Form 6

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

59-09-003046

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

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).

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: St. Paul's 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)
	50 yrs.	50 yrs.	Life

3. PRINT FULL NAME OF DECEASED: Madden (Surname or family name) — Margaret Jane (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 – 37

Street or road: West 18th — House No.: 3768

5. SEX	6. CITIZENSHIP (See marginal note)	7. RACIAL ORIGIN (See marginal note)	8. Single, Married, Widowed or Divorced (Write the word)	9. BIRTHPLACE: (City or Place and Province or Country)
female	Canadian	Irish	single	(city not known) Canada

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.
January	31st	1881	78				

OCCUPATION

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

13. Date deceased last worked at this occupation — 14. Total years spent in this occupation

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased

16. Name of father: Madden (Surname or family name) — James (All given or Christian names)

17. Maiden name of mother: Fenning (Surname or family name) — Elizabeth Anne (All given or Christian names)

18. Birthplace — Father: not known (City or Place and Province or Country) — Mother: not known (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 27th day of February 19 59
Signature of informant: Jos F Brown (Married woman not to use Husband's initials or given names) — Jos. F. Brown — Relationship to deceased: nephew
Address of informant: 2554 Wallace Crescent. (House No.) (Name of Street) (Name of City, Municipality or Place) (Province or State)

20. Burial, Cremation or Removal: Burial (State which) — Date: February (Month by name) 28th (Date) 19 59 (Year)
Place of Burial or Cremation: Vancouver, B. C. (Municipality, etc., where Cemetery located) — Name of Cemetery: Mt. View Cemetery

21. Undertaker's 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** February (Month by name) 26th (Date) 19 59 (Year)

23. I HEREBY CERTIFY that I attended deceased from April 19 57 to February 26 19 59, and last saw h[illegible] alive on February 25, 1959

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.)	(a) Cerebro Vasc. Accident 331X	2 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) Hypertension	5 yrs.
	due to (or as a consequence of) (c) Arteriosclerosis	5 yrs.
II Other significant conditions contributing to the death, but not related to the disease or condition causing it.		

24. If a woman, was the death (a) Associated with pregnancy? No (b) Duration ... weeks. (c) Was there a delivery?

25. (a) Was there a recent surgical operation? No (b) Date of operation ... 19 ...
(c) State findings of operation ... (d) Was there an autopsy?

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 D. J. Kazun Designation M.D. (M.D., Coroner, etc.)
Address 206 – 1541 W Broadway Date March 2 19 59

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

29. Notations

30. I hereby certify that the above return was made to me at VANCOUVER, B.C. MAR 3 1959
Dated ... 19 ...
District Registration No. 959 (Signature of District Registrar) Registrar

DO NOT WRITE BELOW DOUBLE LINE OFFICE USE ONLY

9004–3.14: 28-8-56

(SEE REVERSE SIDE FOR INSTRUCTIONS)