C41580
BLAKENEY
EDWARD

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~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

(To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.)

M.F.M. 2
A.F.B. 271
480 M—8-39 (1696)
H.Q. 1772-45-18

Unit LE REGIMENT DE HULL Regimental Number C. 41580

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

1. Surname BLAKENEY
2. Christian Names Edward
3. Present address 109 Montcalm Hull, P.Q.
4. Date of birth April, 27th, 1904
5. Place of birth Canada (Country) Quebec (County or Province) Hull (Town or Township)
6. Religion (state denomination) Roman Catholic
7. Trade or Calling Automobile mechanic
8. Married, Widower or Single Married
9. Name of next of kin Marie-Rose Blakeney
10. Relationship Wife
11. Address of next of kin 109 Montcalm, Hull, P.Q.
12. Have you served in any Naval, Military or Air Force? yes
13. If previous war service, state arm, force and regimental particulars
14. Do you now belong to or have you served in the Active Militia of Canada? yes

Le Regiment de Hull 29-4-25
(Give unit and date of attestation)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Edward Blakeney do solemnly declare that the above particulars are true, and I hereby engage to serve in the Canadian Active Service Force so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Date October 23, 1939. Edward Blakeney (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, Edward Blakeney do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Edward Blakeney (Signature of Recruit)

Witness

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me,

at Hull, Que. this 23rd. day of October 1939

(J.J.P. de Salaberry) — Signature of Magistrate, Justice or Attesting Officer.

Captain Le Regiment de Hull. — Office or Rank and Unit or appointment.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

Record of Service of BLAKENEY (Surname) EDWARD (Christian Names) Regimental Number C.41580 ~~477~~

QUALIFICATIONS	
Military	SEGEANT GAS INSTRUCTOR
Business or Professional	
Trade or Civil	AUTOMOBILE MECHANIC
Technical	
Languages	ENGLISH & FRENCH

EDUCATIONAL QUALIFICATIONS	
High School or Collegiate	(years completed)
Graduation or Matriculation	(specify)
*College	
*University	

*(Name of institution, courses or years completed, and degrees obtained to be shown)

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Report: Date	Report: From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority: Part II D.O. No. Cas. List, etc.	Authority: Dated
25.10.39	O.C.	Joined on appointment Le Regiment de Hull Guard Details	Pte.	23.10.39	R.de H.	Hull P.Q.	Part II D.O. I	25.10.39
25.10.39	"	Promoted to acting Sergeant	Sgt.	23.10.39	"	"	" "	25.10.39
17.11.39	"	Reverted to the rank of private	Pte.	17.11.39	"	"	Part II D.O.4	18-11-39
16.1.40	"	Appointed Acting Lance Corporal	L/Cpl	16-1-40	"	"	" 16	16-1-40
1-2-40	"	Promoted to acting Sergeant	Sgt.	1-2-40	"	"	" 32	1-2-40
		X.						
		T.O.S CI(R)TC	"	~~8~~ 4-2-40	"	Quebec	" " DO 22	5-2-40
18-11-40	O.C.	Confirmé Sergeant	~~Sgt~~	1-5-40	C.I.R.T.C.	Valcartier	D.O. P.II no 278	18-11-40
29-1-41	C.I.R.T.C.	Est né un fils, J. Robert William le 24-1-41		24-1-41	"	"	D.O.#25	29-1-41
16-4-41	"	A obtenu congé du 28-4-41 au 11-5-41	"	28-4-41	"	"	" #92	16-4-41
22-5-41	"	Admis a l'hopital du Camp.	"	14-5-41	"	"	" " #124	22-5-41
2-6-41	"	TrAnsferer a l'hop. St. Sacrement	"	31-5-41	"	"	" " # 133	2-6-41

For additional entries use M.F.M. 1 and 2 (a)

CERTIFICATE OF MEDICAL EXAMINATION

Name in full BLAKENEY Edward Date Oct. 14th 1939

Part 1. Information obtained from the recruit.

1. Age 35 2. Have you ever suffered from any of the following diseases?

a. Rheumatism	no	j. Nasal trouble	no
b. Tuberculosis	no	k. Ear disease	no
c. Bronchitis or asthma	no	l. Eye disease	no
d. Heart disease	no	m. Epilepsy	no
e. Kidney or bladder disease	no	n. Nervous or mental disease	no
f. Gastro-intestinal	no	o. Syphilis	no
g. Rupture	no	p. Gonorrhoea	no
h. Varicose veins	no	q. Have you ever worn glasses?	no
i. Flat or deformed feet	no		
Pension	no		

Edward Blakeney (Signature of Recruit)

Examiner's remarks re above Measles. Small ~~pox~~ pox.

Part 2. Information obtained by medical examination. The recruit must be stripped.

1. Identification marks or scars. (If operative obtain history.)
scars on left arm and over right eye

2. Height 5 feet 4 inches. 3. Weight 131 pounds.

4. Complexion fair Eyes blue Hair fair 5. Development good (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 35 inches.
Range of expansion 3 inches.

7. Vision, right 20/20 left 20/20 8. Hearing, right W.V.20 left W.V. 20

9. Condition of mouth and teeth Several extrations. Two roots. Hygiene good.

10. The abnormalities (congenital and pathological) found on examination are as follows C G
Small scar over wight eye.
B.P.114/80

Part 3. We, the examiners find no evidence of the diseases mentioned in Question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical standards and Instructions for the medical examination of recruits" and he is found fit for Category A

Special remarks when category lower than A

President Member Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
29.1.40	Reexamined eyes ears urine reflexes normal dental score 25. Cat A conf. CRM		
29-1-40	X-Ray report negative		
13-3-40	Vaccination		
13-3-40	Tetanus vce P. Roy		
13-3-40	TAB 3		
28-3-40	P. Roy		
4-4-40			
22-4-40	Tetanus vce		

Regtl. No..... Rank..... Surname..... Christian Name.....

