

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

50-09-011355

1. PLACE OF DEATH

Name of city or place: Vancouver, B. C. Name of Municipality (if any):
Street or road: Certified dead at General Hospital. House No.:

2. LENGTH OF STAY: In Municipality where death occurred: 4 Years; In Province: 4 Years; In Canada (if immigrant): 68 Years

3. PRINT FULL NAME OF DECEASED: CUMBERS, WILLIAM CHARLES

4. PERMANENT RESIDENCE OF DECEASED: Name of city or place: Vancouver, B. C. Name of Municipality (if any):
Street or road: E. 56th. Ave. House No.: 266

5. SEX: Male; 6. CITIZENSHIP: Canadian; 7. RACIAL ORIGIN: English; 8. Single, Married, Widowed or Divorced: Married; 9. BIRTHPLACE: England.

10. Date of Birth: July 15th. 1881; 11. AGE: 69 Years, 5 Months, -- Days

12. (a) Trade, profession or kind of work as logger, fisherman, office clerk, etc.: Steam Fitter; (b) Kind of industry or business, as logging, fishing, bank, etc.: C. N. R.

13. Date deceased last worked at this occupation: 1946; 14. Total years spent in this occupation: Life

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

16. Name of father: Cumbers; John

17. Maiden name of mother: Stanton; Elizabeth

18. Birthplace—Father: England; Mother: England

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 15th. day of December 1950. Signature of informant: Relationship to deceased: Son. Address: 266 - E. 56th. Ave., Vancouver, B. C.

20. Burial, Cremation or Removal: Burial; Date: December 19th. 1950; Place of Burial: Vancouver, B. C.; Cemetery: Mountain View.

21. Undertaker: G.W. Hamilton Und. Co. Ltd.; Address: 19-Kingsway, Vancouver, B.C.

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH: December 15, 1950

23. I HEREBY CERTIFY that I attended the deceased on Dec 16, 1950, and last saw him alive on 1950

CAUSE OF DEATH: (a) Myocardial degeneration; (b) Coronary occlusion + infarct; (c) Hypertensive Cardiovascular disease

24. If a woman, was the death associated with pregnancy? Duration: weeks. Was there a delivery? no

25. Was there a surgical operation? no; Date of operation: 1950; State findings: Was there an autopsy? no

26. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide: Nature of injury: Manner of injury: Specify whether injury occurred in industry, in home or in public place

Signed by: Designation: M.D., Coroner, etc. Address: Date: Dec 18, 1950

27. Notations

28. I hereby certify that the above return was made to me at VANCOUVER, B.C. Dec 22 1950

Dated: 1950; District Registration No.: 4303; Signature of District Registrar: R. Sauris

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.