PROVINCE OF BRITISH COLUMBIA
DEPARTMENT OF HEALTH SERVICES AND HOSPITAL INSURANCE
DIVISION OF VITAL STATISTICS
REGISTRATION OF DEATH

1. PLACE OF DEATH
Name of city, village, town, district municipality or place: NAINANO, B.C.
[No outside city or municipal limits add "Rural"]
Street or road: STEWART AVE.
House No.: 475
Province No. 53-107
[All outside city or municipal limits add "Rural"]
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 1907
In Province 1907
In Canada (if immigrant) 1907

3. PRINT FULL NAME OF DECEASED
WAUGH JAMES McLEAN

4. PERMANENT RESIDENCE OF DECEASED
Name of city, village, town, district municipality or place: NAINANO, B.C.
[No outside city or municipal limits add "Rural"]
Street or road: STEWART AVE.
House No.: 475
Province No. 53-107
[All outside city or municipal limits add "Rural"]

5. SEX & CITIZENSHIP
Sex Male
Citizenship Canadian

6. RACIAL ORIGIN
(See marginal note)
White

7. SINGLE, MARRIED, WIDOWED OR DIVORCED
Single, Married, Widowed or Divorced

8. BIRTHPLACE
City or Place of Birth
Linlithgow, Scotland

9. AGE (Last Birthday)
??

10. Date of Birth
July 29th, 1888

11. OCCUPATION
Retired

12. (a) Trade, profession or kind of work as logger, fishermen, office clerk, etc.
(b) Kind of business, as logging, fishing, bank, etc.

13. Date deceased last worked
March 10th, 1966

14. Total years spent in this occupation

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

16. Name of father
WAUGH

17. Maiden name of mother

18. Birthplace
N.K., Scotland

19. Father
N.K., Scotland

20. Mother
N.K., Scotland

21. I certify that the foregoing is true to the best of my knowledge and belief.
Given under my hand at NAINANO, B.C., this 10th day of March 1966

22. MEDICAL CERTIFICATE OF DEATH
Date of Death March 10th, 1966

23. I HEREBY CERTIFY that I attended deceased from
to
March 10th, 1966, and last saw him alive on March 10th, 1966

24. If a woman, did the death occur either during pregnancy or within 90 days following pregnancy?

25. (a) Was there a recent surgical operation? 
(b) Date of operation
(c) State findings of operation
(d) Was there an autopsy?

26. If a violent death, fill in also: (a) Accident ; Suicide ; Homicide (b) Date of injury
(c) How did injury occur?

27. Signed by
Date

28. Print name of Doctor or Coroner, whose signature appears above

29. Notations

30. I hereby certify that the above record was made to me at

Date

District Registration No. 66-09-004040

DO NOT WRITE BEYOND THIS LINE
OFFICE USE ONLY

9004-3, 14th 25-12-63

28/02/2017
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http://search-collections.royalbcmuseum.bc.ca/Image/Genealogy/bf945e68-52dc-4c10-b0ce-12c9741a9f9a
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