

2 DC

NAME OF DECEASED	1. Surname of deceased (print or type) Waugh		2. SEX male
	All given names in full (print or type) John		
PLACE OF DEATH	3. Name of Hospital or institution (otherwise give exact location where death occurred) St. Josephs General Hospital		
	City, town or other place (by name) Comox	Specify Municipal (State) Yes or No yes	
USUAL RESIDENCE	4. Complete street address. If rural give exact location (not Post Office or Rural Route address) Inland Highway		
	City, town or other place (by name) Fanny Bay	Inside municipal limits? (State Yes or No) no	Province (or country) BC
MARRITAL STATUS	5. Single, married, widowed, or divorced (Specify) widowed	6. If married, widowed, or divorced, give full name of husband or full maiden name of wife Winnifred Russell	
	7. Kind of work done during most of working life School Superintendent		
OCCUPATION	8. Kind of business or industry in which worked Public School System		
	9. Month (by name), day, year of birth August 8th, 1906	10. AGE (years) (Months) (Days) 73	If under 1 day (Hours) (Minutes)
BIRTHPLACE	11. City or place Province (or country) of birth Nanaimo, B.C.		12. Native Indian? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If "yes" state name of band
	13. Surname and given names of father (print or type) Waugh, John		14. BIRTHPLACE - City or place, Province (or country) Scotland
FATHER	15. Maiden surname and given names of mother (print or type) Orly, Christina		16. BIRTHPLACE - City or place, Province (or country) Scotland
	17. Signature of informant <i>[Signature]</i>		18. Relationship to deceased SON-IN-LAW
INFORMANT	19. Address of informant 725 EVERETT AVE NANAIMO, B.C. 94706		20. Date signed - Month, day, year JUNE 15, 1980
	21. Burial, cremation or other disposition (specify) Cremation		22. Date of burial or disposition (Month, day, year) June 18, 1980
DISPOSITION	23. Name and address of cemetery, crematorium or place of disposition Island Crematorium, Cedar, B.C.		
	24. Name and address of funeral director (or person in charge of remains) (print or type) Piercy's Funeral Home Ltd., Courtenay, B.C.		
FUNERAL DIRECTOR			

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	25. Month (by name), day, year of death JUNE 13th 1980		Approx. interval between onset & death 1 week
CAUSE OF DEATH	26. Part I 436X Immediate cause of death Arteriovascular Accident		
	(a) due to, or as a consequence of Arteriovascular		
	(b) due to, or as a consequence of 2 previous CVA 12 Nov 79		
CAUSE OF DEATH	Part II 235 Other significant conditions contributing to the death but not causally related to the immediate cause (a) above Thrombosis lung		
	27. Autopsy Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Being held	28. Does the cause of death stated above take account of autopsy findings? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	29. May further information relating to the cause of death be available later? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
ACCIDENT OR VIOLENCE (If applicable)	30. If accident, suicide, homicide or undetermined (specify)	31. Place of injury (e.g. home, farm, highway, etc.)	32. Date of injury (Month (by name), day, year)
	33. How did injury occur? (Describe circumstances)		
SURGICAL OPERATION	34. If there was a recent surgical operation give date of operation n/a	35. State operative findings	
	36. I certify that to the best of my knowledge and belief the above named person died on the date and from the causes stated herein: X <i>[Signature]</i>		
CERTIFICATION (Attending physician, coroner, etc.)	37. Name of physician or coroner (print or type) DR. C. I. THAL		Address 643-2 COURTENAY B.C.
	Date: Month, day, year 17 JUNE 80		Physician examining body after death <input type="checkbox"/> Coroner <input type="checkbox"/>

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

Notations: * #25 confirmed to read "June 13, 1980" per S. D. #32996. July 22/80.
[Signature]

CERTIFICATION OF DISTRICT REGISTRAR	I certify this return was accepted by me on this date at - COURTENAY		B.C.
	District Registration No. 76/80	Date Month (by name), day, year JUNE 17, 1980	<i>[Signature]</i> District Registrar