

william james andrew mitchell

world war two

ontario death certificate

Every item of information should be carefully supplied. (See reverse side for instructions)

THIS FORM MUST BE FILED FORTHWITH WITH THE DIVISION REGISTRAR OF THE DIVISION IN WHICH THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

FORM 6

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 ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County or District of IN THE FIELD (BELGIUM) Township of \_\_\_\_\_  
 { If in City, Town or Village \_\_\_\_\_ Street \_\_\_\_\_ House No. \_\_\_\_\_  
 (Name) (If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days)  
 (a) In City, Town or Township where death occurred \_\_\_\_\_ (b) In Province \_\_\_\_\_ (c) In Canada (if immigrant) \_\_\_\_\_

3. PRINT FULL NAME OF DECEASED MITCHELL William James Arthur  
 (Family name) (Given name or names in usual order)

RESIDENCE No. \_\_\_\_\_ Street \_\_\_\_\_ City, Town, Village or Township Highland Creek Province Ontario  
 (Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex <b>M</b>	5. Nationality (Citizenship)	6. Racial Origin	7. Single, Married, Widowed or Divorced (Write the word) <b>Single</b>
8. BIRTHPLACE <u>Ontario</u> (Province or Country)			
9. DATE OF BIRTH <u>October 6 1916</u> (Month) (Day) (Year)			
10. AGE in { Years <u>27</u> Months _____ Days _____ If less than one day old _____ hrs. or _____ min.			
11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. <u>Motor Mechanic</u>		14. Total years spent in this occupation _____	
12. Kind of industry or business, as cotton-mill, lumbering, bank, etc. _____		13. Date deceased last worked at this occupation _____	
15. If married give name of wife or husband of deceased _____			
16. NAME <u>MITCHELL</u> <u>William</u>			
17. BIRTHPLACE _____ (Province or Country)			
18. MAIDEN NAME _____			
19. BIRTHPLACE _____ (Province or Country)			
20. Person giving information sign here _____ Address <u>Director of Records, l.s.</u> Relationship to deceased <u>Dept. of National Defence.</u>			
21. Place of Burial, Cremation or Removal <u>Belgium</u> Date of burial or removal _____			
22. Burial Permit was issued by _____ Address _____			
23. UNDERTAKER _____ (Name and address)			

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH October 4 1944  
 (Month) (Day) (Year)

25. I HEREBY CERTIFY that I attended deceased from: \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
 and last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_

CAUSE OF DEATH

I. Immediate cause  
 Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, apoplexy, aethenia, etc.  
 (a) Killed in action  
 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.  
 \_\_\_\_\_

PHYSICIAN  
 Underline the cause to which death should be charged statistically

26. If a communicable disease is mentioned on this certificate, give (a) Date of appearance \_\_\_\_\_ 19\_\_\_\_  
 (b) Duration of disease \_\_\_\_\_ days

27. If a woman, was the death associated with pregnancy? \_\_\_\_\_

28. Was there a surgical operation? \_\_\_\_\_ Date of operation \_\_\_\_\_ 19\_\_\_\_  
 State findings \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

29. If death was due to external causes (violence) fill in also the following:  
 Accident, suicide or homicide \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_  
 (State which)  
 Manner of injury \_\_\_\_\_ (How sustained)  
 Nature of injury \_\_\_\_\_  
 Specify whether injury occurred in industry, in home, or in public place \_\_\_\_\_

Signed by \_\_\_\_\_ M.D.  
 Address \_\_\_\_\_ Date \_\_\_\_\_ 19\_\_\_\_

30. Division Registrar's Record No. \_\_\_\_\_

31. Filed \_\_\_\_\_ 19\_\_\_\_ (Division Registrar)

OVERSEAS CASUALTY  
 CANADIAN ARMY

APR 12 1945

## INSTRUCTIONS

(1) The present form of certificate has been drawn up after consultation between the Dominion Bureau of Statistics and representatives of leading bodies in the medical profession. It has been approved by the Vital Statistics Section of the Canadian Public Health Association and also by the Deputy Registrar of births, deaths and marriages of each province.

