



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, 1969,

I personally examined [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:

Non cooperative - deficient - a repetition of story is not consistent with that told previously.

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

I admitted her from the Ontario Training School for Girls, [redacted] on June 26, 1963 - as mentally defective. 7000 half siblings have been admitted to H.A. Gillies & 4 have been in training schools. [redacted] was also a patient here.

At 14, she received Grade III Orthopedic & nursing & passed in spelling.

State from whom the information was received: see file # 12838

Date Feb 25/69, 1969

[redacted signature]

(Signature)

[redacted name]

(Print or type name of signing physician)

Medical Unit, [redacted] Hospital School, [redacted] (Psychiatric facility)

Date of Admission Feb 25/69, 19