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Form 6

✓ 131-031

Reg. No. (Office use only)

72-09-007519

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: Vancouver, B.C.
(If outside city or municipal limits add "Rural")

Street or road: Vancouver General Hospital House No.:
(If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days)	In Municipality where death occurred	In Province	In Canada (if immigrant)
	56 Yrs.	56 Yrs	Life

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3. PRINT FULL NAME OF DECEASED MADDEN (Surname) James Ambrose (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED:

Name of city, village, town, district municipality or place: Vancouver, B.C. 131-031-33
(If outside city or municipal limits add "Rural")

Street or road: Elizabeth Street House No.: 5642

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

10. Date of Birth (Month by name)	(Date)	(Year)	11. AGE (Last Birthday) YEARS	if under 1 year MONTHS	if under 1 month DAYS	if under 24 hours HOURS	if under 1 hour MIN.
April	22	1912	60				

838
SHH

OCCUPATION

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

13. Date deceased last worked at this occupation: 1970

14. Total years spent in this occupation: 34 Yrs

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased: Helen Catherine NETT

16. Name of father: MADDEN (Surname) Alexander (All given or Christian names)

17. Maiden name of mother: CUMBERS (Surname) Florence (All given or Christian names)

18. Birthplace – Father: Winnipeg, Man (City or Place and Province or Country) Mother: Unknown (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 B.C., this 24th day of May 19 72

X Signature of informant: [signature] Relationship to deceased: Son
(Married woman not to use Husband's initials or given names)

Address of informant: 5691 (House No.) Rumble St (Name of Street) Burnaby 1 B.C. (Name of City, Municipality or Place) (Province)

20. Burial, Cremation or Removal: Burial (State which) Date: May (Month by name) 30 (Date) 19 72 (Year)

Place of Burial or Cremation: Burnaby B.C. (Municipality, etc., where Cemetery located) Name of Cemetery: Ocean View Burial Park

21. Undertaker: – Name: Simmons & McBride Limited Address: Vancouver, (Name of City, Municipality or Place) B.C. (Province)

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH May (Month by name) 26 (Date) 19 72 (Year)

23. I HEREBY CERTIFY that I attended deceased from May 20 19 72
to 26/5/72 19 ....., and last saw him alive on 26/5/72 19 .....

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CAUSE OF DEATH

Disease or condition directly leading to death (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.)
(a) ruptured aneurysm of coronary art. due to (or as a consequence of)

Antecedent causes Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.
(b) due to (or as a consequence of)
(c)

II Other significant conditions contributing to the death, but not related to the disease or condition causing it.
aneurysm, left coronary a.

Approximate interval between onset and death: 6 months

24. If a woman, did the death occur either during pregnancy or within 90 days following pregnancy? (Yes or No)

25. (a) Was there a recent surgical operation? Yes (b) Date of operation 24/5/72 19 .....
(c) State findings of operation ruptured aneurysm of coronary a. (d) Was there an autopsy? yes

26. If a violent death, fill in also: (a) Accident ☐; Suicide ☐; Homicide ☐ (b) Date of injury ..... 19 .....
(c) How did injury occur? .....
(d) Injuries sustained? (e.g. fracture of skull, left leg, etc., dislocation of -, burn to -, etc.)
(e) Where did injury occur? (home, farm, industrial place, highway, etc.)

B.P.I.
MAY 30/72.

27. Signed by Peter Allen Designation M.D. M.D. or Coroner.
Address 750 West Broadway Vancouver Date 30/5/72 19 .....

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

29. Notations

30. I hereby certify that the above return was made to me at VANCOUVER, B.C. MAY 31 1972
Dated 2994 19 .....
District Registration No. 2994 [signature] (Signature of District Registrar)

(SEE REVERSE SIDE FOR INSTRUCTIONS)

DO NOT WRITE BELOW THIS LINE → OFFICE USE ONLY

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IMPORTANT: Any change or correction made in the completion of this form must be initialled by the person certifying the information.

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 – State the racial origin, traced through the father, in terms of the people or race to which the person belongs such as: English, Scottish, German, etc. or in terms of one of the following racial groups: – White, native Indian, Negro, Chinese, Japanese or other.