(2) **Nationality.**—Nationality is defined as the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of every person who has rights of citizenship in Canada. Every person born in Canada should be entered as "Canadian" unless he or she has subsequently become a citizen of another country.

(3) **Racial Origin.**—Racial Origin will be described by stating to what people or race the deceased person belonged, whether English, Irish, Scottish, French, German, etc. (The term "American" or "Canadian" should not be used, as they express citizenship but not a race or people.)

(4) **Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits may be known. An entry should be made in this section for every person aged 10 years or over. If the deceased has retired from business, the occupation prior to retirement should be reported. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, the entry should be housewife. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel, etc.** For a person who had no occupation the entry should be none.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. The particular kind of work done should be stated clearly as **spinner, weaver, etc.**

In stating the industry or business the use of such general terms as "store," "factory," "mill," etc., should be avoided. The particular kind of store, factory, mill, etc., should be stated as **grocery store, soap factory, cotton mill, etc.**

The different kinds of engineers should be carefully distinguished by giving the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.** The term "labourer" should be avoided when a more precise statement of the occupation can be secured. The word "mechanic" should not be used but the exact occupation, as **carpenter, painter, machinist, etc.** A careful distinction should be made between **retail merchants and wholesale merchants.** The term "clerk" without qualification should always be avoided. A person who sells goods should be called a **salesman.** A stenographer, typist, accountant, bookkeeper, cashier, etc., should be reported as such, never as a "clerk".

(5) **Physician's Statement of Cause of Death.**—The morbid conditions relating to death are divided on the certificate into two groups. In Group I are those related to the "Immediate Cause" of death, and in Group II, those not causally related thereto. In most cases a statement of cause under Group I will suffice. Detailed certification is not desired, the entry of a single cause being preferable in all cases where this can be regarded as adequate (See Example I), but where the physician finds it necessary to record more than one cause it is important that these be stated in the position provided on the form as indicative of their mutual relationship. This information is sought so that the selection of the cause for tabulation may be made in the light of the certifier's viewpoint:—

- (a) Name first the "Immediate Cause" of death, i.e., the disease, injury or complication which caused death (not mode of dying or terminal condition).
- (b) Then give other morbid conditions (if any) of which it was the consequence, in order of causal relationship (due to) stating the most recent one first and then others in order.
- (c) Entries under Group II should be reserved for "other important contributory morbid conditions" in those instances particularly in which death was due to a combination of maladies, none of which would have been fatal alone. In such cases the physician's judgment alone can afford guidance to the tabulator.
- (d) Use always accepted terms for morbid conditions and never record mere symptoms.
- (e) **Maternal Deaths.**—Qualify all diseases resulting from childbirth, miscarriage or abortion by the word "Puerperal," e.g., puerperal septicaemia. Distinguish between septicaemia originating in abortion and in childbirth.
- (f) **Cancer.**—In all cases the organ or part first affected should be specified.
- (g) **Violent Deaths.**—Coroners, medical examiners and physicians who certify to deaths from violent causes should always clearly indicate the fundamental distinction of whether the death was due to accident, suicide or homicide, and then state the manner and nature of injury. The circumstances of each accident should be stated as fully as possible, e.g., an automobile accident should always be designated as such.

The following examples illustrate the essential principles in the use of the form.

I.	Example 1	Example 2	Example 3	Example 4	Example 5
Immediate Cause.....	(a) Lobar pneumonia	(a) Pulmonary tuberculosis	(a) Acute peritonitis	(a) Bronchopneumonia	(a) Uraemia
Morbid Conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	due to (b) _____	due to (b) _____	due to (b) Acute appendicitis	due to (b) Operation	due to (b) Chronic nephritis
	due to (c) _____	due to (c) _____	due to (c) _____	due to (c) Strangulated inguinal hernia	due to (c) _____
II.	II.	II.	II.	II.	II.
Other morbid conditions (if important) contributing to death but not causally related to immediate cause.	—	—	—	Chronic interstitial nephritis	Chronic bronchitis