

49465

VITAL STATISTICS ACT

SCHEDULE B.—Deaths.

Registered No. ~~2573~~ 1253 City or town of Vancouver
District of Vancouver B.C.

1. Full name Harriet Elizabeth Madden

2. (a.) Sex female (b.) Colour or race White (c.) Single ☒ Married ☐ Widowed ☐ Divorced ☐

3. (a.) Birthplace Manitoba (b.) Date of birth Dec 18, 1886

4. Age 30 Years 11 Months 23 Days

5. Died on the 10 day of December 1917 at about 9 P. M.

6. Last occupation at home (Kind of Industry.)
From 1907 To 1917

7. Former occupation at school
From 1897 To 1907

8. (a.) Place of death St Pauls Hospital (Street and No.)
(b.) How long at place of death 6 months

9. Former or usual residence 610 Jarvis St. City

10. Date of burial December 12, 1917 Hour 9 A. M.

11. How long resident in city 6 years
How long in district 6 years
How long in Canada, if foreign born native

12. (a.) Name of father James Madden
(b.) Birthplace of father Ontario (Province or country.)
(a.) Maiden name of mother Liza Penning
(b.) Birthplace of mother Ontario (Province or country.)

The Foregoing Stated Personal Particulars are True to the Best of My Knowledge and Belief.

13. Informant Mr. Madden
Address New Westminster
Undertaker W. H. Hargreave & Co
Address 802 Broadway W
Vancouver B.C.

PHYSICIAN'S CERTIFICATE OF CAUSE OF DEATH.

I hereby certify that I attended Harriet Elizabeth Madden from Jan 6 1917 to Dec 10 1917.
That I last saw her alive on the 10 day of Dec 1917. That she died on the 10 day of Dec 1917 at about 9 o'clock P. M., and that to the best of my knowledge and belief, the cause of her death was as hereunder written.
(IF UNDER ONE YEAR OLD, STATE HOW FED.)

(a.) Remote or Earlier Pathological or Morbid Condition..... Was operation performed within one month before death?.....	Duration in Years, Months, Days or Hours.
(b.) Immediate or Final Determining Cause <u>Pulmonary Tuberculosis</u>	

Witness my hand, this 11 day of Dec 1917.
(Signature) E. J. Gray M.D.
Address 303 Dominion Bldg
Vancouver B.C.