

This form, if placed in an open envelope, marked "Vital Statistics" and addressed to the Registrar of the Registration Division in which the marriage was solemnized, will, by order of the Postmaster General, pass through the mail FREE.

PROVINCE OF SASKATCHEWAN

FOR USE OF DEPARTMENT ONLY  
Record No. 1832 1920

RECORD OF REGISTRATION OF MARRIAGE

Registration Division of Saskatoon City Municipality No. \_\_\_\_\_

WRITE IN LEGIBLE HANDWRITING. USE UNFADING BLACK INK. DO NOT ABBREVIATE. ANSWER ALL QUESTIONS. This information should be given, including full Christian and Surnames of all parties, and if for any reason this is impossible, the reason for the omission must be stated.

BRIDEGROOM

- 1. Full name Colwell, Roy Alexander  
(Surname) (Given name)
- 2. Occupation Brakeman - C.N.R.
- 3. Bachelor, Widower or Divorced Bachelor
- 4. Age 25 5. Religious Denomination Presbyterian
- 6. Residence 1128 Ave I with Saskatoon  
(If in Canada, province, county and Post Office address. If foreign, state country).
- 7. Place of birth Kincardine Ontario  
(If born in Canada, province, county. If foreign, state-country).
- 8. Name of father Albert Colwell
- 9. Place of birth of father Kincardine, Ontario
- 10. Maiden name of mother Jessie McLean
- 11. Can bridegroom read? Yes Write? Yes

BRIDE

- 12. Full name Veitch, Ellen McDonald  
(Surname) (Given name)
- 13. Occupation Clerk in dry goods store
- 14. Spinster, Widow or Divorced Spinster
- 15. Age 22 16. Religious Denomination Presbyterian
- 17. Residence 404 Thompson Street Saskatoon  
(If in Canada, province, county and Post Office address. If foreign, state-country).
- 18. Place of birth Wagawag Scotland  
(If born in Canada, province, county. If foreign, state-country).
- 19. Name of father Alexander Veitch
- 20. Place of birth of father Edinburgh Scotland
- 21. Maiden name of mother Rose Annie McCreger
- 22. Can bride read? Yes Write? Yes

- 23. When married 30 day of June 1920  
(Month)
- 24. Place of marriage 223 Ave H with  
(Name of church or other place of meeting, if any.)
- 25. Place of marriage Saskatoon Saskatchewan  
(If outside city, town or village, give section, township and range.)
- 26. The house or home License - No. 58746  
(If no license, give number)

- 27. Signature of Groom R.A. Colwell
- Signature of Bride Ellen Veitch
- 28. Witnesses  
Name Miss Elizabeth J. Smith  
Address Meridian, P.O. South  
Name Miss Mervin Colwell  
Address 1128 Ave I, Saskatoon

I certify the above stated particulars are true to the best of my knowledge and belief.

Signature John H. Wood  
Address 223 Ave H with Saskatoon  
Religious Denomination Presbyterian

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

Dated APR 16 1920

Wilmor Berg  
DIRECTOR OF VITAL STATISTICS

Form C.

This form, if placed in an unsealed envelope marked "Demanda Statistics—FREE, penalty for improper use, \$200," and sent 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. 60341927

PROVINCE OF SASKATCHEWAN

RECORD OF REGISTRATION OF DEATH

Registration Division of Kindersley Municipality No. 128

1. Place of Death Darcy Sask. 289  
(If in city give street and number. If outside the limits of a city, town or village, give sec. 17, and rge. If in hospital, give name.)

2. Name of Deceased Roy Alexander Joseph  
Residence 117 Tilden Blk. Saskatoon Sask.  
(Usual place of abode)

PERSONAL AND STATISTICAL INFORMATION

3. Sex <u>Male</u>	4. Racial Origin <u>British English</u>	5. Single, Married, Widowed or Divorced (Write the word) <u>Married</u>	6. Birthplace (Province or country) <u>Windsor Ont.</u>
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7. Date of Birth 19<sup>th</sup> May 1895  
(Month, day and year)

AGE IN	Year	Month	Days	If less than one day
<u>37</u>	<u>3</u>	<u>26</u>		

9. Occupation of Deceased:—(a) Bookman (b) Car not Rly  
(Trade or occupation or kind of work) (Kind of industry)

10. Length of Residence (in years and months):  
(a) At place of death 45 months (b) In province 14 years (c) In Canada Can  
(If an immigrant)

PARENTS

11. Name of Father Albert Joseph  
12. Birthplace of father Windsor Ont.  
13. Maiden name of mother Jessie Fisher McLean  
14. Birthplace of mother Windsor Ont.

