

PROVINCE OF ONTARIO
VITAL STATISTICS ACT
REGISTRATION OF DEATH

Registration Number
For use of Registrar General only

702213

1. PLACE OF DEATH
City, Town or Village of **OVERBRAS (GERMANY)** Street _____
Township of _____ County or District of _____

2. LENGTH OF STAY In Municipality where death occurred _____ In Province _____ In Canada (if immigrant) _____
(In years, months and days)

3. PRINT FULL NAME OF DECEASED **WALKER GORDON VICTOR**
(Surname or last name) (Given or Christian names)

4. PERMANENT RESIDENCE OF DECEASED:
City, Town or Village of **King** Street _____
Township of _____ County or District of _____ Province of **Ontario**

5. SEX **Male** 6. CITIZENSHIP **Canadian** 7. RACIAL ORIGIN _____ 8. Single, Married, Widowed or Divorced **Single** 9. BIRTHPLACE (Province or Country) **Ontario**

10. Date of Birth **JANUARY 3rd 1920** 11. AGE **25** Years Months Days If less than one day hrs. or min.

12. (a) Trade, profession, or kind of work as spinner, grader, clerk, etc. **Air Gunner**
(b) Kind of industry or business, as paper mill, lumber, bank, etc. **R.C.A.F.**
(If "Labourer" specify kind of work above)

13. Date deceased last worked at this occupation **April 25th 1945** 14. Total years spent in this occupation **Two**

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased _____

16. Name of father **Walker Cecil**
(Surname or last name) (Given or Christian names)

17. Maiden name of mother **Wilson Annie May**
(Surname or last name) (Given or Christian names)

18. Birthplace: Father **Ontario** Mother **Ontario**
(Province or Country) (Province or Country)

19. I certify the foregoing to be true and correct to the best of my knowledge and belief.

Given under my hand at **Ottawa** this **9th** day of **March** 19 **46**
Signature of informant **[Signature]** Relationship to deceased _____
Address **For (R.C.A.F. Records Officer)**

20. Burial, Cremation or Removal Date _____ (Month by name) (Day) (Year)

Place of Burial _____ Cemetery _____
(Municipality)

Burial Permit was issued by _____ Address _____

21. Funeral Director: Name _____ Address _____

22. Marginal notations (Office use only) _____

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH **April 25th 19 46**
(Month by name) (Day) (Year)

24. I HEREBY CERTIFY that I attended deceased from _____ 19 _____ to _____ 19 _____ and last saw h. _____ alive on _____ 19 _____

I Immediate cause Give disease, injury, or complication which caused death, with the mode of dying, such as heart failure, apoplexy, asthma, etc.	CAUSE OF DEATH	DURATION		
		Yrs.	Mos.	Dys.
(a) due to Previously reported missing after air operations, now for official purposes, presumed dead.				
(b) due to _____				
(c) due to _____				
II Other medical conditions (if important) contributing to death but not causally related to immediate cause.				

25. If a woman, was the death associated with pregnancy? _____ Duration _____ weeks. Was there a delivery? _____

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

State findings _____ Was there an autopsy? _____

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

Accident, suicide or homicide **Accident** Date of injury **April 25th 19 46**

Manner of injury **Presumed killed during air operations**

Nature of injury _____ (How sustained)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE **public place**

Signed by _____ Designation _____ M.D., Coroner, etc.

Address _____ Date _____ 19 _____

Division Registrar's Record No. _____

Date of Registration _____ 19 _____ (For use of Division Registrar only)

(Signature of Division Registrar)

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

CITIZENSHIP (NATIONALITY) is defined in terms of the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of a person who was born in Canada or who has rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country. RACIAL ORIGIN is defined in terms of the people or race to which the person—traced through the father—belongs, whether English, Irish, Scottish, French, German, Russian, Ukrainian, etc. The terms "Canadian" or "American" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

All cases of death must be reported to the Registrar within the time specified in the regulations.