FORM 11
68-2903

PROVINCE OF ONTARIO

THE ONTARIO HOSPITAL

O.H.S.C. [redacted]

Registered No. ..... Case Book No. [redacted]

Documentation: Certificate

Name in full: [redacted]

Post Office Address or Street Number [redacted]

County York ..... Municipality [redacted]
City Town Village Township

Probations: Return from Probations:

Final Diagnosis:
Cultural familial Retardation
with behavioural reaction
311.3
308

Signature: [redacted]

(Re)
Date of Admission: February 25, 1969

Date of Discharge: MARCH 21, 1971

Date of Death:

Admitted by Dr [redacted] at 1.00p.m. M., Sent ward M1

Brought from [redacted] by Constable [redacted] & [redacted]
(Social Worker)

Medical Certificate Made by { Dr. ..... of .....
Dr. ..... of .....

Maintenance: Pay ..... Free Insured ..... Per Week .....

Name of Correspondent (relationship): Parents Mr. & Mrs. [redacted]

Address: [redacted], Ontario

Telegraph or Telephone Number .....

Special Remarks: .....