ANCESTRY INSTITUTION.COM

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

012719 162

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

1. **PLACE OF DEATH** (County or District of) Carleton — Township of Nepean.
(If in City, Town or Village) Ottawa (Name) — Street Ottawa Civic Hosp. — House No.
(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 32 yrs (b) In Province 32 yrs (c) In Canada (if immigrant) 32 yrs

3. **PRINT FULL NAME OF DECEASED** ~~Lees~~ (Family name) SERVICE, MRS. MABEL (Given name or names in usual order)

RESIDENCE No. 274 Street Arlington City, Town, Village or Township Ottawa Province Ont.
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex	5. Nationality (Citizenship)	6. Racial Origin	7. Single, Married, Widowed or Divorced (Write the word)
F	Can	English	married

8. BIRTHPLACE England (Province or Country)

9. DATE OF BIRTH × Dec (Month) 31 (Day) 1896 (Year)

10. AGE in × | Years 47 | Months | Days | If less than one day old ... hrs. or ... min.

OCCUPATION

11. Trade, profession or kind of work as **spinner, teamster, office clerk**, etc. Housewife

12. Kind of industry or business, as **cotton-mill, lumbering, bank**, etc.

13. Date deceased last worked at this occupation —

14. Total years spent in this occupation —

15. If married give name of wife or husband of deceased Matthew Service

FATHER

16. NAME Frederick Day

17. BIRTHPLACE England (Province or Country)

MOTHER

18. MAIDEN NAME —

19. BIRTHPLACE England (Province or Country)

20. Person giving information sign here Matthew Service
Address 274 Arlington Ave
Relationship to deceased Husband

21. Place of Burial, Cremation or Removal Pinecrest Cem
Date of burial or removal May 28/43

22. Burial Permit was issued by BURIAL PERMIT ISSUED BY CITY CLERK, OTTAWA.
Address

23. UNDERTAKER Sulse & Playfair Ltd (Name and address) Ottawa

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH May (Month) 26 (Day) 1943 (Year)

25. I HEREBY CERTIFY that I attended deceased from: May 10 1943 to May 26 1943
and last saw h. alive on May 25 1943

CAUSE OF DEATH

I. **Immediate cause** Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.
(a) Paralytic Ileus

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).
due to (b) Operation (Hysterectomy)
due to (c)

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? No

27. Was there a surgical operation? Yes Date of operation May 21 1943
State findings Uterine fibroid Was there an autopsy? No

28. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide? (State which) Date of injury 19
Manner of injury (How sustained)
Nature of injury
Specify whether injury occurred in **industry**, in **home**, or in **public place**

Signed by R. Starrs M.D.
Address 505 Medical Arts Bldg. Date 26/VI 1943

29. Division Registrar's Record No. 904

30. Filed 19 (Division Registrar) R. K. Oglivie

(Dr. R. D. Campbell)