



CERTIFICATE OF INCOMPETENCE

Form 15 The Mental Health Act, 1967 Section 32



I, the undersigned physician, hereby certify that on the 25 day of February 25, 1969,

I personally examined [redacted] (name of patient in full)

[redacted] (home address)

After making due inquiry into all the facts necessary for me to form a satisfactory opinion, I do hereby further certify that he/she is not competent to manage his/her estate.

1. Facts indicating incompetence observed by myself: She has very poor judgment, she needs supervision - Her reasoning & foresight are poor

2. Other facts, if any, indicating incompetence communicated to me by others:

File states, an intelligent girl went from 52 to 70, - Off school will be. She was formerly a board of the training school, at [redacted]

State from whom the information was received:

Date March 13, 1969

[redacted signature]

(Signature)

[redacted name]  
(Print or type name of signing physician)

Ontario Hospital School, Orillia  
(Psychiatric facility)

Date of Admission February 25, 1969