PROVINCE OF BRITISH COLUMBIA
DEPARTMENT OF HEALTH AND WELFARE — DIVISION OF VITAL STATISTICS
REGISTRATION OF DEATH

1. PLACE OF DEATH
Name of deceased  
Name of Municipality or place  
(Named and surname of deceased)
(Named and surname of Municipality or place)

2. LENGTH OF STAY
(in months and years)  47
Total years in Canada  1930 1970

3. PRINT FULL NAME OF DECEASED
(Named and surname of deceased)
(Municipality or place of registration)

4. PERMANENT RESIDENCE OF DECEASED
(Named and surname of deceased)
(Municipality or place of registration)

5. SEX
(Full name and sex of deceased)

6. CITIZENSHIP
(Named and surname of deceased)

7. RACIAL ORIGIN
(Named and surname of deceased)

8. SINGLE, MARRIED, WIDOWED OR DIVORCED
(Named and surname of deceased)

9. BIRTHPLACE
(City or place of birth)

10. Date of Birth

11. AGE (Last Birthday)

12. Occupation
(Named and occupation of deceased)

13. Date deceased last worked

14. Total years spent in this occupation

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

16. Name of father

17. Maiden name of mother

18. Father's Race

19. Relationship to deceased

20. Address of informant

21. Underwriter's name

22. Date of Death

23. TIME OF DEATH

24. CAUSE OF DEATH

25. Date of death

26. Location of death

27. Registered by

28. Date of registration

29. District Registration No.

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

31. Reg. No. (Office use only)

32. Signature of Registrar

33. Date of registration

34. District Registration No.


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