

OFFICIAL NOTICE OF DEATH.

Particulars to be registered touching a death to be supplied to the Division Registrar of Winnipeg by informant other than Physician or Coroner before a permit of burial can be issued.

Goldie Coodin, daughter of Louis and Rose was born in 1912 and was the first Coodin child born in North America. Two years later, Rose gave birth to the first Coodin boy born in North America. Tragically, this unnamed baby died 12 days after birth.

Official form with 23 numbered fields containing handwritten details: 1. Full name of deceased (Surname: Coodin, Given name: Baby); 2. If married or widowed give full maiden name; 3. Sex: Male; 4. Color or race (white, black, Indian, Japanese, Chinese or other): White; 5. Date of death: 29th June 1914; 6. Place of death (street and house number or lot and block number or number of parish or river lot, or fractional section, township and range; if in a hospital, etc., give its name): Winnipeg General Hospital; 7. Date of birth: 17th June 1914; 8. Age: 12 days; 9. Place of birth (if in Manitoba, give exact location; if in Canada, province, city, town, village or nearest post office; if foreign, state the country and post office address): Winnipeg, Man. Canada; 10. Length of residence at place of death and in Province: 3 days; 11. Occupation (children and adults not engaged at some gainful employment should be marked "None"): None; 12. Single, married, widowed or divorced: Single; 13. Full name of father: R. Coodin; 14. Birthplace of father (same as item No. 9): Russia; 15. Maiden name of mother: Rose Pomkin; 16. Birthplace of mother (same as item No. 9): Russia; 17. Name of physician who attended deceased (where physician did not attend, state probable cause of death): Dr. Lehmann; 18. Your relationship to deceased: None; 19. Were you in the house at the time of death? No; 20. Signature and address of informant: J.W. Sinclair, Winnipeg General Hospital; 21. Date of information: June 30th 1914; 22. Registered number: 1143 filed this 30th day of June 1914; 23. Signature of Division Registrar.

Write in legible handwriting with unfringed Black Ink. Do not abbreviate.



After being filled up, this form is to be sent to the Clerk of the Municipality in which the death occurred. It will be transmitted postage free if the envelope is left unsealed, and has marked on the upper right-hand corner, above the address, the words "Vital Statistics Returns-Free."

PLEASE TURN OVER

This document is not valid without ( 1 ) attachment(s). Ce document n'est pas valide sans ( 1 ) pièce(s) jointe(s).

CERTIFIED TRUE COPY OF A REGISTRATION DOCUMENT on file with Vital Statistics, Manitoba Date Issued

COPIE CERTIFIÉE CONFORME D'UN BULLETIN D'ENREGISTREMENT conservé dans les dossiers du Bureau de l'état civil du Manitoba Date de délivrance

2021-09-04

Denise Koss

Denise Koss Director/Directrice

PROVINCE OF MANITOBA.

Particulars of death required to be registered with the Division Registrar of
by the duly-qualified Medical Practitioner.

N.B.—Every item of interest should be briefly but carefully supplied. Physicians should state the Cause of Death in plain terms, that it may be properly classified.

Write plainly with unfading ink.

MEDICAL CERTIFICATE OF DEATH.

I hereby certify that I attended the deceased

(Name) Baby Goodie
from 26 June 1914 to 29 June 1914
That I last saw him live on 29 June 1914
and that death occurred on the 29th day of June 1914
at 9:30 a.m.

Write in legible handwriting with unfading Black Ink. Do not abbreviate.

The Cause of Death was as follows:—
Primary Cellulitis (Scrotum and adjoining region)

Duration: years, months, 5 days.

Contributory (secondary)
Duration: years, months, days.

(Signed) Dr. Schwann M.D.

Address Winnipeg General Hospital

29 June 1914

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

Length of Residence (for Hospitals, Institutions, Transients or Recent Residents)—
At place of death years, months, 5 days.
In the Province years, months, 12 days.

Where was disease contracted if not at place of death?
Former or usual residence Not known

Place of burial or removal Hebrew Sick Benefit Assn

Date of burial or removal June 30 1914

Signature of Undertaker G. G. G. G.

Address of Undertaker Winnipeg

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