

THE ONTARIO HOSPITAL

Previous Registered No. Registered No. [redacted]

Correspondence File No. Case Book No.

Warrant of Certificate. Medical Certificates

Voluntary

Name [redacted]

Post Office Address or Street Number [redacted] Toronto, Ont.

County York Municipality Toronto
City, Town, Village, Township

Probations

Return from Probations

Date of Admission Oct. 7, 1926

Date of Discharge

Date of Death

Admitted by Dr. [redacted] at noon M. Sent to ward

Subsequent locations (with dates)

Brought from Toronto by Mother and Miss [redacted] of Public Health Dept.

Medical Certificate made by { Dr. [redacted] of Toronto, Ont.
Dr. [redacted] of Toronto, Ont.

If warrant case, name and address of committing magistrate

Date of magistrate's certificate

Clothing furnished by Mother

Maintenance: Pay

Free Free Per week

Maintenance to be paid by and address of payee

Correspond with Mrs. [redacted] Toronto, Ont.

Telegraph

In the event of death

Disposition of body

Form 121-SM-9-25