Form 15

PROVINCE OF ONTARIO
THE VITAL STATISTICS ACT, 1948

STATEMENT OF DEATH

008463
(For use of Registrar General only)

1. PLACE OF DEATH, City, Town or Village of Toronto Street Address Toronto General Hosp. (If death took place in a hospital or other institution, state the name thereof)
Township of York County or Territorial District of York P5500

2. DATE OF DEATH March 4th 1951 (Month by name) (Day) (Year)

3. LENGTH DECEASED RESIDED (In years, months and days) (a) in municipality or place where death occurred 45 yrs. (b) in Ontario 45 yrs. (c) in Canada, if immigrant 45 yrs.

4. PRINT NAME OF DECEASED IN FULL
SIMMONS (Surname)
JAMES (Given names)
72201

5. PERMANENT RESIDENCE OF DECEASED: City, Town or Village of Toronto Street Address 107½ Strachan Ave.
Township of York County or Territorial District of York
Province or State Ontario Country Canada

6. SEX (Write male or female) Male | 7. CITIZENSHIP (See note 1) Canadian | 8. RACIAL ORIGIN (See note 2) English | 9. PROVINCE, STATE OR COUNTRY OF BIRTH England

10. DATE OF BIRTH July 10 1887 (Month by name) (Day) (Year)
11. AGE — Years 63 | Months | Days | If deceased died when less than one day old ____ hours or ____ minutes

OCCUPATION

12. (1) TRADE, PROFESSION OR KIND OF WORK Labourer (See note 3)
(2) TYPE OF INDUSTRY OR BUSINESS Toronto Parks Dept. (See note 4)

13. (1) DATE DECEASED LAST WORKED AT THIS OCCUPATION ____ (Month by name) (Day) (Year)
(2) TOTAL NUMBER OF YEARS DECEASED WAS ENGAGED IN THIS OCCUPATION 22 yrs.

14. (1) STATE WHETHER DECEASED WAS SINGLE, MARRIED, WIDOWED OR DIVORCED Married.
(2) IF DECEASED WAS MARRIED, WIDOWED OR DIVORCED STATE NAME OF HUSBAND OR MAIDEN NAME OF WIFE
WESSOM (Surname)
ALICE (Given names)

15. PRINT NAME OF FATHER SIMMONS (Surname) Not known (Given names)

16. PRINT MAIDEN NAME OF MOTHER Not known (Maiden surname) Not known (Given names)

17. BIRTHPLACE OF FATHER England (Province, State or Country) 18. BIRTHPLACE OF MOTHER England (Province, State or Country)

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, ITEMS 1 TO 18, BOTH INCLUSIVE, ARE TRUE AND CORRECT.

March 4 1951 (Month by name) (Day) (Year)
x R Simmons (Signature of informant)
201 Geoffrey St. (Post-office address)
Son (Relationship to deceased)

(Item 19 is to be completed only by the funeral director)

19. (1) The proposed date of burial, cremation or other disposition or removal of the body is March 7 1951 (Month by name) (Day) (Year)
(2) The proposed place of Burial (burial, cremation, or other disposition or removal of the body) is Toronto (Municipality or other place)
BATES & DODDS FUNERAL SERVICES LIMITED
Prospect Cem. (Name of cemetery or crematorium)
March 6 1951 (Month by name) (Day) (Year)
931 Queen St W. (Post-office address)
A E Bates (Signature of funeral director)

(This space for use of division registrar only)
REGISTRATION NUMBER 1863 DATE BURIAL PERMIT ISSUED March 6. 51 (Month by name) (Day) (Year)
BURIAL PERMIT ISSUED BY [illegible] ADDRESS OF ISSUER 6 Station

I am satisfied as to the correctness and sufficiency of this statement and the medical certificate of death and I register the death by signing the statement and certificate this 7 MARCH (Month by name) (Day) (Year)

SUBSEQUENT INFORMATION RECD AFTER REGISTRATION
Mem 18/4/51

[illegible] (Signature of division registrar)
[illegible] (Code number)

Alexandra Schmidt
Alexandra Schmidt
Deputy Registrar General
Registraire générale adjointe
de l'état civil

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NOT VALID WITHOUT ALL PAGES

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