



NAME OF DECEASED	1. Surname (print or type) Given names in full (print or type)		2. SEX	
	TASTAD RUTH VAHLBORG		FEMALE	
PLACE OF DEATH	3. Name of hospital or institution (otherwise give exact location where death occurred)			
	OUTLOOK UNION HOSPITAL City, town, village, or other place (by name). If rural give sec., tp., rge., and mer. OUTLOOK, SASK. SOL 2NO			
USUAL RESIDENCE	4. Full street address—or, if rural give sec., twp., range, and meridian			
	City, town, village, or other place (by name)		Province (or country)	Postal code
	LOREBURN, SASK.			S O H 2 S O
MARRITAL STATUS	5. Single, married, widowed, or divorced (Specify)		6. If married, widowed, or divorced, give full name of husband or full maiden name of wife	
	MARRIED		PEDER ARTHUR TASTAD	
OCCUPATION	7. Kind of work done during most of working life		8. Kind of business or industry in which worked	
	HOMEMAKER		HOME	
BIRTHDATE	9. Month (by name), day, year of birth		10. AGE (years)	
	APRIL 27, 1913		If under 1 year	(Months) (Days) (Hours) (Minutes)
BIRTHPLACE	11. City or place (if known)		Province (or country) of birth	
	EVARTS,		ALBERTA	
INDIAN ONLY (completion optional)	12. Name of Band Treaty No.			
FATHER	13. Surname and given names of father (print or type)		14. BIRTHPLACE—Place (if known) Province (or country)	
	BJELKE, GUSTAF		NORWAY	
MOTHER	15. Maiden surname and given names of mother (print or type)		16. BIRTHPLACE—Place (if known) Province (or country)	
	SELSTROM, LINA		SWEDEN	
SIGNATURE OF INFORMANT	17. Signature of informant		18. Relationship to deceased	
	X Mr. Ruth Tastad <i>[Signature]</i>		SON	
DISPOSITION	19. Address of informant		20. Date signed—Month, day, year	
	SASKATOON, SASK.		AUG. 26, 1990	
FUNERAL DIRECTOR	21. Burial, cremation or other disposition (specify)		22. Date of burial or disposition (month, day, year)	
	BURIAL		AUGUST 28, 1990	
	23. Name and address of cemetery, crematorium or place of disposition SKUDESNES CEMETERY, LOREBURN, SASK.			
	24. Name and address of funeral director (or person in charge of remains) (print or type) F. CHILDERSHOE, OUTLOOK FUNERAL CHAPEL, OUTLOOK, SASK.			

THIS IS A PERMANENT LEGAL RECORD
TYPE OR WRITE PLAINLY AND COMPLETE ALL ITEMS
(See reverse for legal requirements under the Vital Statistics Act)

DATE OF DEATH	25. Month (by name), day, year of death
	August 26, 1990

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

FOR GENEALOGY ONLY

CERTIFICATION (attending physician, coroner, etc.)	38. I certify that the above-named person died on the date and from the causes stated herein:		39. Attending physician Physician attending after death Coroner	
	Signature (attending physician, coroner, etc.) X <i>[Signature]</i>		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	40. Name of physician or coroner (print or type)		Date: Month, day, year	
	D. O. HAUG Box 265 Outlook,		Aug 26, 1990	

Notations:

CERTIFICATION OF DIVISION REGISTRAR	Registration Division	I certify this return was accepted by me on this date:
	<i>[Signature]</i> Outlook	
		<i>[Signature]</i> Signature of Division Registrar

8-2300-37.1 6-3-85

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

THIS 19th DAY OF OCTOBER 1990

Wilmer Berg
DIRECTOR OF VITAL STATISTICS