

PROVINCE OF BRITISH COLUMBIA  
PROVINCIAL BOARD OF HEALTH—DIVISION OF VITAL STATISTICS  
REGISTRATION OF DEATH

Reg. No. (Office use only)  
8658

SECTION RESERVED FOR RECORDS. WRITE PLAINLY, WITH CAREFUL CORRECTIONS. 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—trace 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: Nanaimo Name of Municipality (if any): Nanaimo  
 Street or road: Nanaimo General Hospital House No.: 501  
(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: 45 years In Province: 45 years In Canada (if immigrant): 45 years  
(in years, months and days)

**3. PRINT FULL NAME OF DECEASED** Waugh John  
(Surname or last name) (Given or Christian names)

**4. PERMANENT RESIDENCE OF DECEASED:**  
 Name of city or place: Nanaimo, B.C. Name of Municipality (if any): 501  
 Street or road: Selby St. House No.: 471

<b>5. SEX</b> Male	<b>6. CITIZENSHIP</b> (See marginal note) Canadian	<b>7. RACIAL ORIGIN</b> (See marginal note) Scotch	<b>8. Single, Married, Widowed or Divorced</b> (Write the word) Widowed	<b>9. BIRTHPLACE</b> (Province or Country) Scotland
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**10. Date of Birth** August 8th. 1867  
(Month by name) (Day) (Year)

**11. AGE** 76 Years 3 Months 26 Days hrs. or min.  
(If less than one day)

**OCCUPATION**  
**12. (a) Trade, profession or kind of work as spinner, grader, clerk, etc.**  
**(b) Kind of industry or business, as paper mill, lumber, bank, etc.**  
Retired  
(If labourer specify kind of work above)

**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.** Christina Miller

**16. Name of father** Waugh William  
(Surname or last name) (Given or Christian names)

**17. Maiden name of mother** Miller Alexia  
(Surname or last name) (Given or Christian names)

**18. Birthplace:**  
 Father: Scotland Mother: Scotland  
(Province or Country) (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 3rd day of Dec. 1943  
 Signature of informant: Chris Waugh Relationship to deceased: Daughter  
 Address: 471 Selby St., Nanaimo, B.C.

**20. Burial, Cremation or Removal:** Burial Date: Dec. 6th. 1943  
(Month by name) (Day) (Year)  
 Place of Burial: Nanaimo, B.C. Cemetery: Nanaimo  
(Municipality)

**21. Undertaker:** Name: Westwood First Funeral Home Address: Nanaimo, B.C.

**22. Marginal Notations (Office use only)**

**MEDICAL CERTIFICATE OF DEATH**

**23. DATE OF DEATH** Dec. 3rd. 1943  
(Month by name) (Day) (Year)

**24. I HEREBY CERTIFY that I attended deceased from** last 7 yrs to \_\_\_\_\_ and last saw him alive on \_\_\_\_\_

<b>CAUSE OF DEATH</b> Give disease, injury or complication which caused death, state the mode of dying, such as heart failure, asphyxia, asbestosis, etc. World conditions, if any, giving rise to immediate cause (entered in order proceeding backwards from immediate cause). Other world conditions (if important) contributing to death but not directly related to immediate cause.	(a) <u>Coronary</u>	DURATION: Yrs. Mos. Dns.
	(b) <u>acute myocarditis</u>	
	(c) <u>arteriosclerosis</u>	

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

**26. Was there a surgical operation?** \_\_\_\_\_ Date of operation: \_\_\_\_\_  
 State findings: \_\_\_\_\_ 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: \_\_\_\_\_  
(State which) (How sustained)  
 Nature of injury: \_\_\_\_\_  
 Specify whether injury occurred in industry, in home or in public place: \_\_\_\_\_

Signed by: L. J. J. J. Designation: M.D.  
 Address: Nanaimo Date: Dec 6 1943

**28. I hereby certify that the above return was made to me at** Nanaimo  
 Dated: Dec 6 1943