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				

For additional entries use M.F.M. 1 and 2 (b)

To be made out in duplicate

M.F.M. 5
200M—2-41 (9495-6)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE CANADIAN ARMY (AF) OR R.C.A.F. (ON ACTIVE SERVICE)

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.

(*b*) All questions, etc., must be completed.

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit; when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individual's new unit.

---

(1) Name of Officer or Other Rank Blakeney, Joseph Edward
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank C. 41580

(3) Unit Le Regiment de Hull, C.A.S.F. Details

(4) Are you married? Yes

(5) If married, state,

(*a*) Full name of your wife Marie-Rose Blakeney

(*b*) Present postal address of wife 109 Montcalm, Hull, P.Q.

(6) If married, have you been regularly supporting your wife? If not—state reasons Yes

(7) Are you a widower? No

(8) Have you any children? Yes Number of boys One Girls

Names and ages James, 6 months

(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them Yes

Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.

Name Nil Wife

Postal Address 109 Montcalm Street, Hull, P.Q.

[SEE OTHER SIDE]

41

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? No

If so, state her full name and Postal Address

(11) Is your father alive? No

If so, state name and address, occupation Nil

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? Nil

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to appointment or enlistment

Nil

Also state reason he has no other means of support if partially supported by you, what is your reason for not providing full support?

(14) Is your mother alive? Yes

If so, state name and address Mrs. Emma Blakeney

53 Dumas Street, Hull, P.Q.

(15) If your mother is a widow, are you her sole or partial support? No

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment Nil

Also state reason why she has no other means of support, if partially supported by you what is your reason for not providing full support? Nil

(17) Are you contributing to the support of any dependents, other than those shown above?
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship

Full Name

Postal Address

Amount contributed monthly during the past six months

(18) Are you insured? Yes

If so, in what Company? Metropolitan Life
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? Yes
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

(Sgd.) J. E. Blakeney
(Signature of officer or man)

Date January 31st, 1940

(Sgd.) J. J. P. de Salaberry (Captain)

Officer Commanding C.A.S.F. Details,
Le Regiment de Hull.

Date January 31st, 1940.

N.B. If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.

CERTIFIED TRUE COPY

(B.M.Saunders) Capt. P.M.
A.I.T.C. A-13

COPY

G

M. F. D. 930 A
350M-8-40 (6594-5)
H.Q. 1772-39-1548

C.A.S.F. & R.C.A.F.

CANADA

LAST PAY CERTIFICATE

Regtl. No. C41580 Rank and Name ~~RKK~~ Sgt. Blakeney Edward

of Misc. Det. Company, etc., A.(I)T.C.A-13 Regiment, etc., on

(Transfer, Posting or Discharge) Discharged to (Unit and Station) on 31-7-41 194

Reason for discharge Deceased Authority: DO 169

On TRANSFER OF OFFICER or WARRANT OFFICER, Class I

Outfit alowance of $ N/A has been paid by the Treasury Officer, Military District No. or Air Command.

REMARKS:

State (1) Date of appointment or enlistment 23-10-41

(2) If individual has dependents eligible for Dependents Allowance, has application been submitted? Yes

(3) Has assignment of pay been made? Yes If so, amount $35.00 effective date Nov. 1939

(4) In the case of Officers in receipt of a Service (P. F.) Pension state monthly deduction $ N/A

The folowing is a statement of the account of the above named from 1-7-41 to 31-7-41 194 the inclusive date of transfer, posting or discharge.

DR. PARTICULARS	AMOUNT		CR. PARTICULARS	AMOUNT	
Balance Dr. from last account			Balance Cr. from last account	39	.20
First Monthly Payment			Regimental Pay 31 days at $2.20	68	.20
Casual Payments			Trademen's Pay days at $		
Payment on Transfer, Posting or Discharge			Additional Pay (Give particulars) days at $		
Assigned Pay 31 days	35	.00			
Regimental Charges			Allowances (Give particulars) days at $		
Public Stoppages (Give particulars):					
To Balance Cr. (To be paid by new unit)	72	.40	By Balance Dr. (To be deducted by new unit)		
Total	107	.40	Total	107	.40

Cancelled

ESTATE BRANCH SEP 25 1941 H. Q. OTTAWA. NATIONAL DEFENCE

I certify that the above is a true and correct statement of the account of the above named on transfer, posting or discharge.

Valcartier Camp, P.Q.
(Place)

July 23rd. 1941
(Date)

(B.M.SAUNDERS) CAPT. Paymaster.
A.(I)T.C. A-13

amended on the 11th Aug-41

62

K.24-1-116-C

M. F. B. 1433
10M—4-31
H. Q. 1772-39-1577

CENTRAL REGISTRY OFFICE
MAY 13 1938
M.D. No. 3 KINGSTON

MILITIA OF CANADA

*~~THE CANADIAN EFFICIENCY DECORATION~~—THE CANADIAN EFFICIENCY MEDAL

Application for the award of the Decoration or Medal must be made in writing by the Claimant's Commanding Officer, or, if the Claimant is retired, by the officer now commanding the Unit in which Claimant last served, and must be accompanied by a certificate, or certificates, on this Form B. 1433. A separate certificate must be submitted in respect of each Unit in which service is claimed, and is to be signed by the officer now commanding that Unit.

