Form 6

43-031
Reg. No. (Office use only)

60-09-014486

# 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 or place: Vancouver, B. C. (If outside city or municipal limits add "Rural") — Name of Municipality (if any):

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

| **2. LENGTH OF STAY** (in years, months and days) | In Municipality where death occurred | In Province | In Canada (if immigrant) |
|---|---|---|---|
| | 35 yrs. | 35 yrs. | Life |

**3. PRINT FULL NAME OF DECEASED** BOURGET (Surname or family name) Joseph Philip (All given or Christian names in full)

**4. PERMANENT RESIDENCE OF DECEASED:**

Name of city or place: Vancouver, B. C. (If outside city or municipal limits add "Rural") — Name of Municipality (if any): 43-031-47

Street or road: East 52nd Avenue — House No.: 896

| 5. SEX | 6. CITIZENSHIP (See marginal note) | 7. RACIAL GROUP (See marginal note) | 8. Single, Married, Widowed or Divorced (Write the word) | 9. BIRTHPLACE: (City or Place and Province or Country) |
|---|---|---|---|---|
| male | Canadian | White | Widowed | Hull, Que. |

| 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. |
|---|---|---|---|---|---|---|---|
| October | 25th | 1886 | 74 | | | | |

OCCUPATION

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

13. Date deceased last worked at this occupation: 1951 — 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: Marguerite Baudin

16. Name of father: Bourget (Surname or family name) Philip (All given or Christian names)

17. Maiden name of mother: not known (Surname or family name) Mary (All given or Christian names)

18. Birthplace – Father: Quebec (City or Place and Province or Country) Mother: Quebec (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 5th day of December 19 60
Signature of informant: Adelise Madden (Married woman not to use Husband's initials or given names) Relationship to deceased: daughter
Address of informant: 896 (House No.) East 52nd Ave. (Name of Street) Vancouver, B. C. (Name of City, Municipality or Place) (Province or State)

20. Burial, Cremation or Removal: Burial (State which) Date: December (Month by name) 7th (Date) 19 60 (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 Ltd. Address: 1995 W. Broadway, Vanc. 9, B.C. (Name of City, Municipality or Place) (Province or State)

## MEDICAL CERTIFICATE OF DEATH

**22. DATE OF DEATH** December (Month by name) 5th (Date) 19 60 (Year)

23. I HEREBY CERTIFY that I attended deceased from 30 Nov 19 60
to ..... 19 ....., and last saw him alive on 4 Dec 19 60

**CAUSE OF DEATH**

| | | Approximate interval between onset and death |
|---|---|---|
| I 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.) | 331 X (a) Intracerebral Hemorrhage | 5 days |
| Antecedent causes Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last. | due to (or as a consequence of) (b) Cerebral arterio Sclerosis | years ? |
| | 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. | | |

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? ..... (b) Date of operation ..... 19.....
(c) State findings of operation ..... (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.) .....

27. Signed by Robt G Stanley Designation MD M.D., Coroner, etc.
Address 709 Granville St Date 6 Dec 19 60

28. Print name of M.D., Coroner, etc., whose signature appears above .....

29. Notations

30. I hereby certify that the above return was made to me at VANCOUVER, B.C. DEC 6 - 1960
Dated ..... 19.....
District Registration No. 5149 Registrar
(Signature of District Registrar)

(SEE REVERSE SIDE FOR INSTRUCTIONS)

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 GROUP: For purposes of this registration it is necessary to specify only to which of the following broad racial groups the person belongs, as traced through the father:– White, native Indian, Negro, Chinese, Japanese, or other.

DO NOT WRITE BELOW THIS LINE → OFFICE USE ONLY

Spoke to 6/60

9004–3,14: 31-7-59

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Death registrations 014001 to 014500
1960