15. Informant's Signature Raymond Albert Clark  
Address 117 Tilden Ave. W. Saskatoon  
16. Relationship to deceased Brother

17. Place of burial, cremation, or removal Saskatoon Sask.  
Date of burial Sept 7/27

18. Undertaker's signature J J Hopping (Name and address) Kindersley

MEDICAL CERTIFICATE OF CAUSE OF DEATH

19. Date of death Sept 14 1927  
(Month, day and year)

I hereby certify that the above return was made to me at Kindersley Sask  
on the 15th day of September 1927  
W J Hopping  
Division Registrar

NOTE: 30—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 within three days of the burial.

FOR GENEALOGY ONLY

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 FORM SHOULD BE FILLED IN PLAIN TERMS, SO THAT IT MAY BE PROPAGATIONAL ORIGIN WILL BE DESCRIBED BY STATING TO WHAT PEOPLE OR TONGUES THE DECEASED PERSON BELONGED, WHETHER ENGLISH, IRISH, SCOTCH, FRENCH, GERMAN, SPANISH, ITALIAN, OR OTHER. SEE INSTRUCTIONS ON BACK OF FORM. WRITE IN BLACK INK. DO NOT ABBREVIATE.



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87-268055-3-04

GARTH TASTAD  
--- 3417 NORMANDY ST.  
--- SASKATOON, SASK.

S7M 3R1

INFORMATION EXTRACTED FOR GENEALOGY

BIRTH

NAME: COLWELL, ROY  
DATE OF BIRTH: MAY 19, 1895  
PLACE OF BIRTH: KINCARDINE

FATHER

MOTHER

NAME: COLWELL ALBERT  
PLACE OF BIRTH: NOT RECORDED  
OCCUPATION: FARMER  
AGE:

MCLEAN, JESSIE  
NOT RECORDED

PARENTS ADDRESS: BERNIE  
REGISTRATION NO: 1895-05-003584

ISSUED AT TORONTO  
OCTOBER 14, 1987

*(Mrs) E. Caruso*

(MRS) E. CARUSO  
MANAGER, CUSTOMER SERVICES



Ontario

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--- GARTH TASTAD  
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--- SASKATOON, SASK.

OCTOBER 14, 1987

S7M 3R1

**NOTICE OF SEARCH  
MARRIAGE**

RE: COLWELL, ALBERT  
MC LEAN, JESSIE

THIS IS TO CERTIFY THAT WE HAVE SEARCHED THE PROVINCE OF ONTARIO  
INDEX FOR THE PERIOD 1885 - 1889 AND THERE IS NO RECORD OF A  
REGISTRATION FOR THE NAME(S) INDICATED IN THE PERIOD COVERED.

*Despina H. Georgas*

DESPINA GEORGAS

DEPUTY REGISTRAR GENERAL



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87-156768-8-04

--- GARTH TASTAD  
--- 3417 NORMANDY STREET  
--- SASKATOON, SASKATCHEWAN

JULY 06, 1987

S7M 3R1

**NOTICE OF SEARCH  
MARRIAGE**

RE: COLWELL, ALBERT  
MC LEAN, JESSIE

THIS IS TO CERTIFY THAT WE HAVE SEARCHED THE PROVINCE OF ONTARIO  
INDEX FOR THE PERIOD 1890 - 1894 AND THERE IS NO RECORD OF A  
REGISTRATION FOR THE NAME(S) INDICATED IN THE PERIOD COVERED.

*Despina H. Georgas*

DESPINA GEORGAS

DEPUTY REGISTRAR GENERAL

07-003039

REGISTRATION OF DEATH

THE VITAL STATISTICS ACT

1. PLACE OF DEATH Geriatric Centre Ave., A & 33rd St., Saskatoon 053-17  
(If in city give name, street and number; if outside the limits of a city, town or village, give sec., tp., rgn., and. If in hospital, give name in addition to location.)

2. LENGTH OF STAY (in years, months and days) 50 Yrs. (a) In Province (b) In Canada (if immigrant) Life  
(a) In municipality where death occurred.

