

PROVINCE OF SASKATCHEWAN
Department of Public Health — Division of Vital Statistics

FOR USE OF DEPARTMENT ONLY

07- 003382

REGISTRATION OF DEATH

Registration Division of Saskatoon, Sask.

1. PLACE OF DEATH

(If in city give name, street and number. If outside the limits of a city, town or village, give sec., tp., rge., mer. If in hospital, give name in addition to location.) Saskatoon City Hospital. 012

2. LENGTH OF STAY (in years, months and days)

(a) In municipality where death occurred 4 1/2 yrs. (b) In Province 4 1/2 yrs. (c) In Canada (if immigrant)

3. PRINT FULL NAME OF DECEASED

Surname

Given Name

EVALLEER

WILLIAM THOMAS

4. PERMANENT RESIDENCE OF DECEASED

(If in city give name, street and number. If outside the limits of a city, town or village, give sec., tp., rge., mer.) 1501- 20th St W. SASKATOON. 012

5. SEX

6. CITIZENSHIP

7. RACIAL ORIGIN

8. Single, Married, Widowed or Divorced

9. BIRTHPLACE (If in Saskatchewan, give exact location; if in Canada, province, city, town, village or nearest post office; if foreign, state the country.)

Male

Canadian

English

Widower

Weyford, Ontario

10. DATE OF BIRTH

September 2, 1864

(Month by Name) (Day) (Year)

11. AGE

Years

Months

Days

If less than one day

in

88

8

39

hrs. or min.

USUAL OCCUPATION

12. Trade, profession or kind of work as farmer, teamster, office clerk, etc.

13. Kind of industry or business as agriculture, lumbering, bank, etc.

14. Date deceased last worked at this occupation

Ruin Buyer - Merchant

15. Total years spent in this occupation

16. If married, widowed or divorced give name of husband or maiden name of wife of deceased

Margaret Ann Doan

(Rubeen Clark)

17. Name of father

Fidler

(Surname or last name)

George

(Given or Christian names)

18. Maiden name of mother

Clark

(Surname or last name)

Sarah

(Given or Christian names)

19. Birthplace:

England

Mother

England

(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

SASKATOON

this

1

day of

JUNE

1953

Signature of informant

Mr. C. A. Duffin

Relationship to deceased

Daughter

Address

1501-20th St W. Saskatoon

21. Burial, Cremation or Removal

Burial

Date

June 4

1953

(State which)

(Month by name)

(Date)

(Year)

Place of Burial

Wendellam Saskatoon

Cemetery

Wendellam

(Name of city, town or village; if in rural, give sec., tp., rge., mer.)

22. Undertaker:

Name

Saskatoon Funeral Home

Address

Saskatoon

23. Marginal Notations (Office use only)

FOR GENEALOGY ONLY

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH

June 1st

(Month by name)

(Day)

1953

(Year)

Signed by

Joseph Frank M.D.

Designation

M.D., Coroner

Address

301 Canada Ave. Saskatoon

Date

3 June

25. Filed at

Saskatoon

this

4th

day of

June

1953

26. Division Registration No.

1501-20th St W.

Saskatoon

Saskatchewan

Canada

Saskatoon

Saskatchewan

Canada

Saskatoon

Saskatchewan

Canada

(See other side)

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

DATED

NOV 27 1987

DIRECTOR OF VITAL STATISTICS

Wilmer Berg

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