

PROVINCE OF BRITISH COLUMBIA
DEPARTMENT OF HEALTH SERVICES AND HOSPITAL INSURANCE
DIVISION OF VITAL STATISTICS
REGISTRATION OF DEATH

53 17
Reg. No. (Office use only)
65-09-004004

Form 6
Cerancy
X.C. Copies

1. PLACE OF DEATH
Name of city, village, town, district municipality or place NANAIMO, B.C.
(If outside city or municipal limits add "Rural")
Street or road D.O.A. NANAIMO REGIONAL HOSPITAL House No. _____
(If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY
In Municipality where death occurred 65 Years In Province 65 Years In Canada (if immigrant) 65 Years
(In years, months and days)

3. PRINT FULL NAME OF DECEASED Mottishaw Agnes Orr
(Surname) (All given or Christian name in full)

4. PERMANENT RESIDENCE OF DECEASED
Name of city, village, town, district municipality or place Nanaimo, B.C. 7-017
(If outside city or municipal limits add "Rural")
Street or road Chestnut St. House No. 440

5. SEX Female 6. CITIZENSHIP Canadian 7. RACIAL ORIGIN White 8. Single, Married, Widowed or Divorced Married 9. BIRTHPLACE Montana, U.S.A.
(See marginal note) (See marginal note) (With the word)

10. Date of Birth Sept. 15th. 1896 11. AGE (Last Birthday) 68
(Month by name) (Year) (Years) (If under 1 year) (If under 1 month) (If under 24 hours) (If under 1 hour)

12. (a) Trade, profession or kind of work as logger, fisherman, office clerk, etc. At Home
(b) Kind of industry or business, as logging, fishing, bank, etc. (If business specify kind of work shown) (If household in own home answer "At Home")

13. Date deceased last worked at this occupation _____ 14. Total years spent in this occupation _____

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased Charles Edward Mottishaw

16. Name of father Waugh John
(Surname) (All given or Christian name)

17. Maiden name of mother Orr Christina
(Surname) (All given or Christian name)

18. Birthplace of Father Scotland N.K. Scotland
(City or Place and Province or Country) (City or Place and 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 Nanaimo, B.C. this 28th day of Feb. 1965
Signature of Informant [Signature] Relationship to deceased Brother
(Married woman) (Name of husband or wife or given name) (Name of City, Municipality or Place) (Province)

20. Burial, Cremation or Removal Burial Date March 1965
(State which) (Month by name) (Date) (Year)
Place of Burial or Cremation Nanaimo, B.C. Name of Cemetery Nanaimo
(Municipality, etc., where Cemetery located) (Province)

21. Undertaker Name WESTWOOD FUNERAL HOME LTD. Address NANAIMO, B.C.
(Province)

MEDICAL CERTIFICATE OF DEATH
22. DATE OF DEATH FEB. 27th. 1965
(Month by name) (Date) (Year)

23. I HEREBY CERTIFY that I attended deceased from N/A to _____ and last saw him/her alive on _____
19 _____ 19 _____

CAUSE OF DEATH
Disease or condition directly leading to death (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury, or complication which caused death.)
Antecedent causes (Medical conditions, if any, giving rise to the above cause, stating the underlying condition last.)
Other significant conditions contributing to the death, but not related to the disease or condition causing it.
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(a) Rupture of the aorta due to (or as a consequence of) _____
(b) Rupture of Heart due to (or as a consequence of) _____
(c) Multiple fractures _____
Appropriate interval between onset and death

24. If a woman, did the death occur either during pregnancy or within 90 days following pregnancy? Yes or No

25. (a) Was there a recent surgical operation? No (b) Date of operation _____
(c) State findings of operation _____ (d) Was there an autopsy? Yes

26. If a violent death, fill in also: (a) Accident Suicide Homicide (b) Date of injury _____
(c) How did injury occur? MOTOR CAR RAN INTO TRUCK ON HIGHWAY

(d) Injuries sustained? Rupture of Aorta, Rupture of Heart, Multiple fractures
(e.g. fracture of skull, left leg, etc., dislocation of hip, etc.)
(e) Where did injury occur? (Home, farm, industrial place, highway, etc.) Highway

27. Signed by [Signature] Designation Obitoner M.D. or Coroner.
Address 540 Milton St. Nanaimo, B.C. Date March 15th. 1965

28. Print name of Doctor or Coroner, whose signature appears above Russell Inkster
29. Nonlinear _____

30. I hereby certify that the above return was made to me at Nanaimo
Dated March 16, 1965
District Registration No. 61/65 [Signature] DEPUTY (Signature of District Registrar)

IMPORTANT: Any change or correction made in the completion of this form must be initialed by the person certifying the information.
CITIZENSHIP (NATIONALITY) is defined in terms of the country to which the person owes allegiance. The term "Canadian" should be used for descendant of a person who was born in Canada or who has acquired Canadian citizenship in Canada, unless he or she has subsequently become the citizen of another country.
RACIAL ORIGIN - State the racial origin, traced through the father, in terms of the people or race to which the person belongs such as English, Scottish, German, etc. or in terms of one of the following racial groups - White, native Indian, Negro, Chinese, Japanese or other.

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY
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