3. PRINT FULL NAME OF DECEASED Surname COLWELL Given Name JESSIE

4. PERMANENT RESIDENCE OF DECEASED Suite 2 - 522, 12th St., East, Saskatoon. 053-17  
(If in city give name, street and number; if outside the limits of a city, town or village, give sec., tp., rgn., and.)

5. SEX Female 6. CITIZENSHIP Canadian 7. RACIAL ORIGIN Scotch 8. Single, Married, Widowed or Divorced Widow 9. BIRTHPLACE (If in Saskatchewan, give exact location; if in Canada, province, city, town, village or nearest post office; if foreign, state the country.) Ontario

10. DATE OF BIRTH March 25th, 1866 11. AGE Years 97 Months - Days 21  
(Month by Name) (Day) (Year) If less than one day hrs. or min.

12. Trade, profession or kind of work as farmer, teamster, office clerk, etc. Retired Homemaker  
13. Kind of industry or business as agriculture, lumbering, bank, etc.  
14. Date deceased last worked at this occupation  
15. Total years spent in this occupation

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

17. Name of father McLean Neil  
(Surname or last name) (Given or Christian names)

18. Maiden name of mother McKellar Mary  
(Surname or last name) (Given or Christian names)

19. Birthplace: Father Scotland Mother Scotland  
(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 10th day of April 1963  
Signature of informant D.A. Neudigg Relationship to deceased None  
Address 300 Third Ave., S., Saskatoon.

21. Burial, Cremation or Removal Burial Date April 17th, 1963  
Place of Burial Saskatoon, Sask. (State which) Woodlawn Cemetery. (Name) (Date) (Year)  
(Name of city, town, or village; if in rural, give sec., tp., rgn., and.)

22. Undertaker Name McKague's Funeral Home Address Saskatoon, Sask.

23. Marginal Notations (Office use only)

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH April 15, 1963  
(Month by name) (Day) (Year)

Signed by J. H. Barlow M.D. Registrar M.D., Coroner, etc.  
Address Spadina Date April 14, 1963

Filed at Saskatoon Sask. City of Saskatoon this 16th day of April 1963  
Registrar

FOR GENEALOGY ONLY

PRINTING USING INK, OR USE A TYPEWRITER. DO NOT ABBREVIATE. ANSWER ALL QUESTIONS. If in terms of the country to which the person owes allegiance. The term "CANADIAN" should be used as descriptive who has rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country. People or race to which the person traced through the father belongs, whether English, Irish, Scottish, French, German, Scandinavian or "AMERICAN" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

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

THIS 11th DAY OF DECEMBER 1987

Wilmer Berg  
DIRECTOR OF VITAL STATISTICS

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



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--- GARTH TASTAD  
--- 3417 NORMANDY ST.  
--- SASKATOON, SASK.

S7M 3R1

INFORMATION EXTRACTED FOR GENEALOGY

BIRTH

NAME: COLWELL, ALBERT CLAYTON  
DATE OF BIRTH: OCTOBER 15, 1896  
PLACE OF BIRTH: KINCARDINE

FATHER

MOTHER

NAME:	COLWELL ALBERT	MCLEAN, JESSIE
PLACE OF BIRTH:	NOT RECORDED	NOT RECORDED
OCCUPATION:	FARMER	
AGE:		

PARENTS ADDRESS: DURHAM LINE  
REGISTRATION NO: 1896-05-004669

ISSUED AT TORONTO  
OCTOBER 14, 1987

*(Mrs) E. Caruso*

(MRS) E. CARUSO  
MANAGER, CUSTOMER SERVICES

005526 / 51

FOR USE OF DEPARTMENT ONLY

# REGISTRATION OF DEATH

Registration Division of Saskatoon Municipality No. 012

1. PLACE OF DEATH City Hospital, Saskatoon, Sask. 012  
(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)

2. LENGTH OF STAY (in years, months and days)  
(a) In municipality where death occurred 10 yrs. (b) In Province 10 yrs. (c) In Canada (if immigrant)

3. PRINT FULL NAME OF DECEASED  
Surname COLWELL  
Given name CLAYTON RABERE

RESIDENCE 648 Madria Crescent W., Saskatoon, Sask.  
(Residence means usual place of abode. If outside the limits of a city, town or village, give sec., tp., rge., mer.) 012

4. SEX <u>Male</u>	5. CITIZENSHIP (See note in margin) <u>Canadian</u>	6. RACIAL ORIGIN (See note in margin) <u>Scottish</u>	7. Single, Married, Widowed or Divorced (Write the word) <u>Married</u>	8. BIRTHPLACE (Province or Country) <u>Ontario</u>
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9. DATE OF BIRTH October 3, 1896 18. AGE in 55 Years 0 Months 13 Days  
(Month by Name) (Day) (Year) If less than one day hrs. or min.

