

DEATHS

County of

Bruce

Division of

Walkerton

No. 1

008657

Surname of Deceased

W. Crum

Full given Name

Frederick

008662

Place of death, street and number or

Bruce County Hospital
If in a Hospital or Institution give name

(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed

a *M.* | b *Irish* | c *SM*

Age

61 yrs. | *-* mos. | *-* dys. | *-* hrs. | *-* min.
 if under one day,

(a) Place of Birth (b) Date of Birth

a *Galt On* | b *1864*

LAST OCCUPATION Trade or Occupation

Merchant

Kind of Industry

Proprietor

Date from which to which employed

from *3 years* to *all his life*

Length of Residence

at place of death | *3 years* in Ontario | *all his life* in Canada

PARENTS Name of Father

Henry W. Crum

Birthplace of Father

New York

Maiden Name of Mother

Marion Batters

Birthplace of Mother

London England

Name of Physician

H. H. Sinclair

Address

Walkerton On

Name of Informant

Wm Simpson

Address

Galt On

Relation to Deceased

Niece

Place of Burial

Galt On

Date of Burial

June 2, 1925

Name of Undertaker

O. T. Walfer

Address

Walkerton On

Cause of Death if no Physician attended

Date of Death

June 2, 1925

MEDICAL CERTIFICATE OF DEATH

Name of Deceased

Frederick W. Crum

Date of Death

June 2, 1925

If Infant, Name of Parents

Walkerton On

Address

Dates from which to which Medical Practitioner Attended Deceased

from *9 am June 2, 25* to *10*

CAUSE OF DEATH Primary

Arterio-sclerosis

Duration

Cerebral Haemorrhage

Contributory

Cerebral Haemorrhage

Duration

yrs. | *1* mos. | dys.

(a) Did an operation precede death?

Yes | b

(b) Was there an autopsy?

No
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 Aug 4/25
 R.M.

Name of Physician

H. Sinclair

Address

Walkerton On

Date of Return

June 3/25

Date received by Division Registrar

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I certify that the foregoing are correct registrations of deaths made to me during the

L. B. Beith

D. R. or Sub-Registrar.

Add