

Form C.

This form, if placed in an unsealed envelope and marked "Domestic Statistics—FREE, penalty for improper use, \$500," 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. 47-1925

PROVINCE OF SASKATCHEWAN
RECORD OF REGISTRATION OF DEATH

Registration Division of _____ Municipality No. _____

1. Place of Death 648 Spadina Crescent West Saskatoon
(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 Albert Colewell
Residence 648 Spadina Crescent Saskatoon
(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 male 4. Racial Origin Dutch 5. Single, Married, Widowed or Divorced married 6. Birthplace Ontario
(Province or country)

7. Date of Birth Dec 25 1864 8. AGE IN Years 67 Months _____ Days _____
(Month, day and year) If less than one day hrs. or mins.

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

10. Length of Residence (in years and months):
(a) At place of death 20 yrs (b) In province 20 yrs (c) In Canada _____
(If an immigrant)

PARENTS
11. Name of Father Samuel Colewell
12. Birthplace of Father Nova Scotia
(Province or country)
13. Maiden name of Mother Mary Ann Stanley
14. Birthplace of Mother Ireland
(Province or country)

15. Informant's Signature Clayton Colewell 16. Relationship of informant to deceased Brother Son
Address 648 Spadina Crescent W Saskatoon

17. Place of burial, cremation, or removal Saskatoon Date of burial February 29 1932

18. Undertaker's signature, or person acting as such McKays Saskatoon
(Name and address)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

19. Date of death Feb 26th 19 32
(Month, day and year)

I hereby certify that the above return was made to me at Saskatoon
on the 29th day of February 1932
Chas. Hutchinson
Division Registrar

REG. 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.

FOR GENEALOGY ONLY

CERTIFIED 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

NOTE—THIS form should be filled out EXACTLY. PHYSICIANS should STATE CAUSE OF DEATH in plain terms, so that it may be proper. RACIAL ORIGIN will be described by stating to what people or race the deceased person belonged, whether English, Irish, Scotch, French, German, as they express CITIZENSHIP or NATIONALITY, BUT NOT A RACE OR PEOPLE. See instructions on back of Form. WRITE IN INK BLACK INK. DO NOT ABBREVIATE.

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M7A 1Y5
416/965-

416/965-6749

87-364903-4-04

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

S7M 3R1

INFORMATION EXTRACTED FOR GENEALOGY

DEATH

NAME: COLWELL, SAMUEL
DATE OF DEATH: MARCH 17, 1912
PLACE OF DEATH: KINCARDINE
AGE: 086
MARITAL STATUS: WIDOWER
PLACE OF BIRTH: NOVA SCOTIA
OCCUPATION: FARMER

FATHER

MOTHER

NAME: COLWELL, JOHN
PLACE OF BIRTH: IREALND
INFORMANT: GEORGE COLWELL
CEMETERY: NOT RECORDED
REGISTRATION NO: 1912-05-008842

NOT RECORDED
ENGLAND

ISSUED AT TORONTO
MARCH 09, 1988

GRAHAM HALL
MANAGER, CUSTOMER SERVICES

FOR GENEALOGY ONLY

This form is printed in an unobtrusive manner so that the photographs and documents which are referred to in the Registrar of the Department of Statistics in which the marriage was solemnized, will pass through the mail FREE.

PROVINCE OF SASKATCHEWAN

FOR USE OF DEPARTMENT ONLY
Record No. 9243 1927

RECORD OF REGISTRATION OF MARRIAGE

Registration Division of _____ Municipality No. _____

BRIDEGROOM

- 1. Full name Swalwell, George Reuben
(Surname) (Given name)
- 2. Trade or profession Travelling Salesman Where employed C.P.R.
- 3. Bachelor, Widower or Divorced Bachelor
- 4. Age 28 5. Religious Denomination United Church of Canada
- 6. Residence 402 Ave N. North, Saskatoon, Sask.
(If in Canada, province, county and Post Office address. If foreign, state country)
- 7. Place of Birth Hamilton, North Dakota, U.S.A.
(If born in Canada, province, county. If foreign born, country)
- 8. Name of father George Alfred Swalwell
- 9. Place of birth of father Kincardine, Ontario.
- 10. Maiden name of mother Evelyn Alexander
- 11. Can bridegroom read? Yes Write? Yes

