

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.
AGE should be stated EXACTLY. PHYSICIANS should STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. RACIAL ORIGIN will be described by stating to what people or race the deceased person belonged, whether English, Irish, Scotch, French, German, etc. The terms "American" or "Canadian" should not be used, as they express citizenship but not a race or people.

FORM 6

PROVINCE OF ONTARIO

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CERTIFICATE OF REGISTRATION OF DEATH

035444

1. PLACE OF DEATH { County of Wentworth Township of _____
 If in City, Town or Village Dundas Street Park House No. 133
(Name) (Name)

If in hospital or institution, give name _____

2. NAME OF DECEASED Pirie James Morris (Surname) (Given name or names)
 Residence Dundas (Usual place of abode)

3. Sex M. 4. Racial origin Scottish 5. Single, Married, Widowed or Divorced (Write the word) M.

6. BIRTHPLACE Dundas (Province or country)

7. DATE OF BIRTH March 31 1853 (Month) (Day) (Year)

8. AGE OF DECEASED } Years 81 Months 2 Days 29 If less than one day old
 DECEASED } and date of birth hrs. or min.

9. OCCUPATION OF DECEASED—
 (a) Carpenter for wood (Trade or occupation of kind of work)
 (b) _____ (Kind of industry)

10. LENGTH OF RESIDENCE (in years and months)
 (a) At place of death 7 yrs (b) In province life
 (c) In Canada (if an immigrant) _____

11. Name of father George Pirie
 12. Birthplace of father Scotland (Province or country)
 13. Maiden name of mother Margaret Ross
 14. Birthplace of mother Scotland (Province or country)

15. Name of Informant Dr. Pirie
 Address 133 Park St. Dundas
 Relation to Deceased Brother

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 2nd 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY that I attended deceased from May 30th 1934 to June 2nd 1934
 and last saw him alive about May 1st 1934

The CAUSE OF DEATH was as follows:
Arteriosclerosis

(duration of) 10 yrs. — mos. — days

CONTRIBUTORY CAUSE Cardiac asthma
(Secondary)

(duration of) 7 yrs. — mos. — days

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____
 Reason for operation _____

Was there an autopsy? No

(Signed) W.E. Innes M.D.
 Address Dundas

Date June 2nd 1934
(Month) (Day) (Year)

State the Disease causing death, or in death from Violent Cause, state (1) Means and Nature of Injury, (2) whether Accidental, Suicidal or Homicidal. In case of stillbirths write "born dead".

19. Place of Burial Dundas Date of Burial June 4th 34

20. Name of Undertaker W. Brown Address Dundas

For use Division Registrar only

Filed at 5 p.m. this 2 day of June 1934
(Hour) (Month)

C. E. Dickson Division Registrar

BURIAL PERMIT was issued by:
 Name C. E. Dickson Address Dundas Date June 2/34