CITIZENSHIP (NATIONALITY) is defined in terms of the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of a person who was born in Canada or who has rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country. RACIAL ORIGIN is defined in terms of the people or race to which the person—traced through the father—belongs, whether English, Irish, Scottish, French, German, Russian, Ukrainian, etc. The terms "Canadian" or "American" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

## L. PLACE OF DEATH City, Town or Village of.....

## PROVINCE OF ONTARIO VITAL STATISTICS ACT REGISTRATION OF DEATH

Registration Number 036845
For use of Registrar General only.

1. PLACE OF DEATH City, Town or	121-9	11 403
Village of	Street	nstead of street and number)
Township of County or District of Outland		
2. LENGTH OF STAY In Municipality where death	9 9	In Canada (if immigrant)
(in years, months and days)	3 mos.	3 mss.
3. PRINT FULL NAME OF DECEASED.	PURRIER, CH	AS. HENRY
4. PERMANENT RESIDENCE OF DECEASED:	ie or last name) (Given	or Christian names)
	Street 185 ma	ryff
Township of County or Township of District of	Outorio Provin	of autorio
5. SEX 6. CITIZENSHIP 7. RACIAL ORIGIN (See marginal note)		LACE (Province or Country)
male American French		rio ( Komptrull
10. Date of Birth	Years   Months	Days   If less than one day
Dec. 15- 1886.	11. AGE 60 11	2
(Month by name) (Day) (Year	0: 100	hrs. or min.
work as spinner, grader, clerk, etc	cherist & Vos	& maker.
(b) Kind of industry or business, as paper mill, lumber, bank, etc	machine	ARAB.
13. Date deceased last worked 9	(If "Labourer" specify kind of work  14. Total years spent in	above)
at this occupation	this occupation	2 york
of husband or maiden name of wife of deceased	ate Sorothy	Till
16. Name of father Sourrick	Pasea	l
(Surname or last name	(Given or Cl	nristian names)
17. Maiden name of mother Surname or last name	(Given or Cl	nristian names)
18. Birthplace: Outorio	Mother Old	tario
(Province or Country)  19. I certify the foregoing to be true and correct to the b		(Province or Country)
Given under my hand at	e this 17 day of	9 xv 1947
Signature of informant	1100	to deceased Lester
Address / 8 ( mary )	axenua	, seel.
n/ .	00 D. 9601	19 10115
20. Burial, Cremation or Removal	Date (Month by name)	(Day) (Year)
Place of Burial	Cemetery	Tregory
(minicipality)	// /	
Burial Permit was issued by	re Address Oshau	a Orl
Burial Permit was issued by	SON Address Of Rai	va, Olef
Burial Permit was issued by 21. Funeral Director: A PARTEON &	SON OUR	va Och
Burial Permit was issued by	SON OUR	va Orl
Burial Permit was issued by 21. Funeral Directory, F. ARMSTRONG & Name	SON Address Of Ra.	va Oxl
Burial Permit was issued by  21. Funeral Director, F. ARMSTRONG & Name.  22. Marginal notations (Omce use only)  MEDICAL CER	SON OUR	va Oxl
Burial Permit was issued by 21. Funeral Directory, F. ARMSTRONG & Name	SON Address Of Ra.	va Oxl va Deel
Burial Permit was issued by  21. Funeral Director, F. ARMSTRONG & Name  22. Marginal notations (Omce use only)  MEDICAL CER  (Month by name)  24. I HEREBY CERTIFY that I attended deceased from the second of the s	Address Of Race	19.40
Burial Permit was issued by  21. Funeral Director, F. ARMSTRONG & Name  22. Marginal notations (Omce use only)  MEDICAL CER  (Month by name)  24. I HEREBY CERTIFY that I attended deceased from the second of the s	A A	ve on 19.47
Burial Permit was issued by  21. Funeral Director, F. ARMSTRONG & Name  22. Marginal notations (Omce use only)  MEDICAL CER  23. DATE OF DEATH  (Month by name)  24. I HEREBY CERTIFY that I attended deceased from the company of the	Address Of Race	ve on 19.47  DURATION
