V.S.
Form 3

SASKATCHEWAN
DEPARTMENT OF HEALTH
Division of Vital Statistics

REGISTRATION OF DEATH

Registration No. (Department use only) 80-07- 006528

NAME OF DECEASED	1. Surname (print or type) / Given names in full (print or type): MCKELLAR MARY VERNA	2. SEX: Female
PLACE OF DEATH	3. Name of hospital or institution (otherwise give exact location where death occurred): FRANK ELIASON CENTRE	
	City, town, village, or other place (by name). If rural give sec., tp., rge., and mer.: SASKATOON	
USUAL RESIDENCE	4. Full street address — or, if rural give sec., twp., range, and meridian: 2003 - ARLINGTON	Province (or country): SASK
	City, town, village, or other place (by name): SASKATOON	
MARITAL STATUS	5. Single, married, widowed, or divorced (Specify): Widowed	6. If married, widowed, or divorced, give full name of husband or full maiden name of wife: (MR.) MALCOM MCKELLAR
OCCUPATION	7. Kind of work done during most of working life: HOUSE WIFE	8. Kind of business or industry in which worked:
BIRTHDATE	9. Month (by name), day, year of birth: JAN 28 - 1898	10. AGE (years): 82 (Months) If under 1 year / (Days) / (Hours) If under 1 day / (Minutes)
BIRTHPLACE	11. City or place (if known): KINCARDINE	Province (or country) of birth: ONTARIO
INDIAN ONLY	12. Name of Band	Treaty No.
FATHER	13. Surname and given names of father (print or type): Colwell, Albert	14. BIRTHPLACE — Place (if known) Province (or country): Ontario
MOTHER	15. Maiden surname and given names of mother (print or type): McLean, Jessie	16. BIRTHPLACE — Place (if known) Province (or country): Ontario
SIGNATURE OF INFORMANT	17. Signature of informant: X Mrs. Audrey Fuller	18. Relationship to deceased: Daughter
	19. Address of informant: #122 - 325 - 5th Avenue North, Saskatoon	20. Date signed — Month, day, year: September 28,1980
DISPOSITION	21. Burial, cremation or other disposition (specify): Burial	22. Date of burial or disposition (month, day, year): September 30, 1980
	23. Name and address of cemetery, crematorium or place of disposition: Woodlawn Cemetery, Saskatoon, Saskatchewan	
FUNERAL DIRECTOR	24. Name and address of funeral director (or person in charge of remains) (print or type): Saskatoon Funeral Home CO. Ltd., Saskatoon, Saskatchewan.	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	25. Month (by name), day, year of death: SEPTEMBER 27th 1980	Approx. interval between onset
CERTIFICATION (attending physician, coroner, etc.)	38. I certify that the above-named person died on the date and from the causes stated herein: Signature (attending physician, coroner, etc.) X [signature]	39. Attending physician [X] / Physician attending after death [ ] / Coroner [ ]
	40. Name of physician or coroner (print or type): ELLIOT - BERMAN Address: 455 2nd AVE N SASKATOON	Date: Month, day, year: 27/Sept/1980
Notations	FOR GENEALOGY ONLY	
CERTIFICATION OF DIVISION REGISTRAR	Registration Division: City of Saskatoon	I certify this return was accepted by me on this date: Sept 30, 1980 (Date: Month, day, year) [signature] (deputy) Signature of Division Registrar

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

DATED MAY 12 1987

Wilmer Berg
DIRECTOR OF VITAL STATISTICS

THIS IS A PERMANENT LEGAL RECORD
WRITE PLAINLY AND COMPLETE ALL ITEMS
(Legal requirements under the Vital Statistics Act)