GR 2951
Volume 523

BRITISH COLUMBIA. DIVISION OF VITAL STATISTICS.
Death registrations 000001 to 000500

FORM 6

This form if placed in an envelope, marked "Dominion Statistics — Free, penalty for improper use $100," and properly addressed will pass through the mail "FREE".

PROVINCE OF BRITISH COLUMBIA—REGISTRATION OF DEATH

Registered No. ..... For use of the Registrar of Births, Deaths and Marriages only

1. PLACE OF DEATH: If in Rural Municipality: No. 1 Mine (Name) Nanaimo
If in City, Town or Village: Nanaimo (Name) Street ..... 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): (a) in Municipality where death occurred: 24 years (b) in Province: 24 years (c) in Canada (if immigrant) .....

3. NAME OF DECEASED: Waugh (Surname) James McLean (Given name in full)

RESIDENCE: No. ..... Street: McLean (Residence should be street, place or block. Post Office Address for residents in rural parts not sufficient) City, town, village or rural municipality: Nanaimo Province: B.C.

4. SEX	5. NATIONALITY (Citizenship)	6. RACIAL ORIGIN	7. Single, Married, Widowed or Divorced (Write the word)
Male	Canada	Scotch	Married

8. BIRTHPLACE: Nanaimo, B.C. (Province or Country)

9. DATE OF BIRTH: July (Month) ..... (Day) 1912 (Year)

10. AGE in: Years 24 | Months | Days | If less than one day old, hrs. or min.

OCCUPATION
11. Trade, profession or kind of work in quarry, foundry, office, store, etc.: Miner
12. Kind of industry or business, as lumber mill, lumbering, bank, etc.: .....
13. Date deceased last worked at this occupation: Dec 31st 1936
14. Total years spent in this occupation: .....

15. If married give name of wife or husband of deceased: Ethel E. Waugh

FATHER
16. NAME: William Waugh
17. BIRTHPLACE: 7th St. Kirkcaldy Scotland (Province or Country)

MOTHER
18. MAIDEN NAME: Catherine McLean
19. BIRTHPLACE: Scotland (Province or Country)

20. Signature of informant: Wm. Waugh
Address: 7th St. Nanaimo B.C.
Relationship to deceased: Friend & father

21. Place of Burial, Cremation or Removal: Nanaimo
Date of burial or removal: Jan 3 1937

22. UNDERTAKER: Chapman Funeral Home (Name and address) Nanaimo

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH: Dec (Month) 31 (Day) 1936 (Year)

24. I HEREBY CERTIFY that I attended deceased from: Dead when I arrived 19..
and last saw it alive on ..... 19..

CAUSE OF DEATH

I. Immediate cause (Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, exhaustion, etc.): (a) Electrocution
due to (b) 103
due to (c) .....

II. Morbid conditions, if any, given rise to immediate cause (stated in order proceeding backwards from immediate cause).

III. Other morbid conditions (if important) contributing to death, but not causally related to immediate cause: .....

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

26. Was there a surgical operation? ..... Date of operation ..... 19..
State findings ..... Was there an autopsy? No

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

Signed by: T. Gorrando M.D.
Address: Nanaimo Date: Jan 3 1937

28. District Registrar's Record Number .....

29. Filed: January 23 to 37 (District Registrar)

Sec. 41 Vital Statistics Act makes it the duty of the Undertaker or person acting as Undertaker to obtain all the particulars required in the "Certificate of Registration of Death" and to file the same with the District Registrar who shall issue the burial permit.

(SEE REVERSE SIDE FOR INSTRUCTIONS)

WRITE MAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied.