACE OF DEATH — County or District of Perth — Township of ~~Logan~~
If in City, Town or Village Mitchell (Name) — Street St. George St. — House No. ...
(If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days)
(a) In City, Town or Township where death occurred 25 years (b) In Province age life (c) In Canada (if immigrant) ✓

3. PRINT FULL NAME OF DECEASED Jefferson (Family name) Emma Sarah (Given name or names in usual order)

RESIDENCE No. ... Street St. George ~~City, Town, Village or Township~~ Mitchell Province Ontario
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex	5. Nationality (Citizenship)	6. Racial Origin	7. Single, Married, Widowed or Divorced (Write the word)
Female	Canadian	English	Widowed

8. BIRTHPLACE Ontario (Province or Country)

9. DATE OF BIRTH Apr. (Month) 21 (Day) 1865 (Year)

10. AGE in Years 78 Months 3 Days 17 If less than one day old ... hrs. or ... min.

OCCUPATION
11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. Housewife
12. Kind of industry or business, as cotton-mill, lumbering, bank, etc.
13. Date deceased last worked at this occupation ...
14. Total years spent in this occupation ...

15. If married give name of wife or husband of deceased John C. Jefferson, deceased

FATHER
16. NAME ~~John Jefferson~~ Henry J. Sawyer
17. BIRTHPLACE England (Province or Country)

MOTHER
18. MAIDEN NAME Mary Wills
19. BIRTHPLACE England (Province or Country)

20. Person giving information sign here Robt R Horney
Address 273 Pridout st London
Relationship to deceased Cousin

21. Place of Burial, Cremation or Removal Mitchell Ont.
Date of burial or removal August 10th 1943 Woodland Cem

22. Burial Permit was issued by ...
Address ...

23. UNDERTAKER J. W. Heath Mitchell Ont (Name and address)

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH Aug (Month) 7 (Day) 1943 (Year)

25. I HEREBY CERTIFY that I attended deceased from:
Mar 13th 1941 to Aug 7th 1943
and last saw h. ex. alive on July 21st 1943

CAUSE OF DEATH

I. Immediate cause — Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.
(a) Chronic Myocarditis & Myocardial Degeneration
due to
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).
(b) Hypertension
due to
(c) ...

II. Other morbid conditions (if important) contributing to death but not causally related to immediate cause.

26. If a woman, was the death associated with pregnancy? No

27. Was there a surgical operation? No Date of operation ... 19...
State findings ... Was there an autopsy? No

28. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide? ... (State which) Date of injury ... 19...
Manner of injury ... (How sustained)
Nature of injury ...
Specify whether injury occurred in industry, in home, or in public place ...

Signed by W E Pridham M.D.
Address Mitchell Date Aug 9th 1943

29. Division Registrar's Record No. Received from

30. Filed ... 19... A W Blowes (Division Registrar) MCS

Every item of information should be carefully supplied. (See reverse side for instructions)

THIS FORM MUST BE FILED FORTHWITH WITH THE DIVISION REGISTRAR OF THE DIVISION IN WHICH THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

Ontario Registrar General, Registrations of Deaths, 1869-, Emma Sarah Jefferson registration no. 031039 (7 Aug 1943); digital image, *Ancestry* (http://www.ancestry.ca : accessed 7 Mar 2025); Archives of Ontario, Toronto. Page 1 of 1.