

PROVINCE OF SASKATCHEWAN
Department of Public Health - Division of Vital Statistics
REGISTRATION OF DEATH
THE VITAL STATISTICS ACT

Registration No. (Department use only)

73-07- 007747

1. PLACE OF DEATH PLACE Saskatoon, Sask.
(If in city, town or village give name. If rural, give sec., tp., rge., mer.)
STREET AND NUMBER City Hospital
(If death occurred in a hospital, give the name instead of street and number)

033-17
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2. PRINT FULL NAME OF DECEASED Surname F. L. Liller
Given name William Carl

3. PERMANENT RESIDENCE OF DECEASED Sherbrooke Community Centre, Saskatoon, Sask.
(If in city give name, street and number. If outside the limits of a city, town or village, give sec., tp., rge., mer.)

033-7

4. SEX Male 5. CITIZENSHIP Canadian 6. RACIAL ORIGIN Irish 7. Single, Married, Widowed or Divorced Divorced 8. BIRTHPLACE (If in Saskatchewan, give exact location, if in Canada, province, city, town, village or nearest post office, if foreign, state the country.) Watford, Ontario.

9. DATE OF BIRTH April 14 1900 10. AGE in 73 Years 7 Months 12 Days
(Month by Name) (Day) (Year) If less than one day hrs. or min.

11. Kind of work done during most of working life Retired. 12. Kind of business or industry in which worked

13. If married, widowed or divorced give name of husband or maiden name of wife of deceased Neta Irene Veerness.

14. Name of father Fuller. (Surname or last name) George (Given or Christian names)

15. Maiden name of mother Unknown. (Surname or last name) Unknown. (Given or Christian names)

16. Birthplace: Ontario. (Father) Ontario. (Mother)
(If in Saskatchewan, give exact location; if in Canada, province, city, town, village or nearest post office, if foreign, state the country.)

17. I certify the foregoing to be true and correct to the best of my knowledge and belief.
Given under my hand at Saskatoon, Sask. this 26 day of November 19 73
~~XXXXXX~~ informant Mr. Clayton Fuller. Relationship to deceased Son.
Address 3319 Ontona, Saskatoon, Sask.

18. Burial, cremation or other disposition (specify) Burial 19. Date of burial or disposition (month, day, year) November 28, 1973.

20. Name and address of cemetery or place of disposition Woodlawn Cemetery, Saskatoon, Sask. 21. Name and address of funeral director (or person in charge of remains) (print or type) Saskatoon Funeral Home Co. Ltd.,

22. Marginal Notations (Office use only)
FOR GENEALOGY ONLY

MEDICAL CERTIFICATE OF DEATH
23. DATE OF DEATH November 26 19 73
(Month by name) (Day) (Year)

Signed by W. L. SINGH Designation Internist M.D., Coroner, etc.
Address 106-27-35 St. N. Saskatoon Date 26/11/1973
Filed at Saskatoon, Sask. this 28th day of November 19 73
W. Sauton
(Registration Division) (Signature of Division Registrar)

USE INK, OR USE A TYPEWRITER. DO NOT ABBREVIATE. ANSWER ALL QUESTIONS.
The term "CANADIAN" should be used as descriptive of the country to which the person owes allegiance. The term "AMERICAN" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY) or race to which the person traces through the father-belonger, whether English, Irish, Scotch, French, German, or "AMERICAN" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

(See other side)
4-2982-3, 12, 15-3-73

CERTIFIED A PHOTOGRAPHIC PRINT OF THE REGISTRATION ON FILE AT THE DIVISION OF VITAL STATISTICS, REGINA, SASKATCHEWAN, CANADA.

Wilmer Berg
DIRECTOR OF VITAL STATISTICS

DATED JUN 19 1987