USUAL OCCUPATION	11. Trade, profession or kind of work as farmer, teamster, office clerk, etc. <u>Bus. Salesman</u>
	12. Kind of industry or business as agriculture, lumbering, bank, etc. <u>Bus. Salesman</u>
	13. Date deceased last worked at this occupation <u>Oct. 15/51</u>
	14. Total years spent in this occupation

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased Margaret Huron

16. Name of father Colwell Albert  
(Surname or last name) (Given or Christian names)

17. Maiden name of mother McLean Jessie  
(Surname or last name) (Given or Christian names)

18. Birthplace: Father Ontario Mother Ontario  
(Province or Country) (Province or Country)

19. Signature of informant April Colwell 20. Relationship to deceased Brother  
Address 648 Madria Cres. W. Saskatoon

21. Place of burial, cremation or removal Saskatoon, Sask. Date of burial, cremation or removal October 18, 1951

22. Undertaker Saskatoon Funeral Home Co., Ltd.  
(Name and address) Saskatoon

### MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH October 16, 1951  
(Month by Name) (Day) (Year)

24. Filed at Saskatoon this 18<sup>th</sup> day of October 19 51

25. Division Registration No. M. Danton  
(Signature of Division Registrar)

"Dominion Statistics—Free. Penalty for improper use \$300" and addressed in which the death occurred will pass through the Mail "FREE".  
FADING BLACK INK. DO NOT ABBREVIATE. ANSWER ALL QUESTIONS.  
Country to which the person owes allegiance. The term "CANADIAN" should be used as descriptive citizenship in Canada, unless he or she has subsequently become the citizen of another country.  
If the person crossed through the father—belong whether English, Irish, Scottish, French, German, etc.—should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

## FOR GENEALOGY ONLY

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





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87-268055-3-06

GARTH TASTAD  
--- 3417 NORMANDY ST.  
--- SASKATOON, SASK.

S7M 3R1

INFORMATION EXTRACTED FOR GENEALOGY

BIRTH

NAME: COLWELL, NEIL MCLEAN  
DATE OF BIRTH: MAY 26, 1906  
PLACE OF BIRTH: KINCARDINE

FATHER

MOTHER

NAME:	COLWELL ALBERT	MCLEAN, JESSIE
PLACE OF BIRTH:	NOT RECORDED	NOT RECORDED
OCCUPATION:	FARMER	
AGE:		
PARENTS ADDRESS:	LORNE	
REGISTRATION NO:	1906-05-012990	

ISSUED AT TORONTO  
OCTOBER 14, 1987

*(Mrs) E. Caruso*

(MRS) E. CARUSO  
MANAGER, CUSTOMER SERVICES

PROVINCE OF SASKATCHEWAN  
Department of Public Health—Division of Vital Statistics  
**REGISTRATION OF DEATH**  
THE VITAL STATISTICS ACT

FOR USE OF DEPARTMENT ONLY  
07- 007289

1. PLACE OF DEATH UNIVERSITY HOSPITAL, SASKATOON, Sask. X-08  
(If in city give name, street and number, if outside the limits of a city, town or village, give sec., tp., rps., mer. If in hospital, give name in addition to location.)

2. LENGTH OF STAY (in years, months and days)  
(a) In municipality where death occurred 1 day (b) In Province 45 YS (c) In Canada (if immigrant) Life

3. PRINT FULL NAME OF DECEASED  
Surname COLWELL  
Given Name NEIL McLEAN

4. PERMANENT RESIDENCE OF DECEASED 321 Avenue C South, Saskatoon, Sask. 033-17  
(If in city give name, street and number, if outside the limits of a city, town or village, give sec., tp., rps., mer.)