Burial Permit was issued by  21. Funeral Director, F. ARMSTRONG & Name  22. Marginal notations (Oince use only)  MEDICAL CER  (Month by name)  24. I HEREBY CERTIFY that I attended deceased from the second of the	Address Of Race	ve on 19.47
Burial Permit was issued by  21. Funeral Director, F. ARMSTRONG & Name  22. Marginal notations (Omce use only)  MEDICAL CER  23. DATE OF DEATH  (Month by name)  24. I HEREBY CERTIFY that I attended deceased from the company of the	Address Of Race	ve on 19.47  DURATION
Burial Permit was issued by  21. Funeral Director F. ARMSTRONG & Name  22. Marginal notations (Omce use only)  MEDICAL CER  23. DATE OF DEATH  (Month by name)  24. I HEREBY CERTIFY that I attended deceased from the constant of the constan	Address Of Race	ve on 19.47  DURATION  Yrs. Mos. Dys.  Z-3
Burial Permit was issued by  21. Funeral Director: F. ARMSTRONG & Name  22. Marginal notations (Office use only)  Part of DEATH  23. DATE OF DEATH  (Month by name)  24. I HEREBY CERTIFY that I attended deceased from the constant of the co	Address Of Race	ve on 19.47  DURATION  Yrs. Mos. Dys.  Z-3
Burial Permit was issued by  21. Funeral Director, F. ARMSTRONG & Name.  22. Marginal notations (Oince use only)  23. DATE OF DEATH  24. I HEREBY CERTIFY that I attended deceased from to the caused death, nor the mode of dying, such as heart failure, asphyxia, asthenia, etc.  Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).  (a)  (b)  due to  (b)  (c)	Address Of Rank  Address Of Rank  Address Of Rank  Address Of Rank  CAUSE OF DEATH  Address Of DEATH	ve on 19.47  DURATION  Yrs. Mos. Dys.  Z-3
Burial Permit was issued by  21. Funeral Director. F. ARMSTRONG & Name.  22. Marginal notations (Oince use only)  23. DATE OF DEATH  24. I HEREBY CERTIFY that I attended deceased from to.  25. Immediate cause  Give disease, injury or complication which caused death, nor the mode of dying, such as heart failure, asphyxia, asthenia, etc.  Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).  16. (a)  (b)  (due to (c)  (c)	Address Of Rank  Partificate of Death  On. Address Of Death  CAUSE OF DEATH  CAUSE OF DEATH	ve on 19.47  DURATION  Yrs. Mos. Dys.  Z-3
Burial Permit was issued by  21. Funeral Director F. ARMSTRONG & Name  22. Marginal notations (Omce use only)  23. DATE OF DEATH  24. I HEREBY CERTIFY that I attended deceased from to	Address Of Rank  STIFICATE OF DEATH  om	ve on. 17 Avr 19.47  DURATION Yrs. Mos. Dys. Z-3
Burial Permit was issued by  21. Funeral Director F. ARMSTRONG & Name  Name  22. Marginal notations (Office use only)  MEDICAL CER  23. DATE OF DEATH  (Month by name)  24. I HEREBY CERTIFY that I attended deceased from to the caused death, nor the mode of dying, such as heart failure, ashyvia, asthenia, etc.  Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).  11  Other morbid conditions (if important) contributing to death but not causally related to immediate cause.  25. If a woman, was the death associated with pregnancy?  Duration	Address Of Rank  ETIFICATE OF DEATH  Dom. Agrif	ve on. 17 Alw 19.47  DURATION Yrs. Mos. Dys. Z-3  delivery?
Burial Permit was issued by  21. Funeral Director F. ARMSTRONG & Name  22. Marginal notations (Omce use only)  23. DATE OF DEATH  24. I HEREBY CERTIFY that I attended deceased from to	Address Of Rank  ETIFICATE OF DEATH  Dom. Agrif	ve on 19.47  DURATION  Yrs. Mos. Dys.  Z-3  delivery?
