

Bur. 4029

FORM 6 PROVINCE OF ONTARIO 015547
 CERTIFICATE OF REGISTRATION OF DEATH 229

1. PLACE OF DEATH { County of Windsor Township of _____
 If in City, Town or Village Parent (Name) Street Parent (Name) House No. 1207
 If in hospital or institution, give name _____
 2. NAME OF DECEASED Perrault (Surname) Rosalie (Given name or names)
 Residence 1207 Parent Ave. (Usual place of abode)

3. Sex F. 4. Racial origin French 5. Single, Married, Widowed or Divorced (Write the word) married
 6. BIRTHPLACE Prov of Quebec (Province or country)
 7. DATE OF BIRTH Nov 6 1868 (Month) (Day) (Year)
 8. AGE OF DECEASED Years Months Days If less than one day old
61 6 21 hrs. or min.
 9. OCCUPATION OF DECEASED—
 (a) none (Trade or occupation or kind of work)
 (b) _____ (Kind of industry)
 10. LENGTH OF RESIDENCE (in years and months)
 (a) At place of death 3 weeks In province 18 yrs
 (c) In Canada (if an immigrant) _____
 11. Name of father Jules Louie
 12. Birthplace of father Prov of Quebec (Province or country)
 13. Maiden name of mother Gervais
 14. Birthplace of mother Prov of Quebec (Province or country)
 15. Name of Informant Guy Perrault
 Address 1317 Gladstone Ave
 Relation to Deceased son

MEDICAL CERTIFICATE OF DEATH
 16. DATE OF DEATH Apr 27 1930 (Month) (Day) (Year)
 17. I HEREBY CERTIFY that I attended deceased from Feb 17 1930 to March 27 1930
 and last saw him alive on 27/4 1930
 The CAUSE OF DEATH was as follows:
Pernicious Anemia
 (duration of) 6 yrs. 6 mos. — days
 CONTRIBUTORY CAUSE _____
 (duration of) _____ yrs. _____ mos. _____ days
 18. Where was disease contracted if not at place of death? Yes
 Did an operation precede death? No Date of _____
 Reason for operation _____
 Was there an autopsy? No
 (Signed) L. O. Dunder M.D.
 Address 1589 OTTAWA ST. W. WINDSOR
 Date Apr 28 1930 (Month) (Day) (Year)
 State the Disease causing death, or in death from Violent Causes, state (1) Means and Nature of Injury, (2) whether Accidental, Suicidal or Homicidal. In case of stillbirths write "born dead".

19. Place of Burial Heavenly Rest Date of Burial Apr 29 1930
 20. Name of Undertaker Albert J. Jamin Address 403 Sandwich St.
 Fyled at _____ m. this 28 day of April 1930.
 (Hour) (Month)
 m.a. Dickinson
 Division Registrar

BURIAL PERMIT was issued by:—
 Name m.a. Dickinson Address Windsor Ont Date Apr 27/30

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.