NATIONAL DEFENCE
JUN 7 1938
H.Q. CANADA

STATEMENT of the service of 478 Pte. (A/Sergt.) Joseph Edward ~~J.E.~~ Blakeney. (Rank) (Name)

51-B-R96

in the Le Regiment de Hull. Regiment.

The place of residence of the Candidate is 37 McKenzie St.,Wrightville, Hull, Que.

RANK	FROM			TO			TOTAL SERVICE		
	Day	Month	Year	Day	Month	Year	Years	Months	Days
"A" (Here show whole period of Non-Permanent Active Militia Service in Unit concerned)									
Pte. (A/Sergt.) Le Regt.de Hull.	29	4	25	30	4	~~38~~ 37	12	-	-
TOTAL SERVICE IN THIS UNIT							12	-	-

Submitted to Awards Board. 19.10.38
Decision Recommended
A. Lessard
Major, Secretary Awards Board

RECOMMENDED

(H.F.H.Hertzberg) Brigadier,
D.O.C., M.D.No.3.

Kingston, Ont.,
6th June,1938.

"B". WAR SERVICE is also claimed as Nil. (Regtl. No.) (Rank on discharge)

in Nil. (Last C.E.F. Unit) from Nil. to Nil.

I certify that the service claimed in paragraph "A" is a correct statement of the service of A/Sergt. J.E.Blakeney. in the Le Regt. de Hull Regiment and that his services in this Unit have been meritorious and such as to entitle him to the award of *~~The Canadian Efficiency Decoration~~—The Canadian Efficiency Medal.

(The following certificate will be completed only if the application is for the Canadian Efficiency Medal.)

I further certify that Pte. (A/Sergt.) J.E.Blakeney, attended Annual Training with this Unit during the years 1925-3~~7~~6 and that his name appears on the pay-lists of the Unit for those years.

Place Hull, Que.

Date 30-4-38

Lt-Col.
Commanding Le Regt.de Hull Regiment

(For use at National Defence Headquarters only)

	Years	Months	Days
Total qualifying N.P.A.M. service - - - -	12	0	0
Number of Annual Trainings attended - - - -			
Total qualifying War service - - - - -			
Total qualifying service - 12 - - - -	12	0	0

Checked by W.G.L. Date 27/6/38

*Strike out the words not required

FORM 6122

CLASS OF SERVICE	SYMBOL
Full-Rate Message	
Day Letter	D L
Night Message	N M
Night Letter	N L

If none of these three symbols appears after the check (number of words) this is a full-rate message. Otherwise its character is indicated by the symbol appearing after the check.

CANADIAN NATIONAL TELEGRAM

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189

HQS-B. 6752

THE SECRETARY=

DEPT OF NATIONAL DEFENCE OTTAWA ONT=

Q 163 REGRET REPORT DEATH ELEVENTH INSTANT D 41580 SGT

Edward

E BLACKENEY REGIMENT DE HULL ATTACHED A 13 TRAINING CENTRE=

COMMANDING FIVE.

Noted Docs 4 Cas. F. 1

Phoned Cas F 2.

RECORDS A.G. BRANCH
NAT. DEFENCE HQRS.
OTTAWA, CANADA

6496

1941 JUL 13 13:20

405-B-6752

YMB

- A R M Y -

July 15, 1941.

The Canadian Pension Commission,
Ottawa, Ontario.

Re C. 41580 - Sergeant Joseph Edward BLAKENEY
Le Regiment de Hull Att'd A 13 Training Centre

Gentlemen:

Information has been received by this Department from the Officer Commanding M.D. No. 5, of the death, on the 11th instant, of the marginally noted soldier. No details relative to this casualty are presently available.

The next-of-kin of this soldier is recorded as his wife, Mrs. Marie-Rose Blakeney, 109 Montcalm Street, Hull, P.Q.

Yours truly,

for J. M. Gorman
(W.E.L. Coleman) Lt.-Col.,
Officer i/c Records,
for Adjutant-General.

noted on
O M D 2

3

DEPARTMENT OF PENSIONS AND NATIONAL HEALTH

CANADA

This form will be used for all cases entering hospital and also for class I outpatients, and will be kept during hospitalization on the patients chart board in the Ward Office.
All forms and reports must be handed to local Pension Examiner. Specially noting any new or changed diagnosis.
Report of all examinations including Specialists reports are to be rendered on this form. If further pages are required the fact must be noted, stating number of pages attached.

1. Hospital: Saint Sacrement — 2. Date of admission: 31 mai 1941.

3. Surname: Blakeney — 4. Christian Name: Joseph-Ed. — 5. Age: 37

6. Birthplace: Hull — 7. New of kin: Marie-Rose Lafleur (Blakeney)

8. Address: Vanklek Hill, Ontario.

9. Regimental Numbers: C.A.S.F. G-41580; C.E.F.; Other — 10. Rank: Sergent — 11. Unit: Hull

12. Personal address: Vinklek Hill, Ontario. — 13. Height: 5'1" — 14. Weight: 106

15. Present pensionable disability

16. Amount per month

17. Other disabilities not pensionable

18. Dates of last or other hospital periods

19. Authority for hospitalization: D.N.O., M.D. No. 5 — 20. Class: 19

21. Statement of present complaints in patients own language on admission to hospital: Toux et dyspnée

22. Date of discharge: Décédé le 11/7/41 — 23. Reason for discharge

24. Condition of patient on discharge

25. Is further treatment needed at home?

26. Final Diagnosis: Tuberculose pulmonaire et digestive probable. Probably T.B. of the liver secondary to same pulmonary nature?

