

Use only of Department only  
Record No. 19

Form C.  
This form, if placed in an unsealed envelope and marked "Dominion Statistics—FREE, penalty for improper use, \$400," and addressed to the Registrar of the Registration Division in which the death occurred, will pass through the mail "FREE."

PROVINCE OF SASKATCHEWAN  
RECORD OF REGISTRATION OF DEATH

Registration Division of Strongfield Municipality No. 254

1. Place of Death SE 1/4 sec 4 - 21 - W 3rd. T254  
(If in city or town give street and number. If not in a city, town or village, give sec., tp. and rge. If in hospital, give name)  
2. Name of Deceased Ruth E. Laine Tastad  
Residence Loreburn  
(Usual place of abode—If urban, name of city, town or village. If rural, sec., tp., rge., P.O. address)

PERSONAL AND STATISTICAL INFORMATION

3. Sex female 4. Racial Origin Norwegian 5. Single, Married, Widowed or Divorced child 6. Birthplace (Province or country) Saskatchewan  
7. Date of Birth Nov. 11 - 1931 8. AGE IN Years Months Days 12 4 20  
9. Occupation of Deceased: (a) nil (b) nil  
10. Length of Residence (in years and months): (a) At place of death 12 years (b) In province 12 years (c) In Canada Born in (If an immigrant)

PARENTS  
11. Name of Father G. L. Tastad  
12. Birthplace of Father Norway (Province or country)  
13. Maiden name of Mother H. Schrey  
14. Birthplace of Mother South Dakota U.S.A. (Province or country)

15. Informant's Signature G. R. Tastad 16. Relationship of informant to deceased brother  
Address Loreburn

17. Place of burial, cremation, or removal St. Andrew's cemetery 32-20-4-3 Date of burial April 4th 1944  
18. Undertaker's signature, or person acting as such P. W. Coanley, Hereward, Sask. (Name and address)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

19. Date of death April 1st 1944 (Month, day and year)

Signed J. A. Monkman M.D.  
Date April 1st 1944 Address Loreburn, Sask.

State the Disease causing Death or in Death from Violent Causes, state (1) Means and Nature of Injury. (2) Whether Accidental, Suicidal or Homicidal. (See paragraph cause of death on back of this form.)

23. Where physician did not attend, state probable cause of death  
I hereby certify that the above return was made to me at Loreburn on the 5th day of April 1944  
Division Registrar

SEC. 79—Vital Statistics Act makes it the duty of the Undertaker or person acting as Undertaker to obtain all the particulars required in the "Record of Registration of Death" and to file the same with the Division Registrar, who shall issue the burial permit.

FOR GENEALOGY ONLY

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

Wilmer Berg

DATED JUL 24 1987

DIRECTOR OF VITAL STATISTICS

N.B.—THIS IS A PERMANENT RECORD. It should be stated EXACTLY. PHYSICIANS should STATE CAUSE OF DEATH in plain English, so that it may be properly classified. Exact RACIAL ORIGIN will be described by stating to what people or race the deceased person belonged, whether English, Irish, Scotch, French, German, etc.; the terms "As they express CITIZENSHIP or NATIONALITY, BUT NOT A RACE OR PEOPLE. See instructions on back of Form. WRITE IN LEGIBLE HANDWRITING BLACK INK. DO NOT ABBREVIATE.