Form C.

This form, if placed in an unsealed envelope and marked Dominion Statistics—FREE, penalty for improper use, $300," 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. 3486 1928

PROVINCE OF SASKATCHEWAN

RECORD OF REGISTRATION OF DEATH

Registration Division of ..... Municipality No. .....

1. Place of Death ..... Regina Gen. Hospital
(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 ..... Robert Hall
Residence ..... 2936 - 12th Ave. Regina
(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	4. Racial Origin	5. Single, Married, Widowed or Divorced (Write the word)	6. Birthplace (Province or country)
Male	English	Married	England

7. Date of Birth ..... Apr. 22 1853 (Month, day and year) | 8. AGE IN | Years 73 | Months 3 | Days 11 | If less than one day ..... hrs. or ..... mins.

9. Occupation of Deceased:—(a) ..... Retired Civil Servant (b) .....
(Trade or occupation or kind of work) (Kind of industry)

10. Length of Residence (in years and months):
(a) At place of death ..... 18 yrs (b) In province ..... 18 yrs (c) In Canada ..... 18 yrs
(If an immigrant)

PARENTS

11. Name of Father ..... Wm Hall

12. Birthplace of Father ..... England
(Province or country)

13. Maiden name of mother ..... I Could not obtain

14. Birthplace of mother .....
(Province or country)

15. Informant's Signature ..... Norman A Hall
Address ..... 2230 Rae St. Regina

16. Relationship of informant to deceased ..... Son

17. Place of burial, cremation, or removal ..... Regina
Date of burial ..... Aug 4 th 1928

18. Undertaker's signature ..... George Reesor
(Name and address)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

19. Date of death ..... August 2nd 1928

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

FOR GENEALOGY ONLY

Signed ..... W A Harvey ..... M.D.

Date Aug 2 / 28 Address ..... Regina

I hereby certify that the above return was made to me at ..... Regina, Sask.

on the ..... 3rd ..... day of ..... Aug. 1928

(Miss) E J Gough acting Division Registrar.

SEC. 58—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.

N.B.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. RACIAL ORIGIN will be described by stating to what people or tongue the deceased person belonged, whether English, Irish Scotch, French, German, etc.; the terms "American" or "Canadian" should not be used, as they express CITIZENSHIP or NATIONALITY, BUT NOT A RACE OR PEOPLE. See instructions on back of Form.

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

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

THIS 28TH DAY OF JUNE 2004

DIRECTOR OF VITAL STATISTICS