27. Disposal of case

28. Remarks, etc., dissatisfaction or complaints of patient or Medical Officer

G. Auger. M.D.

Signature of C.M.O. — Signature of Patient.

P & N.H. 100 100M-3-41 Req 101 — These signatures apply only to Section 28.

CONFIDENTIAL

Immediate history preceding this hospitalization. Present condition and clinical notes during hospitalization.

The M O. will make a general physical examination and arrange for specialists examination. Originals of later reports will be kept on District files, but synopsis of their findings will be filled in below.

Nous vous avons adressé un rapport intérimaire complet au sujet de ce malade, le 10 courant. Depuis cette date l'état du patient a continué de s'aggraver et s'est terminé par son décès le 11 juillet, à 4.45 A.M.

Veuillez vous reporter au rapport mentionné plus haut pour tous renseignements au sujet de sa maladie et des examens subis.

R. Simard M.D.

RS/SD.

M.F.M. 10
160 M—8-39 (1706)
H. Q. 1772-45-18.

FORM OF WILL No. 1

To be used by a Soldier desirous of leaving a portion of his personal estate to one person, and the balance of his personal estate to another person

I BLAKENEY EDWARD. JOSEPH (Name in full)

Number C 41580 of the Canadian Field Force

LE REGIMENT DE HULL. C.A.S.F. DETAILS.
(Unit or Corps) (Give full title of Unit)

do hereby revoke all former Wills by me made, and declare this to be my LAST WILL. I bequeath my personal estate consisting of All personal belongings and chattels including pay and other moneys.
(Here describe fully personal estate)

unto Mrs. Marie-Rose Blakeney. Wife.
109 Montcalm, Street, Hull, Que. Canada.
(Name and Address of person or persons to whom it is to go and **relationship.**)

absolutely, and the residue of my personal estate and everything that I can give or dispose of N-I-L.
(Here describe remaining assets)

N-I-L.

unto
(Name and Address of person or persons to whom it is to go and **relationship.**)

NOTE.—If Soldier owns **Real Estate,** Form 10A should be completed.

N.B.—Personal Estate includes Pay, Effects, Money in Bank, Stock Certificates, etc., in fact everything except Real Estate.

IN WITNESS WHEREOF I have hereunto set my hand this Sixth day of January A.D. 1940

IMPORTANT NOTE
This must be signed and dated by the soldier himself.

J E Blakeney
(*Signature of Soldier*)

Signed and acknowledged by the Testator, in the presence of us, present at the same time, who, in his presence, at his request, and in the presence of each other, have hereunto subscribed our names as Witnesses.

1st witness to sign here J.J.P. de Salaberry
(J.J.P. de Salaberry) Captain.
Address in full 205 Daly Avenue, Ottawa, Ont.

2nd witness to sign here N.W. Billows
N.W. Billows.
Address in full 48 Adeline, Street, Ottawa, Ont.

40

MEMORANDUM FOR **P. 64**

Mrs. Marie-Rose Blakeney,

109 Montcalm Street,

Hull, P.Q.

Any further communication on this subject should be addressed to:—

THE SECRETARY,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO

ATTENTION: ADMINISTRATOR OF ESTATES

and the following number quoted:—

H.Q. 405-B-6752 FD 353

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

July 19 1941

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

BLAKENEY, Joseph Edward, Sgt. (Deceased)

No. C.41580, Le Regt. de Hull attached A. 13 T.C.

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest or Local Magistrate, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

(L.M. Firth) Major,
Administrator of Estates.

ESTATES BRANCH
JUL 25 1941
H. Q.
OTTAWA.
NATIONAL DEFENCE

M.F.W. 77
3M-5-40 (4995)
H.Q. 1772-39-972

46

STATEMENT of the Names, Ages and Addresses, or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below.

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT — NAME IN FULL of any Relative, if any, in each degree inquired for	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased		Marie-Rose (Ladouceur) Blakeney	31	Vankleek Hill, Ont.
2	Children of the Deceased and dates of their Births		James Edward Blakeney born June, 18th, 1939 Robert William born January, 24th, 1941.		Vankleek Hill
3	Father of the Deceased		David Blakeney		died 13th of November 1921
4	Mother of the Deceased		Mrs Emma Blakeney	75	320 Montcalm St. Hull, Que.
5	Brothers of the Deceased	Full Blood	Fred Blakeney	41	320 Montcalm St. Hull, Que.
			John Blakeney	39	Lois St. Hull
			Nelson Blakeney	38	Valcartier, Que. - Hull Reg.
			Walter Blakeney	34	66 Cobourg St, Ottawa
		~~Half Blood~~	Emmanuel Blakeney	31	St-Jérome, Que. Hull reg.
6	Sisters of the Deceased	Full Blood	Marie Jane Blakeney	43	Last heard from was in San Francisco, Cal.
		Half Blood			

	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.	Names and ages of their children (if any)	Address of their children
7			

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

	—	NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage)		Age	

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Joa. Edward Blakeney
11	Give the month and year of his birth.	April, 27th, 1904
12	Where and when were his parents married?	July, 27th, 1896.
13	Was he ever married? If so, state exact place and date of marriage.	In St. Maxime Parish of L'Abord-à-Plouffe, Que, June, 18th, 1932.
14	Did he leave a (later) Will? If so, it should be forwarded.	not to my knowledge
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	no.