Burial Permit was issued by  21. Funeral Director F. ARMSTRONG & Name  Name  22. Marginal notations (Office use only)  MEDICAL CER  23. DATE OF DEATH  (Month by name)  24. I HEREBY CERTIFY that I attended deceased from to the second of dying, such as heart failure, asplyaia, asthenia, etc.  Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).  11  Other morbid conditions (if important) contributing to death but not causally related to immediate cause.  25. If a woman, was the death associated with pregnancy?  Duration  26. Was there a surgical operation?	Address Of Rank  TIFICATE OF DEATH  Om. 19 1. 2. ali  CAUSE OF DEATH  Labrules 1. ali  weeks. Was there a  Date of operation	ve on 19.47  DURATION Yrs. Mos. Dys. Z-3  delivery?  19.49
Burial Permit was issued by  21. Funeral Director F. ARMSTRONG & Name  Name  12. Marginal notations (Office use only)  MEDICAL CER  (Month by name)  24. I HEREBY CERTIFY that I attended deceased from the second death, where the mode of dying, such as heart failure, asphyxia, asthenia, etc.  Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).  10. Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).  11. Other morbid conditions (if important) contributing to death but not causally related to immediate cause.  25. If a woman, was the death associated with pregnancy?  26. Was there a surgical operation?  State findings.  27. If death was due to external causes (violence) fill in a	Address Of Rank  Address Of Rank  Tifficate of Death  Om. Address of Death  Cause of Death  Lancy Tulbunds Si	DURATION Yrs. Mos. Dys. Z-3  delivery?  19. 47
Burial Permit was issued by  21. Funeral Director F. ARMSTRONG & Name  Name  22. Marginal notations (Office use only)  MEDICAL CER  23. DATE OF DEATH  (Month by name)  24. I HEREBY CERTIFY that I attended deceased from to the second of dying, such as heart failure, asplyaia, asthenia, etc.  Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).  11  Other morbid conditions (if important) contributing to death but not causally related to immediate cause.  25. If a woman, was the death associated with pregnancy?  Duration  26. Was there a surgical operation?	Address Of Rank  Address Of Rank  Tifficate of Death  Om. Address of Death  Cause of Death  Lancy Tulbunds Si	DURATION Yrs. Mos. Dys. Z-3  delivery?  19. 47
Burial Permit was issued by  21. Funeral Director F. ARMSTRONG & Name  Name  12. Marginal notations (Office use only)  MEDICAL CER  (Month by name)  24. I HEREBY CERTIFY that I attended deceased from the second death, where the mode of dying, such as heart failure, asphyxia, asthenia, etc.  Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).  10. Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).  11. Other morbid conditions (if important) contributing to death but not causally related to immediate cause.  25. If a woman, was the death associated with pregnancy?  26. Was there a surgical operation?  State findings.  27. If death was due to external causes (violence) fill in a	Address Of Rath  Partificate of Death  Om. Address Add	DURATION Yrs. Mos. Dys. Z-3  delivery?  19. 47
Burial Permit was issued by  21. Funeral Director F. ARMSTRONG & Name  Name  P. ARMSTRONG & 22. Marginal notations (Oince use only)  MEDICAL CER  (Month by name)  24. I HEREBY CERTIFY that I attended deceased from to to the caused death, nor the mode of dying, such as heart failure, asphyxia, asthenia, etc.  Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).  10  Other morbid conditions (if important) contributing to death but not causally related to immediate cause.  25. If a woman, was the death associated with pregnancy?  26. Was there a surgical operation?  State findings  27. If death was due to external causes (violence) fill in a Accident, suicide or homicide?  (State which)  Manner of injury.	Address Of Rath  TIFICATE OF DEATH  On	DURATION   Yrs.   Mos.   Dys.     Z-3
