FORM 6

This form, if placed in an envelope marked "DOMINION STATISTICS, FREE," and addressed to the Division Registrar of Vital Statistics of the Division in which the death occurred, will pass through the mail FREE.

PROVINCE OF ALBERTA

MEDICAL CERTIFICATE OF CAUSE OF DEATH

USE BLACK INK

Name of Deceased in full (*Christian name first*): Mrs Elizabeth Martin

Place of Death (*Street and No. if any*) or **Name of Hospital**: Vegreville Alta

Date of Death: 12th day of March 1932

Age: 73yrs 10 mos 14 days | **Sex**: Female

Cause of Death:

The CAUSE OF DEATH was:

Carcinoma of Stomach

Duration ... yrs. 4 mos. — dys.

CONTRIBUTORY Hypostatic Pneumonia

Duration — yrs. — mos. 6 dys.

Where was disease contracted if not at place of death?: —

If deceased was a female of child-bearing age was she pregnant, and if so, was this a contributing factor to the cause of death? —

Did an Operation precede Death?: No If so, what date? —

Nature of Operation: —

Name of Doctor performing Operation: —

Was there an Autopsy?: No

I hereby certify that I attended deceased during h.er last illness and that I last saw h.er alive on the 11th day of March and that to the best of my knowledge and belief the cause of death above stated is the true cause of death.

Given under my hand at Vegreville this 12th day of March 1932

T. Reinfels
Signature of Attending Physician

Vegreville
Post Office Address

N.B.—Physicians furnishing certificates of cause of death will adhere as closely as possible to the schedule of causes of death furnished them by the Department and are requested to avoid giving as cause of death conditions which are purely symptomatic.

(SEE OTHER SIDE)

Form 5

This form, if placed in an envelope marked "Dominion Statistics—Free, penalty for improper use, $300," and addressed to the Division Registrar of Vital Statistics of the Division in which the death occurred, will pass through the mail FREE

CANADA
PROVINCE OF ALBERTA

FOR THE USE OF THE DEPARTMENT ONLY
Record No. 602 of 1932

REGISTRATION OF DEATH

Write plainly with unfading BLACK INK. This is a permanent record.
All information asked for must be given.
RACIAL ORIGIN will be described by stating to what people or tongue the deceased belonged, whether, English, Scotch, Irish, French, German, Polish, Ruthenian, Slovak, etc. The words "Canadian" or "American" express nationality or citizenship, but not racial origin.

Name of Deceased in full (Christian name first)	Elizabeth Morton
Date of Death	12th day of March 1932
Place of Death (Street and No. if any) or Name of Hospital	Vegreville. Alta
Regular Residence of Deceased (If different from above)	Vegreville Alberta 515.
Length of Time: In Town or District where Death occurred	13 yrs; In Canada (if an immigrant) —
Sex (Male or Female)	Female; Single / Married / Widowed or Divorced: married.
Age: Years / Months / Days	73 / 10 / 14; If less than one day — hrs. or — min.
Place of Birth (City or Town) (Country)	Richmond Ont.; Racial Origin Irish ~~British~~
Last Occupation (a) Trade, occupation or profession (b) Kind of industry or business	(a) Housewife (b) —
Country of Birth of Parents (If in Canada, give province)	Father Ireland; Mother England
Cause of Death	Carcinoma of Stomach 46 B.
Name of Physician (if any) attending Fatal Illness	Revised.
Name and Address of Undertaker or Person in charge of Funeral	D H Brown; Place of Interment (Name of Cemetery) Riverside

I certify the foregoing to be true and correct to the best of my knowledge and belief.

Given under my hand at Vegreville this 12th day of March 1932

J B Ferguson — Signature of Informant
Vegreville — Post Office Address

I hereby certify the above return was made to me at Vegreville

on the 13th day of March 1932

A B Woodin — Registrar

Registrar's Record No. ..... of 19..... per. H M R

ACTUAL SIGNATURES NECESSARY