BRIDE

- 12. Full name Colwell, Minnie Bernette
(Surname) (Given name)
- 13. Occupation Stenographer
- 14. Spinster, Widow or Divorced Spinster
- 15. Age 23 16. Religious Denomination United Church of Canada
- 17. Residence 645 Spadina Crescent, Saskatoon, Sask.
(If in Canada, province, county and Post Office address. If foreign, state country)
- 18. Place of birth Kincardine, Ontario
(If born in Canada, province, county. If foreign born, country)
- 19. Name of father Albert Colwell
- 20. Place of birth of father Kincardine, Ontario.
- 21. Maiden name of mother Jessie McLean
- 22. Can bride read? Yes Write? Yes

23. When married 17th day of August 1927

24. Place of marriage 645 Spadina Crescent, Saskatoon.
(Name of church or clergyman's residence or location of dwelling house)

25. Place of marriage _____
(If outside city, town or village, give section, township, county, province or country)

26. By license or banns License 86295
(If by license, give number)

27. Signature of Groom George Reuben Swalwell
Bride Minnie Bernette Colwell

28. Signature of Name George Swalwell
Address 402 Ave N. North, Saskatoon, Sask.

Witnesses Name Clayton Albert Kitching
Address 645 Spadina Cres. West Saskatoon Sask.

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

Clergyman C. W. Schnell
Address St. Andrew's College, Saskatoon, Sask.
Religious Denomination United Church of Canada

I hereby certify that the above return was made to me at Saskatoon
on the 19th day of August 1927

Chas. H. ...
Registrar

NOTE—This form must not be mutilated. All information asked for is to 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.

WRITE IN LEGIBLE HANDWRITING. USE UNFADING BLACK INK. DO NOT ABBREVIATE. ANSWER ALL QUESTIONS.

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

Wilmer Berg

DIRECTOR OF VITAL STATISTICS

NOV 27 1927

DATED



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Macdonald Block
Édifice Macdonald
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Toronto, Ontario
M7A 1Y5
416/965-

416/965-6749

87-268055-3-03

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

OCTOBER 14, 1987

S7M 3R1

NOTICE OF SEARCH
DEATH

RE: MC LEAN, DUNCAN

THIS IS TO CERTIFY THAT WE HAVE SEARCHED THE PROVINCE OF ONTARIO
INDEX FOR THE PERIOD 1869 - 1873 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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87-268055-3-05

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

S7M 3R1

INFORMATION EXTRACTED FOR GENEALOGY

DEATH

NAME: ROWAN, DUNCAN
DATE OF DEATH: JULY 20, 1903
PLACE OF DEATH: KINCARDINE
AGE: 081
MARITAL STATUS: MARRIED
PLACE OF BIRTH: SCOTLAND
OCCUPATION: SEAMAN

FATHER

MOTHER

NAME:	NOT RECORDED	NOT RECORDED
PLACE OF BIRTH:	NOT RECORDED	NOT RECORDED
INFORMANT:	DR. SECORD	
CEMETERY:	NOT RECORDED	
REGISTRATION NO:	1903-05-006148	

ISSUED AT TORONTO
OCTOBER 14, 1987

(Mrs) E. Caruso

(MRS) E. CARUSO
MANAGER, CUSTOMER SERVICES



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

S7M 3R1

INFORMATION EXTRACTED FOR GENEALOGY

DEATH

NAME: MC LEAN, NEIL
DATE OF DEATH: OCTOBER 03, 1892
PLACE OF DEATH: KINCARDINE
AGE: 060
MARITAL STATUS:
PLACE OF BIRTH: SCOTLAND
OCCUPATION: FARMER

FATHER

MOTHER

NAME: NOT RECORDED NOT RECORDED
PLACE OF BIRTH: NOT RECORDED NOT RECORDED
INFORMANT: M.L. MC KINNON
CEMETERY: NOT RECORDED
REGISTRATION NO: 1892-05-001925

ISSUED AT TORONTO
MARCH 09, 1988

GRAHAM HALL
MANAGER, CUSTOMER SERVICES



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--- SASKATOON, SASKATCHEWAN

S7M 3R1

INFORMATION EXTRACTED FOR GENEALOGY

DEATH

NAME: MC LEAN, MARY
DATE OF DEATH: MAY 29, 1920
PLACE OF DEATH: KINCARDINE
AGE: 080
MARITAL STATUS: WIDOW
PLACE OF BIRTH: SCOTLAND
OCCUPATION: HOUSEWIFE

FATHER

MOTHER

NAME: MC KELLAR,
PLACE OF BIRTH: SCOTLAND
INFORMANT: DAN MC LEAN
CEMETERY: KINCARDINE

FISHER, JANE
SCOTLAND

REGISTRATION NO: 1920-05-010550

ISSUED AT TORONTO
MARCH 09, 1988

GRAHAM HALL
MANAGER, CUSTOMER SERVICES