

PROVINCE OF SASKATCHEWAN
Department of Public Health—Division of Vital Statistics
REGISTRATION OF DEATH
THE VITAL STATISTICS ACT, 1950

FOR USE OF DEPARTMENT ONLY

07- 003422

1. PLACE OF DEATH LORE BURN SASK 001-08
(If in city give name, street and number. If outside the limits of a city, town or village, give sec., tp., rgs., mer. If in hospital, give name in addition to location.)

2. LENGTH OF STAY (in years, months and days)
(a) In municipality where death occurred: YRS. (b) In Province: SOYRS. (c) In Canada (if immigrant): SOYRS.

3. PRINT FULL NAME OF DECEASED
Surname: TASTAD
Given Name: ELISTAU LEONINE

4. PERMANENT RESIDENCE OF DECEASED
LORE BURN SASK
(If in city give name, street and number. If outside the limits of a city, town or village, give sec., tp., rgs., mer.)

5. SEX: MALE
6. CITIZENSHIP: CANADIAN
7. RACIAL ORIGIN: NORWEGIAN
8. Single, Married, Widowed or Divorced: MARRIED
9. BIRTHPLACE: NORWAY

10. DATE OF BIRTH: FEB. 9 1879
11. AGE: Years 78 Months 3 Days 13
(Month by Name) (Day) (Year) If less than one day hrs. or min.

USUAL OCCUPATION: FARMER
12. Trade, profession or kind of work as farmer, teamster, office clerk, etc.
13. Kind of industry or business as agriculture, lumbering, bank, etc. AGRICULTURE
14. Date deceased last worked at this occupation: 1946
15. Total years spent in this occupation: LIFE

16. If married, widowed or divorced give name of husband or maiden name of wife of deceased: HANNAH C. SYHRE

17. Name of father: TASTAD (Surname or last name) PEDER (Given or Christian name)

18. Maiden name of mother: AADLAND (Surname or last name) ANNA (Given or Christian name)

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

20. I certify the foregoing to be true and correct to the best of my knowledge and belief.
Given under my hand at LORE BURN this 24 day of MAY 1957
Signature of informant: Peder Tasted Relationship to deceased: SON
Address: Strongfield Sask

21. Burial, Cremation or Removal: BURIAL Date: MAY 28 1957
(State which) (Month by name) (Date) (Year)
Place of Burial: LORE BURN Cemetery: S.K. KESNESS
(Name of city, town or village; if a rural, give sec., tp., rgs., mer.) (Name)

22. Undertaker: HANSON'S FUNERAL HOME Address: DAVIDSON SASK

23. Marginal Notations (Office use only)
TELE. CORRECTED: 5
EVIDENCE S.D. G-947/57 AUTHORITY S 23 OF S. V.S. ACT.

MEDICAL CERTIFICATE OF DEATH
24. DATE OF DEATH: May 24 1957
(Month by name) (Day) (Year)

Signed by: Wm. B. Tufts Designation: M.D. M.D., Coroner, etc.
Address: Outlook Date: May 24 1957
Filed at: Loreburn this 27 day of May 1957
(Registration Division) Walter Oberwirth (Signature of Division Registrar)

PRINTING USING INK, OR USE A TYPEWRITER. DO NOT ABBREVIATE. ANSWER ALL QUESTIONS.
In terms of the country to which the person owes allegiance. The term "CANADIAN" should be used as descriptive of the law rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country.
people or race to which the person—traced through the father—belongs, whether English, Irish, Scottish, French, German, DIAN" or "AMERICAN" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

(See other side)

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THE VITAL STATISTICS ACT OF SASKATCHEWAN STIPULATES THAT THE CAUSE-OF-DEATH INFORMATION NOT BE RELEASED BY THIS AGENCY

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 NOV 27 1987