

## Ontario Vital Statistics Death Registration Form 1912/3+

Microfilm #		
Registration #		
County		
Division		
Full Name of Deceased		
Sex		
Age		
Date of Death		
Place of Birth		
Place of Death		
Occupation		
Single, Married or Widowed		
Name of Father		
Maiden Name of Mother		
Cause of Death, if known		
Name of Physician		
Name of Informant		
Address		
Date of Return		
	<b>Physician's Return of Death</b>	<b>Physician's Return of Death</b>
Christian Name		
Date of Death		
Disease Causing Death		
Duration		
Immediate Cause of Death		
Duration		
Physician's Name		
Address		
Date of Return		