

This form if placed in an envelope, marked "Coroner's Certificate - Free, penalty for improper use \$300," and properly addressed will pass through the mail "FREE".

PROVINCE OF ONTARIO CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County or District of Wentworth Township of Barton
If in City, Town or Village General Hospital Street _____ House No. _____
(Name) (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) Life
(a) In City, Town or Township where death occurred _____ (b) In Province _____ (c) In Canada (if immigrant) _____

3. NAME OF DECEASED Main, Jessie M.
RESIDENCE No. 78 Street Duke St City, Town, Village or Township Hamilton Province Ont.
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex F 5. Nationality (Citizenship) Canadian 6. Racial Origin Scotch 7. Single, Married, Widowed or Divorced (write the word) Widowed

8. BIRTHPLACE Hamilton, Ont.
(Province or Country)

9. DATE OF BIRTH _____ (Month) _____ (Day) _____ (Year)

10. AGE in _____ Years 84 _____ Months _____ Days _____ If less than one day old _____ hrs. or _____ min.

11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. None

12. Kind of industry or business, as cotton-mill, lumbering, bank, etc. _____

13. Date deceased last worked at this occupation _____ 14. Total yrs. spent in this occupation _____

15. If married give name of wife or husband of deceased _____

16. NAME James Steele

17. BIRTHPLACE Scotland
(Province or Country)

18. MARRIED NAME Don't know

19. BIRTHPLACE Scotland
(Province or Country)

20. Person giving information Asman
sign here _____

Address 192 Elgin St.

Relationship to deceased Son

21. Place of Burial, Cremation or Removal Hamilton, Ont.

Date of Burial or removal December 31, 1938

22. Undertaker Blachford & Wray, Hamilton, Ont.
(Name and address)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH December 29 1938
(Month) (Day) (Year)

24. I HEREBY CERTIFY that I attended deceased from: June 1931 to December 29 1938
and last saw him alive on Dec. 29 1938

CAUSE OF DEATH

I. Immediate cause
Give disease, injury or complication which caused death, and the mode of dying, such as heart failure, asphyxia, etc. (a) Hypertensive pneumonia

II. Medial condition, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).
(b) arteriosclerosis
(c) hypertension

III. Other medical conditions (if important) contributing to death but not causally related to immediate cause.
glaucoma, arthritis, chronic obstructive

25. If a woman, was the death associated with pregnancy? _____

26. Was there a surgical operation? _____ Date of operation _____

State findings _____ Was there an autopsy? _____

27. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide or homicide? _____ Date of injury _____

Manner of injury _____ (State which)

Nature of injury _____ (How sustained)

Specify whether injury occurred in industry, in house, or in public place _____

Signed by W. J. Donnelly M.D.

Address 196 George St Date Dec. 29 1938

28. Division Registrar's Record Number _____

29. Filed Jan 3 1939 J. J. Berry
(Division Registrar)

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

Every item of information should be carefully supplied.

(See reverse side for instructions.)