Burial Permit was issued by  21. Funeral Director F. ARMSTRONG & Name  22. Marginal notations (Omce use only)  MEDICAL CER  23. DATE OF DEATH  (Month by name)  24. I HEREBY CERTIFY that I attended deceased from to the caused death, nor the mode of dying, such as heart failure, asphyxia, asthenia, etc.  Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).  11  Other merbid conditions (if important) contributing to death but not causally related to immediate cause.  25. If a woman, was the death associated with pregnancy?  26. Was there a surgical operation?  State findings.  27. If death was due to external causes (violence) fill in a Accident, suicide or homicide?  (State which)  Manner of injury	Address Of Rath  Partificate of Death  On. 19.7.), and last saw h. 1.22. ali  CAUSE OF DEATH  Labeled	DURATION   Yrs.   Mos.   Dys.     Z-3
Burial Permit was issued by  21. Funeral Director F. ARMSTRONG & Name  Name  P. ARMSTRONG & 22. Marginal notations (Oince use only)  MEDICAL CER  (Month by name)  24. I HEREBY CERTIFY that I attended deceased from to to the mode of dying, such as heart failure, asphyxia, asthenia, etc.  Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).  10  Other morbid conditions (if important) contributing to death but not causally related to immediate cause.  25. If a woman, was the death associated with pregnancy?  26. Was there a surgical operation?  State findings  27. If death was due to external causes (violence) fill in a Accident, suicide or homicide?  Nature of injury  Nature of injury  Specify whether injury (Specied in Industry, in Homester)	Address Of Rath  On	DURATION Yrs. Mos. Dys. Z-3  delivery?  19. 40  pere an autopsy?  19. 40  19. 47  19. 40  19.
Burial Permit was issued by  21. Funeral Director Name. F. ARMSTRONG & Name.  22. Marginal notations (Office use only)  MEDICAL CER  23. DATE OF DEATH  (Month by name)  24. I HEREBY CERTIFY that I attended deceased from the mode of dying, such cash eart failure, asphyxia, asthenia, etc.  Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).  (b) due to due to to death but not causally related to immediate cause.  25. If a woman, was the death associated with pregnancy?  State findings.  26. Was there a surgical operation?  State findings.  27. If death was due to external causes (violence) fill in a Accident, suicide or homicide?  Nature of injury.  Nature of injury.  Specify whether injury contract in Industry, in Home Signed by.	Address Of Rath  TIFICATE OF DEATH  Om. 194.), and last saw h 1.25 ali  CAUSE OF DEATH  Labeled Labele	DURATION   Yrs.   Mos.   Dys.     Z-3
Burial Permit was issued by  21. Funeral Director F. ARMSTRONG & Name  22. Marginal notations (Omce use only)    MEDICAL CER	Address Of Rath  On	DURATION Yrs. Mos. Dys. Z-3  delivery?  19. 40  pere an autopsy?  19. 40  19. 47  19. 40  19.
Burial Permit was issued by  21. Funeral Director Name. F. ARMSTRONG & Name.  22. Marginal notations (Office use only)  MEDICAL CER  23. DATE OF DEATH  (Month by name)  24. I HEREBY CERTIFY that I attended deceased from the mode of dying, such cash eart failure, asphyxia, asthenia, etc.  Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).  (b) due to due to to death but not causally related to immediate cause.  25. If a woman, was the death associated with pregnancy?  State findings.  26. Was there a surgical operation?  State findings.  27. If death was due to external causes (violence) fill in a Accident, suicide or homicide?  Nature of injury.  Nature of injury.  Specify whether injury contract in Industry, in Home Signed by.	Address Of Rath  TIFICATE OF DEATH  Om. 194.), and last saw h 1.25 ali  CAUSE OF DEATH  Labeled Labele	DURATION Yrs. Mos. Dys. Z-3  delivery?  19. 40  pere an autopsy?  19. 40  19. 47  19. 40  19.
Burial Permit was issued by  21. Funeral Director F. ARMSTRONG & Name  22. Marginal notations (Omce use only)    MEDICAL CER	Address Of Rank  Partificate of Death  Om. Address Of Death  Om. Address Of Death  CAUSE OF DEATH  Lower Fully was alive and the second of the	DURATION Yrs. Mos. Dys. Z-3  delivery?  19. 40  pere an autopsy?  19. 40  19. 47  19. 40  19.

Is. marsosis