

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

1. PLACE OF DEATH: County or District of Carleton, Township of Nepean, 011656. If in City, Town or Village: Ottawa, Street: St. Charles, 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): (a) In City, Town or Township where death occurred: 6 1/2 yrs, (b) In Province: 6 1/2 yrs, (c) In Canada (if immigrant):
3. PRINT FULL NAME OF DECEASED: Emmond, Gustave
RESIDENCE No. 159, Street: Water, City, Town, Village or Township: Ottawa, Province: Ont.

4. Sex: male, 5. Nationality: Canadian, 6. Racial Origin: French, 7. Single, Married, Widowed or Divorced: widowed
8. BIRTHPLACE: Berthierville, Que
9. DATE OF BIRTH: Oct. 21st, 1863
10. AGE in: Years 79, Months 5, Days, If less than one day old: hrs. or min.
11. Trade, profession or kind of work as spinner, teamster, office clerk, etc.: civil servant
12. Kind of industry or business, as cotton-mill, lumbering, bank, etc.: Secretary of State
13. Date deceased last worked at this occupation: 4 yrs ago
14. Total years spent in this occupation: 53

15. If married give name of wife or husband of deceased: Emilie Coursolles
16. NAME: Charles Emmond
17. BIRTHPLACE: Quebec
18. MAIDEN NAME: Julie Giroux
19. BIRTHPLACE: Quebec

20. Person giving information sign here: Chap. Emmond, Address: 341 Chapel, Relationship to deceased: son

21. Place of Burial, Cremation or Removal: Notre Dame, Date of burial or removal: March 27th 1942

22. Burial Permit was issued by: CITY CLERK, OTTAWA

23. UNDERTAKER: Gauthier & Co. Ltd.

MEDICAL CERTIFICATE OF DEATH
24. DATE OF DEATH: March 25th 1942
25. I HEREBY CERTIFY that I attended deceased from: Feb 1st 1942 to March 25th 1942 and last saw him alive on: Mar 23rd 1942

CAUSE OF DEATH
I. Immediate cause: (a) Cerebral thrombosis, due to (b) Arterio sclerosis, due to (c) Age senility
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?
27. Was there a surgical operation? Date of operation:
State findings: Was there an autopsy?

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

Signed by: J. D. C. Motter, M.D., Address: 297 Laurier E., Date: Mar 25th 1942

29. Division Registrar's Record No. 46471, 30. Filed: MAR 25 1942, N. R. Ouellet, (Division Registrar)

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

J. D. C. Motter