V.S. Form 3

SASKATCHEWAN
DEPARTMENT OF HEALTH
Division of Vital Statistics

REGISTRATION OF DEATH

Registration No. (Department use only) 82-07- 006693

THIS IS A PERMANENT LEGAL RECORD
TYPE OR WRITE PLAINLY AND COMPLETE ALL ITEMS
(See reverse for legal requirements under the Vital Statistics Act)

NAME OF DECEASED

1. Surname (print or type) Given names in full (print or type): HALL | NORMAN ALEXANDER
2. SEX: MALE

PLACE OF DEATH

3. Name of hospital or institution (otherwise give exact location where death occurred): REGINA PIONEER VILLAGE NURSING HOME, REGINA SASK.
City, town, village, or other place (by name). If rural give sec., tp., rge., and mer.:

USUAL RESIDENCE

4. Full street address—or, if rural give sec., twp., range, and meridian: REGINA PIONEER VILLAGE NURSING HOME 430 PIONEER DRIVE
City, town, village, or other place (by name): REGINA SASK.
Province (or country):

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: GARNETT, Gertrude

OCCUPATION

7. Kind of work done during most of working life: Electrical Engineer
8. Kind of business or industry in which worked:

BIRTHDATE

9. Month (by name), day, year of birth: October 14 1886
10. AGE (years): 95 | (Months) If under 1 year: | (Days): | (Hours) If under 1 day: | (Minutes):

BIRTHPLACE

11. City or place (if known):
Province (or country) of birth: England

INDIAN ONLY

12. Name of Band:
Treaty No.:

FATHER

13. Surname and given names of father (print or type): HALL, Robert
14. BIRTHPLACE—Place (if known) Province (or country): England

MOTHER

15. Maiden surname and given names of mother (print or type): BUTCHER, Mary
16. BIRTHPLACE—Place (if known) Province (or country): England

SIGNATURE OF INFORMANT

17. Signature of informant: X E. P. Owen
18. Relationship to deceased: Daughter
19. Address of informant: 31 Academy Park Road, Regina, Sask.
20. Date signed—Month, day, year: October 1, 1982

DISPOSITION

21. Burial, cremation or other disposition (specify): Burial
22. Date of burial or disposition (month, day, year): October 5, 1982
23. Name and address of cemetery, crematorium or place of disposition: Riverside Memorial Park, Regina, Sask.

FUNERAL DIRECTOR

24. Name and address of funeral director (or person in charge of remains) (print or type): Speers Funeral Chapel Inc., 2136 College Ave., Regina, Sask.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

25. Month (by name), day, year of death: October 1st 1982.

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

FOR GENEALOGY ONLY

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 Ian Alwood.
39. Attending physician ☒ Physician attending after death ☐ Coroner ☐
40. Name of physician or coroner (print or type): IAN WOOD Address: 840 Medical Dental Bldg. Regina.
Date: Month, day, year: October 1st 1982

Notations:

CERTIFICATION OF DIVISION REGISTRAR

Registration Division: Regina
I certify this return was accepted by me on this date: Oct 4/82
Date: Month, day, year
Signature of Division Registrar: Dr. J. G. Chiswell

4-2302-3, 12: 25-10-77

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