PARTICULARS OF DOMICILE

16	Where was deceased born?	Hull. Que.
17	In what Province, Country or State did he reside, and in which last?	Québec, Canada, Québec City
18	How long in each?	always in Hull, Que. till May 1940, when he rented a house for his family in Vankleek Hill, Ont.
19	What was the nature of his employment?	Automobile mechanic and machinist prior to joining the Army
20	Did he own the house or homestead in which he lived? If so, where?	no.
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	He used to say that he would like to stay in Vankleek Hill, Ont
22	State your postal address in full.	Vankleek Hill, Ont.

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	neither myself or any member of my late husband's family have paid any funeral expenses
24	Are there any outstanding claims against the estate? If so, furnish full name and address of each Creditor in this space and enclose his Bill of Account. (See Note Below).	yes, alphonse Séguin, Vankleek Hill, Ont Ovila Theoret, id. Dr. G. D. MacIntyre, id — M. Emond, 109 Montcalm St, Hull. — St Joseph Parish, Hull, Que

NOTE.—Paragraph 24 refers to debts incurred for board and lodging, medical and funeral expenses, money borrowed, goods purchased, etc.; the following information to be embodied in all accounts submitted:—

1. Name and address of Creditor.
2. Detailed statement of particulars of claim with date or dates incurred.
3. At the end of his statement the creditor should certify that the account is just and reasonable, that no payments save as shown, have been made thereon and that he holds no security therefor; the creditor should then sign same, and if you admit that the claim is correct, then you "O.K." the bill and sign same.

(PLEASE TURN OVER)

45

DECLARATION

*Insert degree of relationship, for example "Widow," "Father," "Brother," etc.

I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for; and that I am the

*.....(~~mother~~) widow.....of the deceased.

N.B. To be signed in full in the presence of a Clergyman, Priest or Local Magistrate

Marie R. Blakeney
Mary Louise Ladouceur (Boucher)
the mother of the widow
(Signature of Informant)

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief.....Marie R.....

*See above .....Blakeney.....{Name of Informant} is the *.....widow.....of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

GREGORY'S CHURCH VANKLEEK HILL ONTARIO

Dated at Vankleek Hill.....this.....24th.....day of.....July.....19.41

Signature of Clergyman, Priest or Magistrate } Dominique Desjardins, ptre. Qualification Curate in St. Gregory Parish.

Address.....Vankleek Hill, Ont.

NOTE—Before granting the above Certificate, care should be taken to see that the Informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address of each surviving Relative enquired after is stated in its proper place in the Statement opposite.

N.B.— By a little inattention of my own part, you see above the signature of the widow of the deceased, and the one of her mother, and, too the correction of the word "mother" by the right one "widow." I suppose there will be no consequence for Mrs. Blakeney

Dominique Desjardins ptre

File No 405-B-6752

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. C 41580 Name Blakeney, Joseph Edward

Rank on Discharge Sgt Date of Discharge

Authority for Discharge or Retirement Deceased

Served in:

					Non-qualifying service
Canada	from	23-10-39	to	11-7-41	Died
	from		to		
United Kingdom	from		to		
	from		to		
Italy	from		to		
Northwest Europe	from		to		
---------	from		to		
---------	from		to		

Eligible for award of:

~~1939 - 45 Star~~

~~France-Germany Star~~

~~Italy Star~~

~~France-Germany Star~~

~~Defence Medal~~

War Medal O.K

Canadian Volunteer Service Medal O.K

~~with Clasp~~

M

Verified by Edna Lawne

Date JUN 12 1946

Carded JUN 12 1946

HA 165

Québec P.Q. le 11-7-41.

RAPPORT DU COMITE D'AJUSTEMENT D.O. Part I No. 167-11-7-41.

RE:- Sgt. Blakeney, Ed. No.C-41580.

PRESIDENT: Capt. J.L.V.A. Paradis, R.C.C.S. A.F.
Lieut. M.R. Dufresne F.M.R. A.F.
2/Lieut. G. Martin, R. de M. A.F.

EFFETS PERSONNELS

2 serviettes.
2 b boites de bois contenant "Divers"
5 supports à linge
3 m mouchoires Khaki.
5 paires de bas de laine
1 paire de bas de cotton.
1 taie d'oreiller
2 toiles huilées
2 photos.
2 boites de noir a chaussures.
1 dictionaire "Webster".
1 crayon automatique.
1 blague à tabac.
1 pipe
1 paire de pince 6 pouces.
1 livre de mémoire.
1 coffre de bois
1 combinaison de laine
1 sac à linge
3 keys
1 decoration riband (body)
1 paire Arm Bands
1 paire Slippers
1 toothpaste powder
1 wrist, watch, crest
1 bottle Ink.
1 pair cotton socks
1 pair glasses & case
1 mirror
1 fountain pen
$1.72 - Identification card and divers, personal paper
3 books:
"Mr Lean of Scotland Yard"
"Rough Passage "
"Book of Life Vol. II "

amended LPC

1 Writing paper pad and enveloppes

L. Paradis Capt. PRESIDENT

Georges Martin 2 Lt MEMBRES

Maurice R. Dufresne Lieut. MEMBRE

63

E

KIT INSPECTION of INDIVIDUAL'S CLOTHING andNECESSARIES

for C-41580 Sgt. Blakeney, J.E.

