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".

THIS FORM MUST BE FYLED 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 25 PROVINCE OF ONTARIO

CERTIFICATE OF REGISTRATION OF DEATH

1.3

039794

1. PLACE OF DEATH — County of York — Township of ..... — If in City, Town or Village Toronto (Name) — Street ..... (Name) — House No. .....

If in hospital or institution, give name Toronto East-General Hospital

2. NAME OF DECEASED Clara Elizabeth Notley (Surname) (Given name or names)

Residence 1340 Gerrard St-East (Usual place of abode)

3. Sex F — 4. Racial origin English — 5. Single, Married, Widowed or Divorced (Write the word) Widow

6. BIRTHPLACE England (Province or country)

7. DATE OF BIRTH May (Month) 26 (Day) 1887 (Year)

8. AGE OF DECEASED — Years 43 — Months — Days — If less than one day old ..... hrs. or ..... min.

9. OCCUPATION OF DECEASED—

(a) ..... (Trade or occupation or kind of work)

(b) ..... (Kind of industry)

10. LENGTH OF RESIDENCE (in years and months)

X (a) At place of death ..... (b) In province .....

(c) In Canada (if an immigrant) .....

11. Name of father John Beasley

12. Birthplace of father England (Province or country)

13. Maiden name of mother not known

14. Birthplace of mother ..... (Province or country)

15. Name of Informant Matilda Ashman

Address 244 Ashdale Ave

Relation to Deceased none

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January (Month) 27th (Day) 1930 (Year)

17. I HEREBY CERTIFY that I attended deceased from Jan 23 1930 to Jan 26 1930 and last saw her alive on Jan 26th 1930

The CAUSE OF DEATH was as follows:

Coronary Embolism.

(duration of) ..... yrs. ..... mos. 20 minutes days

CONTRIBUTORY CAUSE (Secondary) Post-Operative for Gall Stones & Appendix

(duration of) ..... yrs. ..... mos. 6 days

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

Did an operation precede death? yes Date of Jan 23rd

Reason for operation .....

Was there an autopsy? no

(Signed) H. A. Pelton M.D.

Address 663 Greenwood Ave

Date Jan (Month) 27 (Day) 1930 (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 Mt-Pleasant — Date of Burial January 24-1930

20. Name of Undertaker Hopkins-Golden — Address 529 Yonge St

For use Division Registrar only — Fyled at 11 a. (Hour) m. this 4th day of Feb (Month) 1930 — W H Heaton Division Registrar

BURIAL PERMIT was issued by:— Name Serge Horton Address No 5 Div Date 29-1-30