Form C.

This form, if placed in an unsealed envelope and marked "Dominion Statistics—FREE," penalty for improper use, $100, and addressed to the Registrar of the Registration Division in which the death occurred, will pass through the mail "FREE."

For use of Department only
Record No. 19

PROVINCE OF SASKATCHEWAN

RECORD OF REGISTRATION OF DEATH

Registration Division of Arborfield Municipality No. 257

1. Place of Death SE¼ sec 4 - 1 - w 3rd (1254)
(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 Elaine Tastad
Residence Foreburn
(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.	4. Racial Origin	5. Single, Married, Widowed or Divorced (Write the word)	6. Birthplace (Province or country)
female	Norwegian	Child	Saskatchewan

7. Date of Birth (Month, day and year)	8. AGE IN	Years	Months	Days	If less than one day
Nov 11-1931		12	4	20	hrs. or mins.

9. Occupation of Deceased:—(a) Nil (Trade or occupation or kind of work) (b) (Kind of industry)

10. Length of Residence (in years and months):
(a) At place of death 12 yrs (b) In province 12 yrs (c) In Canada Born (If an immigrant)

PARENTS

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

15. Informant's Signature E. R. Tastad
Address Foreburn
16. Relationship of informant to deceased Brother

17. Place of burial, cremation, or removal Lordeemer cemetery Date of burial April 1st 1944
18. Undertaker's signature, or person acting as such P. H. Connelly Humboldt Sask
(Name and address)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

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

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

State the Disease causing Death or in Deaths 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 Foreburn on the 5 day of April 1944

Division Registrar.

SEC. 70—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.

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

FOR GENEALOGY ONLY

CERTIFIED A PHOTOGRAPHIC PRINT OF THE REGISTRATION ON FILE AT THE DIVISION OF VITAL STATISTICS, REGINA, SASKATCHEWAN, CANADA.
DIRECTOR OF VITAL STATISTICS
DATED JUN 19 1987