

Form DV35

Alberta
(Canada)

REGISTRATION OF
DEATH

Registration No. (Departmental Use)
001765 1983

Division of Vital Statistics

This form, with accompanying medical certificate of death, must be filed forthwith with a District Registrar of Births, Deaths and Marriages, before a burial permit can be issued.

GENEALOGICAL PURPOSES ONLY
THIS IS PERMANENT LEGAL RECORD
TYPE OR WRITE PLAINLY AND COMPLETE ALL ITEMS
(See instructions in the Registrar's Act)

1. Surname (print or type) All given names BJELKE, Harold Kristofer		2. SEX Male	3. Social Insurance Number 6 0 7 2 9 0 6 5 7	
NAME OF DECEASED		DATE OF DEATH		
3. Month (by name), day, year of death February 24, 1983		4. Name of hospital or institution (otherwise give exact location where death occurred) if rural give sec., tp., rge., mer. Misericordia Hospital		
PLACE OF DEATH		5. Complete address. If rural give exact location (sec., tp., rge., mer., not Post Office or Rural Route address) 10526-163 St		
CITY, TOWN, VILLAGE, COUNTY, MUNICIPAL DISTRICT, OR IMPROVEMENT DISTRICT (BY NAME OR NUMBER) Edmonton, Alberta		Province (or country) 11-611 02		
6. Single, married, widowed or divorced (Specify) Married		7. If married, widowed or divorced, give full name of husband or full maiden name of wife BOURNE, Barbara		
MARITAL STATUS		8. Kind of work done during most of working life Janitor		
OCCUPATION		9. Kind of business or industry in which worked Kroeler Furniture		
10. Month (by name), day, year of birth April 17, 1921		11. AGE (years)		11. AGE (years) If under 1 year (Months) (Days) If under 1 day (Hours) (Minutes)
BIRTHDATE		22 61		
12. City, town or other place Burnt Lake, Alberta		Province (or country) of birth 008		
BIRTHPLACE		13. Surname and all given names of father (print or type) BJELKE, Agustave		
FATHER		14. BIRTHPLACE - City or place, province (or country) Sweden 612		
15. Maiden surname and all given names of mother (print or type) Unknown		16. BIRTHPLACE - City or place, province (or country) Sweden 612		
MOTHER		17. Signature of informant X Barbara Bjelke		
SIGNATURE OF INFORMANT		18. Relationship to deceased wife		
19. Address of informant 10526-163 St.		20. Date signed: Month, day, year February 25, 1983		
Items 21-25 to be completed only by the funeral director				
21. Burial, cremation or other disposition (Specify) Burial		22. Proposed date of burial or disposition (month, day, year) March 1, 1983		
DISPOSITION		23. Name and address of proposed cemetery, crematorium or place of disposition Holy Cross Cemetery, Edmonton		
24. Name of funeral director (or person in charge of remains) (print or type) Connelly-McKinley Ltd.		FUNERAL DIRECTOR		
25. Address of funeral director 10011-114 St. Edmonton, Alberta T5K 1R5		Date completed: Month (by name), day, year February 25, 1983		

Notations:

CERTIFICATION OF DISTRICT REGISTRAR	Burial Permit: Issued by EDMONTON Address EDMONTON Date issued (m. d. yr.) FEB 28 1983
	I certify this return was accepted by me on this date at - ACCOUNT No: 001-EDMONTON
District Registration No. 7	Date: Month (by name), day, year MAR - 2 1983 Signature of District Registrar [Signature]

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