

Form V. S. No. 5.—10-26-09.

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
1. PLACE OF DEATH.			
County of <i>Charfield</i>		CERTIFICATE OF DEATH.	
Township of <i>Copper</i>		Registration District No. <i>2471</i>	File No. <i>102647</i>
Borough of _____		Primary Registration District No. _____	Registered No. <i>55</i>
City of _____ (No. _____ St.; _____ Ward.)		[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]	
2. FULL NAME, <i>John Masson</i>			
3. SEX <i>Male</i>		16. DATE OF DEATH <i>Nov 28 1911</i>	
4. COLOR OR RACE <i>White</i>		(Month) (Day) (Year)	
5. SINGLE, MARRIED, WIDOWED OR DIVORCED <i>Widowed</i>		17. I HEREBY CERTIFY, That I attended deceased from	
(Write the word.)		191... to 191...	
6. DATE OF BIRTH <i>Feb 27 1837</i>		that I last saw h... alive on 191...	
(Month) (Day) (Year)		and that death occurred, on the date stated above, at <i>7:00</i> P.M.	
7. AGE <i>74 yrs. 9 mos. 1 ds.</i>		The CAUSE OF DEATH* was as follows:	
If LESS than 1 day how many hrs. or min.?		<i>No Physician in charge, Cause of Death Unknown. Had stroke approx. 2 weeks ago, about two years ago,</i>	
8. OCCUPATION <i>miner.</i>		(Duration) ... yrs. ... mos. ... ds.	
(a) Trade, profession, or particular kind of work		<i>St. L. Jones Local Reg. 11/28 1911</i>	
(b) General nature of industry business, or establishment in which employed (or employer)		(Address) <i>Mykertown</i>	
9. BIRTHPLACE <i>Scotland</i>		*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.	
(State or Country)		18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS):	
10. NAME OF FATHER <i>Alexander Masson</i>		At place of death... yrs... mos... ds. State... yrs... mos... ds.	
11. BIRTHPLACE OF FATHER <i>Scotland</i>		In the	
(State or Country)		Where was disease contracted,	
12. MAIDEN NAME OF MOTHER <i>Sarah Sharps.</i>		If not at place of death? _____	
13. BIRTHPLACE OF MOTHER <i>Scotland</i>		Former or usual residence _____	
(State or Country)		19. PLACE OF BURIAL OR REMOVAL <i>Emph Cemetery</i>	
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.		DATE OF BURIAL <i>11/29 1911</i>	
(Informant) <i>George K. Brown</i>		20. UNDERTAKER <i>W. L. Shearer</i>	
(Address) <i>Anturua</i>		ADDRESS <i>Mykertown</i>	
15.			
Filed <i>Nov 28 1911</i>		Local Registrar <i>St. L. Jones</i>	

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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. See instructions on back of certificate.