

PROVINCE OF  
 BRITISH COLUMBIA (Canada)  
 DEPARTMENT OF HEALTH  
 Division of Vital Statistics

 REGISTRATION OF  
**DEATH**

Registration No.

(Department use only)

84-09-010553

1. Surname of deceased (print or type) <b>GRAY</b>		2. SEX <b>FEMALE</b>	
NAME OF DECEASED All given names in full (print or type) <b>OLIVE ADA</b>			
PLACE OF DEATH 3. Name of hospital or institution (otherwise give exact location where death occurred) <b>ROYAL COLUMBIAN HOSPITAL</b> City, town or other place (by name) <b>NEW WESTMINSTER</b>		Postal Code <b>V3L 9Z9</b>	Inside municipal limits? (State Yes or No) <b>YES</b>
USUAL RESIDENCE 4. Complete street address: If rural give exact location (not Post Office or Rural Route address) <b>7550 ROSEWOOD STREET</b> City, town or other place (by name) <b>BURNABY</b>		Postal Code <b>V5E 3Z3</b>	Province (or country) <b>B.C.</b>
MARITAL STATUS 5. Single, married, widowed, or divorced (Specify) <b>WIDOWED</b>	6. If married, widowed, or divorced, give full name of husband or full maiden name of wife <b>GRAY ASHEL</b>		
OCCUPATION 7. Kind of work done during most of working life <b>HOUSEWIFE</b>		8. Kind of business or industry in which worked <b>AT HOME</b>	
BIRTHDATE 9. Month (by name), day, year of birth <b>SEPTEMBER 30, 1887</b>		10. AGE (years) (Months) (Days) (Hours) (Minutes) <b>96</b> If under 1 year	
BIRTHPLACE 11. City or place Province (or country) of birth <b>LANGLEY BC</b>		12. Native Indian? Yes No If "yes" state name of band <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
FATHER 13. Surname and given names of father (print or type) <b>TOWLE DAVID UPTON</b>		14. BIRTHPLACE - City or place, Province (or country) <b>TRURO NOVA SCOTIA</b>	
MOTHER 15. Maiden surname and given names of mother (print or type) <b>EDGE MARY ANN</b>		16. BIRTHPLACE - City or place, Province (or country) <b>COUNTY GREY ONTARIO</b>	
INFORMANT 17. Signature of informant <i>[Signature]</i>		18. Relationship to deceased <b>SON</b>	
19. Address of informant <b>4631 CEDARCREST AVE NORTH VAN BC V7R 3R4</b>		20. Date signed - Month, day, year <b>JUNE 19, 1984</b>	
DISPOSITION 21. Burial, cremation or other disposition (specify) <b>BURIAL</b>		22. Date of burial or disposition (month, day, year) <b>JUNE 21, 1984</b>	
FUNERAL DIRECTOR 24. Name and address of funeral director (or person in charge of remains) (print or type) <b>FIRST MEMORIAL SERVICES LTD 1505 LILLOOET RD N. VANCOUVER B.C.</b>		23. Name and address of cemetery, crematorium or place of disposition <b>FOREST LAWN BURIAL PARK BURNABY BC</b>	

DATE OF DEATH 25. Month (by name), day, year of death <b>JUNE 17, 1984</b>		Approx. interval between onset & death	
CAUSE OF DEATH 26. Part I Immediate cause of death <b>4280 Cardiac failure</b> Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last (b) <b>congestive heart failure</b> (c) _____ Part II Other significant conditions contributing to the death but not causally related to the immediate cause (a) above <b>2387 Myelodysplastic disease</b>			
AUTOPSY PARTICULARS 27. Autopsy being held? Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>		28. Does the cause of death stated above take account of autopsy findings? Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	
29. May further information relating to the cause of death be available later? Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>			
30. If accident, suicide, homicide or undetermined (specify) <b>---</b>		31. Place of injury (e.g. home, farm, highway, etc.) <b>---</b>	
32. Date of injury (Month (by name), day, year) <b>---</b>			
33. How did injury occur? (describe circumstances) <b>---</b>			
34. If there was a recent surgical operation give date of operation <b>---</b>		35. State operative findings <b>---</b>	
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. <b>X [Signature]</b>		Attending physician: <input checked="" type="checkbox"/> Physician examining body after death: <input type="checkbox"/> Coroner: <input type="checkbox"/>	
37. Name of physician or coroner (print or type) <b>Dr. P. Osborne, 7423 Edmonds St, Burnaby BC.</b>		Date: Month, day, year <b>June 21, 84</b>	

 Notation **#18 Amended to read DAUGHTER-IN-LAW. Info from F.D. - June 21, 1984.**

I certify this return was accepted by me on this date at - <b>New Westminister</b>		B.C.	
District Registration No. <b>1995</b>		Date: Month (by name), day, year <b>June 21, 84</b>	
Deputy <i>[Signature]</i>		Signature of District Registrar <i>[Signature]</i>	

 THIS IS A PERMANENT LEGAL RECORD - TYPE OR WRITE PLAINLY - COMPLETE ALL ITEMS  
 USE BLUE OR BLACK INK ONLY  
 See Reverse for Instructions  
 IMPORTANT: Any change or correction made in the completion of this form must be initialled by the person certifying the original information.

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