Valcartier Camp 11-7-41

Clothing Division "A"

Anklrts Web prs.....................1
Greatcoats Drab, 1939 patt,.........1
Gloves Woollen Khaki prs............1

Clothing Division "B"

Battle Dress Blouse.................1
Battle Dress Trousers.prs...........1
Boot Ankle prs......................1
Cap Field Service Militia...........1
Drawers cotton short................2
Drawers woollen prs.................2
Jacket sweater......................1
Shirt Flannel Khaki.................2
Shirt under cotton..................2
Shirt woollen.......................2
Shoes Canvas prs....................1
Socks woollen prs...................4

Clothing Division "C"

Bags Kit MkI........................1
Bootdressing Tin....................1
Bootlaces prs.......................1
Braces XXXXXX.......................1
Brass Button........................1
Brushes Boot Polishing..............1
Brushes Boot Blacking...............1
Brushes Cloth.......................1
Brushes Shaving.....................1
Brushes Tooth.......................1
Comb Hair...........................1
Forks Table.........................1
Holdall.............................1
Housewives..........................1
Knive Table.........................1
Razor Safety Set....................1
Spoon Table.........................1
Towels Hand.........................2

....

Clothing Division "D"

Badges Cap R.de Hull................1
Badges shoulders R. de Hull prs.....2
Badges Arms;-
Chevrons 3-Bars.....................4

64

C. Heradis Capt. .... 1st Witness

A. Bilocq R.Q.M.S. .... 2nd Witness

Alain N. Gill .... 3th Witness

CANADIAN ARMY

DISTRIBUTION OF SERVICE ESTATES

Naval - Military - Air Force

XXXXXXXXX XXXXXXXXXXXXX

Name BLAKENEY, Edward No. 641580

Surname Christian Names

Sgt. Rank : Le Regiment de Hull Unit : [illegible] Date of Death

AMOUNT

L. P. C. $

Other Credits 74.12

Total

Date December 19th, 1941.

Shares Retained 74.12

NET TOTAL .....

74.12

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Wife	Mrs. Marie-Rose Blakeney, Vankleek Hill, Ontario. (Sole beneficiary under Will).	$ 74.12 R

AUTHORITY H.Q. 405-B-6752							
H.O. F.E.No.	DIV.	EST.	VOTE	PRI	DA OR HQ SUB	OBJ.	AMOUNT
9999			831	00	00	001	74 12
CLASSIFIED BY L.M. Firth		EXAMINED BY J.A. Barter FOR TREASURY OFFICER					74 12 TOTAL

SHARES RETAINED

Distribution approved and authorized

L.M. Firth

(L.M. Firth) Major,
Administrator of Estates.

AUDITED FOR PAYMENT

J.A. Barter

For Chief Treasury Officer

76

F-2310

Form No. 1

Register No. D5886

Nominal Roll No. D122

H.Q. File No. 405-13-67524

TO: P.M.G.

CANADIAN ARMY (ACTIVE)
COMPUTATION OF SERVICE
WAR SERVICE GRANT

Regt. No.	Rank When S.O.S.	Surname	Christian Name in Full
C 41580	Sgt.	BLAKENEY	EDWARD

Reason for Termination of Service:

1st Enlistment DIED WHILST IN SERVICE CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

TOTAL SERVICE

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. 10 SEP 39 JRO	T.O.S.	T.O.S.
S.O.S. 11 July 41 MD 5	S.O.S. MD	S.O.S. MD
Total Days ~~628~~ 671 JRO	Total Days	Total Days 671 ~~628~~ JRO DAYS

TOTAL SERVICE

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	671 ~~628~~	nil	671 ~~628~~ JRO
OVERSEAS SERVICE	nil		—
Totals	671 ~~628~~		671 JRO
Add Non-qualifying Service			—
TOTAL SERVICE			671 ~~628~~ JRO

EMBARKATION DETAILS;

1. Date S.O.S. Overseas

2. Date S.O.S. Overseas

REMARKS: DIED WHILST IN SERVICE

11 July 41

G.O. 135 28 Aug 39 - 22 Oct 39
NPAM # 478
JRO

Computer's Signature G. G. Wilson

Checker's Signature W. G. Meggitt

Date Computed 26 Feb 45

Certified that entitlement to benefits under the War Service Grants Act, 1944, has been established, based on service shown herein.

(C.L. Laurin) Colonel,
Director of Records.

DETAILS OF NON-QUALIFYING SERVICE

WESTERN HEMISPHERE

Forfeits for	from	to	Eff. Date	Days	total

TOTAL

T.O.S. .... T.O.S. .... T.O.S. ....

OVERSEAS

S.O.S. .... S.O.S. .... S.O.S. ....

