Form 5

PROVINCE OF ALBERTA
REGISTRATION OF DEATH

08- 004906 1956

For use of the Department only

1. PLACE OF DEATH
City, Town or Village of: Viking Street: X-07
(If death occurred in a hospital or institution, give the name instead of the street and number)
Municipality (Name and Number): Beaver

2. LENGTH OF STAY (in years, months and days)

In Municipality where death occurred	In Province	In Canada (if immigrant)
51 yrs	51 yrs	51 yrs

3. PRINT NAME OF DECEASED
Surname or Last Name: ROZICKA
All Given or Christian Names: CHARLES OTTO

4. REGULAR RESIDENCE OF DECEASED:
City, Town or Village of: Viking Street: X-07
Municipality (Name and Number): Beaver Province of: Alta

5. SEX	6. CITIZENSHIP (See marginal note)	7. RACIAL ORIGIN (See marginal note)	8. Single, Married, Widowed or Divorced (Write the word)	9. BIRTHPLACE (City, Town or Rural Municipality—Province or Country)
Male	Canadian	Czeck	Married	~~Prague~~ Nebraska ~~Oklahoma~~

10. Date of Birth: Sept (Month by name) 21 (Day) 1888 (Year)
11. AGE: Years 67 Months 8 Days 25 If less than one day: hrs. or min.

OCCUPATION
12. (a) Trade, profession or kind of work as **farmer, teamster, office clerk,** etc: Farmer
(b) Kind of industry or business as **agriculture, lumbering, bank,** etc:
(If "Labourer" specify kind of work above)
13. Date deceased last worked at this occupation: June 2-56
14. Total years spent in this occupation: 51 yrs

15. If married, widowed or divorced, give name of husband or maiden name of wife of deceased: Josephine Slavik

16. Name of father: Ruzicka (Surname or last name) John (All Given or Christian names)
17. Maiden name of mother: Nohejl (Surname or last name) Josephine (All Given or Christian names)
18. Birthplace: Father: Prague Oklahoma Mother: Prague Oklahoma
(City, Town or Rural Municipality—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: Viking, this 16 day of June 1956
Signature of informant (nearest available relative): [signature] Relationship to deceased: Son
Address: Viking Alta

20. Burial, Cremation or Removal: Burial Date: June (Month by name) 19th (Day) 1956 (Year)
Place of Burial: Beaver (Municipality) Cemetery: Prague Cemetery
Burial Permit was issued by: H W Hilliker Address: Viking Alta

21. Funeral Director: Name: A F Kenaghan Address: Viking Alta
22. Marginal notations (Department use only)
151

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH June (Month by name) 16 (Day) 1956 (Year)

24. I HEREBY CERTIFY that I attended deceased from May 1956 to June 16 1956, and last saw him alive on June 15 1956

CAUSE OF DEATH

		Approximate interval between onset and death
I. Disease or condition directly leading to death (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.)	(a) Metastases to liver & lungs due to (or as a consequence of)	1 yr.
Antecedent causes Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.	(b) Carcinoma of stomach due to (or as a consequence of)	
	(c)	
II. Other significant conditions contributing to the death, but not related to the disease or condition causing it.		

25. If a woman, was the death associated with pregnancy? — Duration — weeks. Was there a delivery? —
26. Was there a surgical operation? yes Date of operation: 2 yrs approx.
State findings: Carcinoma of stomach Was there an autopsy? no
27. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide? — (State which) Date of injury — 19
Manner of injury — (How sustained)
Nature of injury —
Specify whether injury occurred in Industry, in Home, or in Public Place —

Signed by A E Caldwell **Designation** Physician M.D., Coroner, etc.
Address Viking **Date** June 16 1956

Division Registrar's Record No.
Date of Registration: June 18 1956 (For use of Registrar only) [signature] (Signature of Registrar)

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

This form if placed in an envelope on which is printed "Dominion Statistics—Free, Penalty for improper use $50", and addressed to the Registrar of the Registration Division in which the death occurred will pass through the Mail "FREE".

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).

9004-3.13: 13-4-53