

51-09-008480

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

1. PLACE OF DEATH

Name of city or place: Vancouver BC Name of Municipality (if any):

Street or road: 58. Paulo Hospital House No.:

2. LENGTH OF STAY

In Municipality where death occurred: 27 years In Province: life In Canada (if immigrant): life

3. PRINT FULL NAME OF DECEASED

GORDON, ROBERT TAYLOR (Surname or family name) (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED:

Name of city or place: Richmond, BC Name of Municipality (if any):

Street or road: Tranelle Ave House No.: 780 A

5. SEX

M

6. CITIZENSHIP

Canadian

7. RACIAL ORIGIN

English

8. Single, Married, Widowed or Divorced

married

9. BIRTHPLACE:

Leveshoke BC

10. Date of Birth

Dec. 29, 1901

11. AGE

49 Years, 8 Months, 14 Days

12. (a) Trade, profession or kind of work as logger, fisherman, office clerk, etc. (b) Kind of industry or business, as logging, fishing, bank, etc.

Druggist

13. Date deceased last worked at this occupation

March - 1951

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

Mrs. Marguerite Stinson

16. Name of father

Jordan, Robert

17. Maiden name of mother

Knewlton, Margaret

18. Birthplace - Father

England

Mother

Nova Scotia

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 12 day of Sept 1951

Signature of informant: M. M. Gordon Relationship to deceased: wife

Address of informant: 780 A Tranelle Ave, Richmond BC

20. Burial, Cremation or Removal

Burial Date: Sept 17 1951

Place of Burial or Cremation: Vancouver, BC Name of Cemetery: Mt. View

21. Undertaker:

Name: THE T. EDWARDS CO. LTD. Address: VANCOUVER, B. C.

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH

September 12 1951

23. I HEREBY CERTIFY that I attended deceased from 16/ March 1951 to 12/ Sept 1951, and last saw him alive on 11/ Sept 1951

Table with 3 columns: Cause of Death, Approximate interval between onset and death. Row 1: Generalized Peritonitis, 2 days. Row 2: Perforated duodenal ulcer, 3 days. Row 3: Cerebral Haemorrhage, 6 mos. Row 4: Hypertensive Heart Disease, 1 year.

24. If a woman, was the death (a) Associated with pregnancy? (b) Duration... weeks. (c) Was there a delivery?...

25. (a) Was there a recent surgical operation? (b) Date of operation... (c) State findings of operation... (d) Was there an autopsy?...

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

27. Signed by: M. D. Designation: M.D., Coroner, etc. Address: 688 #304 Inverness Road Date: 13/ Sept 1951

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. on SEP 14 1951

Dated: 1951 District Registration No.: 3098 Signature of District Registrar: P. Mauris

(SEE REVERSE SIDE FOR INSTRUCTIONS)

DO NOT USE BALL POINT PEN

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.