TOTAL

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME EDWARD (Christian Names) BLAKENEY (Surname) — Register No. D 5886

PAYEE'S NAME MRS MARIE R. (Christian Names) BLAKENEY (Surname) — File No. 405-B-6752

Date 13-8-45

ADDRESS 22 LOIS ST. HULL — P.Q. — Service No. C 41580

Final Rank Sgt

DATE OF TERMINATION OF OVERSEAS SERVICE 11-7-41 — Date of Discharge 11-7-41

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of days 671 / 30 = 22 (11) Periods @ $7.50	165	00
B. QUALIFYING OVERSEAS SERVICE No. of days ..... less ..... Ineligible days, equal ..... Days @ 25c per day		
C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rate of Pay $ 220 Subsistence Allowance $ ..... Additional Pay $ ..... Dependents' Allowance 1/30 $ ..... $ ..... TOTAL $ ..... × 7 = $ ..... No. of Days ..... / 183 × $	165	00
D. WAR SERVICE GRATUITY Computed By Gates	165	00
E. DEDUCTIONS — Overpayment of (1) Pay & Allowance $ ..... (2) D.A. & A.P. $ ..... Other Deductions $ ..... Entered By		
F. AMOUNT PAYABLE (This amount is payable in 1 monthly instalments of $ 165 00 each)	165	00

G. Monthly instalment not to exceed *daily rate* of Pay & Allowances per (C)

$ ..... × 30 = $ .....

REMARKS

100M-11-44 (6087)
H.Q. 1764-81-3

No C.41580 Rank Sergeant Name BLAKENEY, Edward

Unit Regt. de Hull Date of death 11th July, 1941.

Died at Blessed Sacrement Hospital, Quebec, P.Q.

Cause Pulmonary tuberculosis.

Death occurred on strength of Forces.H.Q. 405-B-6752 d 12-7-41

N/K Mrs. Marie-Rose Blakeney Relationship Widow

Address 109 Montcalm Street, Hull, P.Q.

Remains buried in Saint Redempteur Cemetery

Hull, P.Q.

Grave location Lot 174.

CHK

CONTRACTOR'S ROLL FOR THIS SOLDIER'S GRAVE DESPATCHED OCT 11 1941

DEATH NOT DUE TO SERVICE

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP

REGN. NO 2563

(1) MEDALS

PERSON ENTITLED TO Mrs. Marie-Rose BLAKENEY (WIDOW)

ADDRESS: ~~109 Montcalm St.,~~ 127 Montclair Blvd., HULL, P.Q.

(2) MEMORIAL CROSS

WIDOW Mrs. Marie-Rose Blakeney,

ADDRESS: 109 Montcalm St., Hull, P.Q.

(2) DESP. AUG 18 1941 REGN No. 657

(3) MEMORIAL CROSS

MOTHER Mrs. Emma Blakeney,

ADDRESS: 53 Dumas Street, Hull, P.Q.

(3) DESP. AUG 18 1941 REGN No. 658

175. 18/10/49.

AWARDS C.A.S.F.

/332

M

50M—5-40 (5079)
H.Q. 1772-45-8

FILE NO. 405-B-6752

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
BLAKENEY,	Joseph Edward,	C.41580	Sgt.	Regt. de Hull.

WAR SERVICE BADGE

(CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
War Medal CVSM	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

FORMULE F

Cette formule placée dans une enveloppe marquée "Statistique fédérale-Franco. Pénalité pour usage illégal—$300," et correctement adressée, jouira de la FRANCHISE POSTALE

PROVINCE DE QUÉBEC — BULLETIN STATISTIQUE DE DÉCÈS — MINISTÈRE DE LA SANTÉ

1. LIEU DU DÉCÈS — Comté municipal: Québec — Nom officiel de la municipalité civile ou du canton: Québec — *Apposer un X sur le mot qui s'applique à cette municipalité ou ce territoire:* Cité | Ville | Village | Paroisse | Canton

Rue: Chemin Ste Foy — No. 424 — Hôpital ou institution: HOPITAL DU ST-SACREMENT

2. SÉJOUR — (a) dans l'hôpital ou l'institution: Années — Mois 1 — Jours 11 — (b) dans la municipalité du décès: Années — Mois — Jours — (c) dans la province: Années — Mois — Jours — (d) au Canada (s'il s'agit d'un immigré): Années — Mois — Jours

3. NOM DU DÉFUNT — Nom de famille (Lettres moulées): BLAKENEY — Noms de baptême ou prénoms: JOSEPH E. D.

4. RÉSIDENCE — Rue .... No. .... — Nom officiel de la municipalité civile ou du canton: Vankleek — Comté municipal: Ont — Province: Ontario

5. SEXE	6. NATIONALITÉ (Citoyenneté)	7. ORIGINE RACIALE	8. Célibataire, marié, veuf ou divorcé (Ecrire l'un de ces mots)
m.	C.	Irland.	marié

9. Si le défunt était marié, nom de son conjoint: Marie-Rose Ladouceur

10. LIEU DE NAISSANCE (Province ou pays): P. Québec

11. DATE DE NAISSANCE: .... (jour) .... (mois) .... (année)

12. ÂGE DU DÉFUNT — Années: 37 — Mois — Jours — Si âgé de moins d'un jour ....hrs. ou ....min.

OCCUPATION

13. Métier, profession ou occupation, ex. **tisserand, voiturier, employé de bureau, etc.**: militaire

14. Genre d'industrie ou d'entreprise, tel que **filature de coton, industrie du bois, banque, etc.**

15. Dernière date à laquelle le défunt vaquait à ce travail

16. Nombre d'années occupées dans cette profession

	17. NOM	18. LIEU DE NAISSANCE (Province ou pays)
PÈRE	Blakeney David	Irlande
MÈRE (Nom de fille)	Emma Picard	Québec

19. Lieu de l'inhumation, de l'incinération ou destination du transport

20. Date de l'inhumation ....19....

21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE
(a) Nom de la paroisse ou église
(b) Municipalité civile de
(c) Comté municipal
(d) Date ....19.... (jour) (mois) (année)

Nom de l'entrepreneur de pompes funèbres (Pour les cités seulement)

ÉCRIRE LISIBLEMENT AVEC UNE ENCRE INDÉLÉBILE. CECI EST UN DOCUMENT PERMANENT. Chaque information doit être donnée minutieusement.

CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS

22. Date du décès: 11 (jour) juillet (mois) 1941 (année)

Le certificat médical sous ce pli scellé est CONFIDENTIEL et SECRET.
Nul n'a le droit d'en prendre connaissance avant son arrivée aux bureaux de compilation du Ministère de la Santé, et quiconque brise ce pli scellé s'expose aux sanctions ordinaires de la loi.

AUTORISATION DE PROCÉDER À L'INHUMATION et au TRANSPORT

JE, SOUSSIGNÉ, MÉDECIN LICENCIÉ et signataire du présent certificat médical confidentiel, atteste, en apposant mes initiales à l'espace approprié, que la personne nommée à ce certificat a succombé à:—

A [initiales] une cause naturelle non violente, non infectieuse, ni épidémique

et que l'autorité municipale compétente peut autoriser le transport du cadavre, ainsi que l'autorité canonique l'inhumation, en la manière ordinaire.

B une mort violente, subite, accidentelle, ou imprévue (*Coroner*)

C une cause naturelle, MAIS INFECTIEUSE ou CONTAGIEUSE (*Règlements d'hygiène*)

et qu'on NE PEUT procéder à l'ensevelissement, ni au transport ni à l'inhumation sans se conformer aux prescriptions de la loi des coroners (Ch. 153 S. R.) ou de la loi de l'hygiène publique et des règlements faits sous son empire.

N.B. *Lorsque le médecin initiale à "B" ou à "C," l'autorité canonique ne peut autoriser l'inhumation, ou l'autorité sanitaire municipale le transport, sans que les prescriptions des règlements d'hygiène ou celles de la loi des coroners soient remplies. Il suffit à ces autorités de posséder un renseignement d'ordre général quant à la cause du décès pour décider de la procédure à suivre.*

Signature [signature] M.D.
Adresse: N. St Laurent — Date: 11/7/41 19

28. Signature de la personne qui remplit la formule (vicaire, coroner, autorité d'un hôpital, etc.)
HOPITAL DU ST-SACREMENT
P. O. Cl. de Rome
Cette signature autorise le collecteur à accepter la formule comme authentique.

29. Nom du ministre du culte gardien du registre de l'État civil ou est inscrit l'acte de cette sépulture.

(For English see other side)

FORM F

This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use $300," and properly addressed will pass through the mail "FREE".

PROVINCE OF QUEBEC — STATISTICAL RETURN OF DEATH — MINISTRY OF HEALTH

1. PLACE OF DEATH

Municipal county | Official name of civil municipality or township | *Place an X over the word which applies to this municipality or this territory* — City | Town | Village | Parish | Township

Street | No. | Hospital or Institution

2. LENGTH OF STAY

(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days

3. NAME OF DECEASED

Surname ..... (*Block letters*)

Given names .....

4. RESIDENCE

Street ..... No. .....

Official name of civil municpality or township .....

Municipal county ..... Province .....

5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (*Write the word*)

9. If married give name of wife or husband of deceased

10. BIRTHPLACE (Province or Country)

11. DATE OF BIRTH ..... (Month) ..... (Day) ..... (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
				.....hrs. or .....min.

OCCUPATION

13. Trade, profession or kind of work, as **spinner, teamster, officeclerk,** etc. .....

14. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc. .....

15. Date deceased last worked at this occupation.

16. Total years spent in this occupation.

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER		
MOTHER (Maiden name)		

19. Place of burial, cremation or removal

20. Date of burial ..... 19.....

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church .....

(b) Civil municipality of .....

(c) Municipal county .....

(d) Date ..... (Month) ..... (Day) ..... 19..... (Year)

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.
Every item of information should be carefully supplied.

Name of Undertaker (*For cities only*)

The attending physician, or coroner, shall without charge fill in, sign and release this medical certificate. In order that his statement be CONFIDENTIAL, he must cover the medical certificate with the attached flap by moistening the gummed edge and sticking it down carefully. He shall then initial the obverse of the flap.

FOLD EXACTLY ON THE DOTTED LINE AND SMOOTH DOWN TO AVOID BULGING.

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death ..... (Month) ..... (Day) ..... 19..... (Year)

23. I HEREBY CERTIFY that I attended deceased from ..... 19..... to ..... 19.....

and last saw h..... alive on ..... 19.....

24. CAUSE OF DEATH

I

Immediate cause
Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc. — (a) .....

due to

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). — (b) .....

due to

(c) .....

II

Other morbid conditions (if important) contributing to death but **not causally related to immediate cause.** — .....

.....

III If a communicable disease is mentioned on this certificate, give — (a) Date of appearance ..... 19.....

(b) Duration of disease ..... days

25. If a woman, was there a puerperal condition? .....

26. Was there a surgical operation? ..... Date of ..... 19.....

State findings ..... Was there an autopsy? .....

27. If death was due to external causes (violence) fill in also the following:—

Accident, suicide or homicide ..... Date ..... 19.....
(State which)

Manner of injury .....
(How sustained)

Nature of injury .....

Specify whether injury occurred in **industry, in home, or in public place** .....

Signed ..... **M.D.**

Address ..... **Date** ..... **19**.....

28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)

This signature authorizes the collector to accept this form as authentic.

29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.

(Voir l'autre côté pour le français)

L.-M. CO. B43022