

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

791  
1008

15006

1. PLACE OF DEATH

County .....  
Township .....  
City St Louis (No. Jerome St. Hosky Ward)

Registration District No. ....  
Primary Registration District No. ....

File No. ....  
Registered No. 3530

2. FULL NAME

(a) Residence, No. 3912 Clara St. 17 Ward Newbury Ont.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. 6 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/16 1933

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from 3/14/33 1933, to 4/16 1933

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

I last saw her alive on 4/16 1933. Death is said to have occurred on the date stated above, at 10 P.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 60. — — —

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Teacher  
10. Date deceased last worked at this occupation (month and year) about 10 years 11. Total time (years) spent in this occupation 20

Pulmonary Embolism Date of onset 4/16/33  
Bronch. Pneumonia Rt 3/14/33  
1869  
1871  
1874 10/70

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newbury Ont.

Other contributory causes of importance:  
Fracture of Rt ischem 3/4/33

13. NAME Wm H. Shepard.

Name of operation ..... Date of .....  
What test confirmed diagnosis? Chemical Was there an autopsy? Yes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ontario

15. MAIDEN NAME Margaret Spurling

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ontario

17. INFORMANT (ADDRESS) W. H. Shepard.  
3912 Clara

18. BURIAL CREMATION, OR REMOVAL PLACE Newbury Ont. DATE April 20 1933

19. UNDERTAKER (ADDRESS) W. H. Shepard  
3912 Clara

20. FILED 18 1933 19 W. H. Shepard Registrar.

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? accident Date of injury 3/14 1933  
Where did injury occur? 7008 Newbury  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. at home

Manner of injury slipped on floor  
Nature of injury fracture of Rt ischem

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify  
(Signed) J. J. Singer M. D.  
(Address) 3720 Washington

Exact statement of OCCURRENCE in plain terms, so that it may be properly classified.

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