5. SEX Male 6. CITIZENSHIP Canadian 7. RACIAL ORIGIN Scottish 8. Single, Married, Widowed or Divorced Single 9. BIRTHPLACE (If in Saskatchewan, give exact location; if in Canada, province, city, town, village or nearest post office; if foreign, state the country.) Ontario

10. DATE OF BIRTH May 26 1906 11. AGE in 52 Years 6 Months 10 Days If less than one day hrs. or min.

USUAL OCCUPATION 12. Trade, profession or kind of work as farmer, teamster, office clerk, etc. None  
13. Kind of industry or business as agriculture, lumbering, bank, etc. -  
14. Date deceased last worked at this occupation - - 15. Total years spent in this occupation - -

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

17. Name of father: Colwell (Surname or last name) Albert (Given or Christian name)

18. Maiden name of mother: Fisher (Surname or last name) Jessie (Given or Christian name)

19. Birthplace: Ontario (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 8 day of December 19 58  
Signature of informant: C. R. [unclear] Relationship to deceased: None  
Address: 300 - 3rd, Avenue South, Saskatoon, Sask.

21. Burial, Cremation or Removal Burial Date: December 9 19 58  
(State which) (Month by name) (Date) (Year)  
Place of Burial: Saskatoon, Sask. Cemetery: Woodlawn (Name)

22. Undertaker: McKague's Funeral Home Address: Saskatoon, Sask.

23. Marginal Notations (Office use only)  
I have certified received and attached for 14/58

MEDICAL CERTIFICATE OF DEATH  
24. DATE OF DEATH December 6 19 58  
(Month by name) (Day) (Year)

Signed by: [Signature] Designation: M.D., Coroner, etc.  
Address: [Address] Date: 29  
This is [Signature] this 2 day of Dec 19 58  
[Signature] (Signature of District Registrar)

FOR GENEALOGY ONLY

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

PRINTING USING INK, OR USE A TYPEWRITER. DO NOT ABBREVIATE. ANSWER ALL QUESTIONS.  
If in terms of the country to which the person owes allegiance. The term "CANADIAN" should be used as descriptive of a person who has rights of citizenship in Canada, unless he or she has subsequently become the citizen of another country.  
people or race to which the person traced through the father—belongs, whether English, Irish, Scottish, French, German, "DIAN" or "AMERICAN" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).



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87-364903-4-01

--- GARTH TASTAD  
--- 3417 NORMANDY STREET  
--- SASKATOON, SASKATCHEWAN

S7M 3R1

INFORMATION EXTRACTED FOR GENEALOGY

DEATH

NAME: COLWELL, JOHN  
DATE OF DEATH: AUGUST 21, 1879  
PLACE OF DEATH: HURON  
AGE: 080  
MARITAL STATUS: MARRIED  
PLACE OF BIRTH: IRELAND  
OCCUPATION: FARMER

FATHER

MOTHER

NAME: NOT RECORDED  
PLACE OF BIRTH: NOT RECORDED  
INFORMANT: DR. WOODS  
CEMETERY: NOT RECORDED  
REGISTRATION NO: 1879-05-005396

NOT RECORDED  
NOT RECORDED

ISSUED AT TORONTO  
MARCH 09, 1988

*Graham Hall*

GRAHAM HALL  
MANAGER, CUSTOMER SERVICES



Ministry of  
Consumer and  
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GARTH TASTAD  
--- 3417 NORMANDY STREET  
--- SASKATOON, SASKATCHEWAN

S7M 3R1

INFORMATION EXTRACTED FOR GENEALOGY

DEATH

NAME: COLWELL, MARY ANN  
DATE OF DEATH: FEBRUARY 13, 1903  
PLACE OF DEATH: KINCARDINE  
AGE: 071  
MARITAL STATUS: MARRIED  
PLACE OF BIRTH: IRELAND  
OCCUPATION: HOUSEWIFE

FATHER

MOTHER

NAME: NOT RECORDED  
PLACE OF BIRTH: NOT RECORDED  
INFORMANT: THOS COLWELL  
CEMETERY: NOT RECORDED  
REGISTRATION NO: 1903-05-006176

NOT RECORDED  
NOT RECORDED

ISSUED AT TORONTO  
MARCH 09, 1988

*Graham Hall*

GRAHAM HALL  
MANAGER, CUSTOMER SERVICES