

Death Cert for Alma Brown(Legassey)

1957 4 9020

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PROVINCE OF NEW BRUNSWICK - CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH: Sub-Health District 410220 Area (City, Town or Civil Parish) CAPODIA 18096

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

3. NAME OF DECEASED Mrs Alma Brown

RESIDENCE No. Street City, Town, Village or Civil Parish Newcastle Bridge Province N.B.

4. Sex Female 5. Nativity (Citizenship) Canadian 6. Racial Origin English 7. Single, Married, Widowed or Divorced (state the date) Widow

8. BIRTHPLACE Quebec, C. N. B.

9. DATE OF BIRTH July 2 1978 (1862)

10. AGE in Year 63 Month 7 Days If less than one day old state in hours and minutes

11. Trade, profession or kind of work or occupation, teamster, office clerk, etc. Housewife

12. Kind of industry or business, or establishment, manufacturing, bank, etc.

13. This deceased last worked at this occupation

14. Total yrs. spent in this occupation

15. If deceased wife or widow of deceased Isaac Brown

16. Name Joseph LeGassy (Position or Capacity)

17. Usual name Alma Legassey

18. Insurer Gaspereau Th. Beliveau (Province or Country)

19. Name of informant Sam Brown Address Lakeview, Kent Co. Relationship to deceased Son

20. Place of Burial, Cremation or Exposure Ride Bank Date of burial or cremation Feb 5 1938

21. Undertaker J. A. MacDonald (Sign and address)

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH Feb. 6 1938 (Time) 10:30

23. I HEREBY CERTIFY that I attended deceased from Nov. 8 1937 to Feb. 6 1938 and last saw her Jan 12 1938

CAUSE OF DEATH

Immediate cause (show disease, injury or condition which caused death, and the mode of dying, such as heart failure, aneurysm, infarction, etc.) Carcinoma of Stomach

Medial condition, if any, giving rise to immediate cause (state in order preceding backwards from immediately causal)

Other medial conditions (if important) contributing to death but not directly related to immediate cause

25. If a woman, was the death associated with pregnancy? No

26. Was there a surgical operation? No Date of operation

State findings Was there an autopsy? No

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

Age last, suicide or homicide? Date of injury

Nature of injury (show externally)

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

Signed by Peter J. Dowd, M.D. M.D. Address Moncton, N.B. Date Feb. 7 1938 153 J

18. R.I.P. No.

19. Filed J. A. MacDonald 15-38 (Deputy Registrar)

VITAL STATISTICS REGULATION 204. UNDERTAKERS TO OBTAIN ALL THE PARTICULARS REQUIRED IN THE "CERTIFICATE OF REGISTRATION OF DEATH" TO FILE THE SAME WITH THE SUB-DEPUTY REGISTRAR WHO SHALL ISSUE THE BURIAL PERMIT. WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. (See reverse side for instructions.)