

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

50-09-007708

1. PLACE OF DEATH
 Name of city or place Vancouver, B.C. Name of Municipality (if any) _____
(If outside city or municipal limits add "Rural")
 Street or road Shaughnessy Hospital House No. _____
(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 1 year In Province 27 years In Canada (if immigrant) 39 years
(in years, months and days)

3. PRINT FULL NAME OF DECEASED DANIEL Arthur.
(Surname or family name) (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED:
 Name of city or place _____ Name of Municipality (if any) Burnaby, B.C.
(If outside city or municipal limits add "Rural")
 Street or road Manor St. House No. 3734

5. SEX Male **6. CITIZENSHIP** Canadian **7. RACIAL ORIGIN** English **8. Single, Married, Widowed or Divorced** Married **9. BIRTHPLACE:** England
(See marginal note) (See marginal note) (Write the word) (City or Place and Province or Country)

10. Date of Birth April 1st 1879 **11. AGE** } 71 Years 4 Months 15 Days 15 hrs. or 15 min.
(Month by name) (Date) (Year)

12. (a) Trade, profession or kind of work as logger, fisherman, office clerk, etc. Gardener. (Self)
(If labourer specify kind of work above) (If "Housewife" in own home answer "At Home")
(b) Kind of industry or business, as logging, fishing, bank, etc.

13. Date deceased last worked at this occupation 1940 **14. Total years spent in this occupation** 17 years

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

16. Name of father # Daniel William
(Surname or family name) (All given or Christian names)

17. Maiden name of mother Lister Elizabeth Ann
(Surname or family name) (All given or Christian names)

18. Birthplace—
 Father England Mother England
(City or Place and Province or Country) (City or Place and 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 Vancouver. this 17th. day of August 1950
 Signature of informant x Mrs Ethel Daniel Relationship to deceased widow.
 Address 3734 Manor St. Burnaby. via NewWestminster, B.C.

20. Burial, Cremation or Removal Burial Date August 19th 1950
(Month by name) (Date) (Year)
 Place of Burial Vancouver Cemetery Mt. View
(Municipality)

21. Undertaker:
 Name Roselawn Funeral Directors Ltd. Address 1669 - E - Broadway Vancouver, B.C.

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH August 16th. 1950.
(Month by name) (Date) (Year)

23. I HEREBY CERTIFY that I attended deceased from July 23rd. 1949. 1949
 to August 16th. 1950. 1950, and last saw him alive on August 16th. 1950.

I		CAUSE OF DEATH	Approximate interval between onset and death
Disease or condition directly leading to death <small>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.)</small>		(a) <u>Bronchopneumonia - Rt side</u> <small>due to (or as a consequence of)</small>	<u>10 days</u>
Antecedent causes Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.		(b) <u>Decubitus ulcers - large.</u> <small>due to (or as a consequence of)</small>	
Other significant conditions contributing to the death, but not related to the disease or condition causing it.		(c) <u>Left Femoral Vein Thrombosis</u>	

24. If a woman, was the death associated with pregnancy? _____ Duration _____ weeks. Was there a delivery? _____

25. Was there a surgical operation? _____ Date of operation _____ 19____
 State findings _____ Was there an autopsy? Yes.

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

Signed by R. E. Rolan Designation M.D. M.D., Coroner, etc.
 Address Shaughnessy Hospital. Date 19

27. Notations Vancouver, B.C.

28. I hereby certify that the above return was made to me at
 Dated _____ 19____
 District Registration No. 2003
 VANCOUVER, B.C. AUG 18 1950
(Signature of District Registrar)

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. 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—traced 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).

DO NOT WRITE BELOW
 DOUBLE LINE
 OFFICE USE ONLY

In case of Stillbirth consult reverse side before making out certificate.