

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

Reg. No. (Office use only)
005313

1. PLACE OF DEATH: Name of city or place NANAIMO Name of Municipality (if any) SMOULTOUR CITY

Street or road NANAIMO GENERAL HOSPITAL House No. _____

2. LENGTH OF STAY: In Municipality where death occurred 52 YEARS In Province 52 YEARS In Canada (if immigrant) 52 YEARS

3. PRINT FULL NAME OF DECEASED: FURZEK Elisabeth

4. PERMANENT RESIDENCE OF DECEASED: Name of city or place NANAIMO, B.C. Name of Municipality (if any) URSA

Street or road WAKESIAH AVE. Unorganized House No. 176

5. CITIZENSHIP: Yemal Canadian 6. RACIAL ORIGIN: Scotch 7. MARRIAGE: Married 8. BIRTHPLACE (Province or Country): Montana U.S.A.

9. Date of Birth: Sept. 29 1892 10. AGE: 54 Years 8 Months 4 Days

11. (a) Trade, profession or kind of work as spinner, grader, clerk, etc. Florist
(b) Kind of industry or business, as paper mill, lumber, bank, etc. Flower Business

12. Date deceased last worked at this occupation: 1947 13. Total years spent in this occupation: _____

14. If married, widowed or divorced give name of husband or maiden name of wife of deceased: William J. Furzek

15. Name of father: Wangh John 16. Maiden name of mother: Wangh Christina

17. Birthplace: Father Hootland Mother Scotland

18. 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 3rd day of June 1947

Signature of Informant: W. Furzek Relationship to deceased: Husband
Address: 176 Wakesiah Ave., Nanaimo, B.C.

19. Burial, Cremation or Removal: Burial Date June 5 1947
Place of Burial: NANAIMO, B.C. Cemetery: NANAIMO

20. Undertaking Name: ROSTWOOD First Funeral Home Address: NANAIMO, B.C.

21. Marginal Notations (Office use only):

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH: June 3rd 1947

23. I HEREBY CERTIFY that I attended deceased from June 1 to June 3 and last saw him alive on June 3

24. CAUSE OF DEATH:

Immediate cause (Give disease, injury or complication which caused death, and the mode of death, such as heart failure, apoplexy, etc.)	DURATION		
	Yrs.	Mos.	Days
(a) <u>Coronary</u>			<u>2</u>
(b) <u>Diabetes</u>	<u>2 yrs</u>		
(c) <u>Diabetes - full blown</u>			
Other contributory conditions (if important) contributing to death but not directly related to immediate cause: <u>948 took insulin</u>			

25. If a woman, was the death associated with pregnancy? _____

26. Was there a surgical operation? _____ Date of operation: _____ Was there an autopsy? _____

27. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? _____ Date of injury: _____
Manner of injury: _____
Nature of injury: _____

Specify whether injury occurred in industry, in home or in public place

Signed by: W. Furzek Designation: M.D., C.M., F.R.C.P.
Address: NANAIMO, B.C. Date: June 5th 1947

28. I hereby certify that the above returns were made to me at:
Dated: June 5 1947
District Registration No. 91

MARGINS RESERVED FOR ENDORSEMENT. 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 in cases 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 is descended through the father's line, whether English, Irish, Scottish, French, German, Italian, Polish, etc. The terms "Canadian" or "American" should not be used for RACIAL ORIGIN as they express CITIZENSHIP (NATIONALITY).