

REGISTRATION OF DEATH RECORD

Particulars concerning a death to be supplied to the Division Registrar by informant other than Physician or Coroner.

Registration Division of City of Saskatoon Municipality No. 101

1. Name of Deceased in full. If an unnamed child, give surname, preceded by "unnamed"	<u>Margaret Ann Fuller</u>		
2. Date of Death	<u>14</u>	day of <u>December</u>	191 <u>8</u>
3. Sex (Male or Female)	<u>Female</u>	4. Married, Widowed, Divorced or Single.	<u>Married</u>
5. Age	<u>56</u>	years	<u>10</u> months <u>10</u> days
6. Place of Death (If outside the limits of a city, town, or village, give Sec. Tp. and Range. If in a hospital, give its name.)	<u>521 5th Ave. North</u>	7. Usual Residence nearest Post Office.	<u>Saskatoon</u>
8. Length of Residence	At place of Death <u>6 1/2</u> years in Province <u>26</u> years in Canada <u>Life</u>		
9. Place of Birth (Give exact location if in Province. If in other part of Dominion state Province. If Foreign state Country.)	<u>Ontario</u>		
10. Profession or Occupation.	<u>Housewife</u>		
11. Father	Name <u>Stephen Doan</u> Birthplace <u>Ontario</u>	12. Mother	Name <u>Marilla Doan</u> Birthplace <u>Ontario</u>
13. Name of Physician attending last fatal illness.	<u>Dr. McKay</u>	14. Where physician did not attend state probable cause of death.	<u>✓</u>
15. Post Office address of Informant	<u>521 5th Ave. North</u>	16. Relation of informant to deceased.	<u>Husband</u>
17. Was Informant in the house at time of Death?	<u>Yes</u>		
18. Burial	Place <u>Saskatoon</u>	Date <u>Dec. 19, 1918</u>	Hour <u> </u>
Remarks: (For Registrar only.)	FOR GENEALOGY ONLY		

I certify the foregoing to be true and correct to the best of my knowledge and belief.

Given under my hand at Saskatoon this 14th day of December 1918

W. L. Fuller
INFORMANT

I hereby certify that the above return was made to me at Saskatoon

on the 19th day of December 1918

Emilio J. [Signature]
REGISTRAR

After being filled up, this Form, together with Certificate of Cause of Death furnished by Registrar in attendance, is to be sent to the Division Registrar.

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

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

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

Wilmer Berg
DIRECTOR OF VITAL STATISTICS

DATED NOV 27 1987