

PROVINCE OF BRITISH COLUMBIA
DEPARTMENT OF HEALTH AND WELFARE - DIVISION OF VITAL STATISTICS
REGISTRATION OF DEATH

56-09-011661

DO NOT USE BALL POINT PEN

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

CITIZENSHIP (NATIONALITY) is defined in terms of the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of a person who was born in Canada or who has rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country.
RACIAL ORIGIN is defined in terms of the people or race to which the person-traced through the father - belongs, whether English, Irish, Scottish, French, German, Russian, Ukrainian, etc. The terms "Canadian" or "American" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

1. PLACE OF DEATH
Name of city or place... Campbell River Name of Municipality (if any).....
(If outside city or municipal limits add "Rural")
Street or road... London Hospital House No.
(If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY
(in years, months and days) In Municipality where death occurred 6 yrs In Province 6 yrs In Canada (if immigrant) 6 yrs

3. PRINT FULL NAME OF DECEASED... Wagh Florian Miller
(Surname or family name) (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED:
Name of city or place... Nanaimo Name of Municipality (if any) 051-017
(If outside city or municipal limits add "Rural")
Street or road... High St. House No. 51

5. SEX Female 6. CITIZENSHIP (See marginal note) Canadian 7. RACIAL ORIGIN (See marginal note) Scottish 8. Single, Married, Widowed or Divorced (Write the word) Single 9. BIRTHPLACE: (City or Place and Province or Country) Timberline Mont. U.S.A.

10. Date of Birth December 28th 1892 11. AGE (Last Birthday) 63
(Month by name) (Date) (Year) YEARS MONTHS DAYS HOURS MIN.

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

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

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

16. Name of father... Wagh John
(Surname or family name) (All given or Christian names)

17. Maiden name of mother... Or Christina
(Surname or family name) (All given or Christian names)

18. Birthplace - Scotland Mother Scotland
Father (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, this 21st day of August 1956
Signature of informant J. Wagh Relationship to deceased Brother
(Married woman not to use Husband's initials or given names)
Address of informant Nanaimo, B.C.
(House No.) (Name of Street) (Name of City, Municipality or Place) (Province or State)

20. Burial, Cremation or Removal Cremation Date August 22nd 1956
(State which) (Month by name) (Date) (Year)
Place of Burial or Cremation Yanconver Name of Cemetery Mt. View Cemetery
(Municipality, etc., where Cemetery located)

21. Undertaker - Westwood Funeral Home Address Nanaimo, B.C.
Name (Name of City, Municipality or Place) (Province or State)

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH August 20th 1956
(Month by name) (Date) (Year)

23. I HEREBY CERTIFY that I attended deceased from August 16 to August 20 1956, and last saw him alive on August 20 1956

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) 260 X massive necrotic thrombosis
Antecedent causes (a) due to (or as a consequence of) Pituitary and arteriosclerosis 5 yrs.
Morbidity conditions, if any, giving rise to the above cause, stating the underlying condition last. 570
Other significant conditions contributing to the death, but not related to the disease or condition causing it.

24. If a woman, was the death (a) Associated with pregnancy? No (b) Duration weeks. (c) Was there a delivery?

25. (a) Was there a recent surgical operation? No (b) Date of operation 19.....
(c) State findings of operation (d) Was there an autopsy?

26. If death was due to external causes (violence) fill in also the following:-
(a) Accident, suicide or homicide? (b) Date of injury 19.....
(c) Manner of injury (State which) (How sustained)
(d) Nature of injury
(e) Specify whether injury occurred in industry, home or in public place

27. Signed by Richard Murphy Designation M.D., Coroner, etc.
Address Campbell River Date 22nd August 1956

28. Print name of M.D., Coroner, etc., whose signature appears above RICHARD MURPHY

