This Form, if placed in an envelope marked "Dominion Statistics—Free ... alty for improper use $300," and addressed by name and ... to the Registrar of the Registration Division in which the death occurred, will pass through the mail free.

FORM 6.

PROVINCE OF BRITISH COLUMBIA

CERTIFICATE OF REGISTRATION OF DEATH

1 PLACE OF DEATH—

If in Municipality ..... Registered No. 1111
Name (For use of Registrar of Vital Statistics only)

If in City or Town Vancouver Street ..... House No .....
Name

If in hospital or institution, give name St. Paul's Hospital

2 NAME OF DEATH Philip Bourget

Residence 1148 Granville St.
(Usual place of abode)

PERSONAL AND STATISTICAL INFORMATION

3 SEX	4 RACIAL ORIGIN	5 Single, Married, Widowed or Divorced (*Write the Word*)
Male	French Canadian	Widower

6 BIRTHPLACE (Province or Country) Quebec Province

7 DATE OF BIRTH (month, day and year) Sept 2 1855

8 AGE In

Years	Months	Days	If less than one day
79	6	15	hrs. or min.

9 OCCUPATION OF DECEASED

(a) Fisherman
(Trade or occupation or kind of work)

(b) Retired
(Kind of industry)

10 LENGTH OF RESIDENCE (In years and months)

(a) At place of death 3 months (b) In province 23 years

(c) In Canada (if an immigrant) .....

Parents

11 Name of father Joseph Bourget

12 Birthplace of father Province Quebec
(Province or country)

13 Maiden name of mother Not Known

14 Birthplace of mother .....
(Province or country)

15 Informant's name Joseph Philip Bourget

Address 1148 Granville St

16 Relationship to deceased Son

17 Place of burial, cremation or removal: Vancouver Burial Pk. — Date of burial: Mch 18 1935

18 Undertaker R. P. Bell Funeral Homes Ltd.
1235 E. Hastings (Name and Address)

MEDICAL CERTIFICATE OF DEATH

19 Date of death March 16 1935
(Month, day and year)

20 I HEREBY CERTIFY, that I attended deceased from Dec. 13 1934 to Mar. 16 1935 that I last saw him alive on Mar. 16 1935 and that death occurred on the date stated above, at 12 15 a.m.

The CAUSE OF DEATH was as follows:

Arteriosclerosis 9 yrs
Myocardial Degeneration
(duration) ..... yrs. ..... mos. ..... dys.

CONTRIBUTORY Fracture of Shoulder
(duration) ..... yrs. 3 mos. ..... dys.

21 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Nature of operation .....

Was there an autopsy?

(Signed) W. A. Lamond M.D.

Address St. Paul's Hospital

Date Mar. 16-35

State the Disease causing Death, or in death from Violent Causes, state (1) Means and Nature of Injury, (2) whether Accidental, Suicidal or Homicidal.

22 District Registrar's Record Number 458

23 Filed 19th Mar 1935 [signature] Dep. District Registrar

SEC. 46—Vital Statistics Act makes it the duty of the Undertaker or person acting as Undertaker to obtain all the particulars required in the "Certificate of Registration of Death" and to fyle the same with the District Registrar who shall issue the burial permit.

(OVER)

N.B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. RACIAL ORIGIN will be described by stating to what race or people the deceased person belonged whether English, Irish, Scotch, French, German, etc. The terms "American" or "Canadian" should not be used as they express citizenship but not a Racial origin. See instructions on back of Certificate.

MARGIN RESERVED FOR BINDING