Dr. Pollock

FORM 6

6 certs.

23

07-014

PROVINCE OF
BRITISH COLUMBIA (Canada)
DEPARTMENT OF HEALTH
Division of Vital Statistics

REGISTRATION OF
DEATH

Registration No. (Department use only)
79-09-005370

NAME OF DECEASED
1. Surname of deceased (print or type): ~~WRIGHT~~
All given names in full (print or type): Katie Florence
2. SEX: female

PLACE OF DEATH
3. Name of hospital or institution (otherwise give exact location where death occurred): Kelowna General Hospital 033
City, town or other place (by name): Kelowna, B. C.
Inside municipal limits? (State Yes or No): yes

23

USUAL RESIDENCE
4. Complete street address: If rural give exact location (not Post Office or Rural Route address): 4058 Lakeshore Rd.
City, town or other place (by name): Kelowna 07-014
Inside municipal limits? (State Yes or No): yes
Province (or country): B.C.

MARITAL STATUS
5. Single, married, widowed, or divorced (Specify): widowed
6. If married, widowed, or divorced, give full name of husband or full maiden name of wife: WRIGHT - Walter

963

OCCUPATION
7. Kind of work done during most of working life: housewife
8. Kind of business or industry in which worked: at home

BIRTHDATE
9. Month (by name), day, year of birth: May 9th, 1896
10. AGE (years): 82 (Months) If under 1 year: (Days): (Hours) If under 1 day: (Minutes):

BIRTHPLACE
11. City or place Province (or country) of birth: Surrey, England
12. Native Indian? Yes ☐ No ☒ If "yes" state name of band

FATHER
13. Surname and given names of father (print or type): MOUNT - not known
14. BIRTHPLACE – City or place, Province (or country): England

MOTHER
15. Maiden surname and given names of mother (print or type): not known
16. BIRTHPLACE – City or place, Province (or country): England

INFORMANT
17. Signature of informant: X M. Pollock
18. Relationship to deceased: friend
19. Address of informant: R. R. #1, Westbank, B.C. V0H 2A0
20. Date signed – Month, day, year: March 28, 1979

DISPOSITION
21. Burial, cremation or other disposition (specify): cremation
22. Date of burial or disposition (month, day, year): April 2nd, 1979
23. Name and address of cemetery, crematorium or place of disposition: Pine Grove Crematorium, Kamloops, B.C.

FUNERAL DIRECTOR
24. Name and address of funeral director (or person in charge of remains) (print or type): Day's Funeral Service Ltd., Kelowna, B.C.

See Reverse for Instructions

IMPORTANT: Any change or correction made in the completion of this form must be initialled by the person certifying the original information.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
25. Month (by name), day, year of death: March 26, 1979
Approx. interval between onset & death:

CAUSE OF DEATH
26. Part I
Immediate cause of death (a): Cor Pulmonale — 4919 — 6 weeks
Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last
due to, or as a consequence of (b): Chronic Obstructive Lung Disease (Ch. bronchitis) — 1959
due to, or as a consequence of (c):
Part II — 1629
Other significant conditions contributing to the death but not causally related to the immediate cause (a) above: Carcinoma (R) lung II — no tissue diagnosis prob. primary bronchogenic — >1 yr.
ASHD — 1 year

AUTOPSY PARTICULARS
27. Autopsy being held? Yes ☐ No ☑
28. Does the cause of death stated above take account of autopsy findings? Yes ☐ No ☐
29. May further information relating to the cause of death be available later? Yes ☐ No ☑

ACCIDENT OR VIOLENCE (If applicable)
30. If accident, suicide, homicide or undetermined (specify):
31. Place of injury (e.g. home, farm, highway, etc.):
32. Date of injury (Month (by name), day, year):
33. How did injury occur? (describe circumstances)

SURGICAL OPERATION
34. If there was a recent surgical operation give date of operation: NO
35. State operative findings:

CERTIFICATION (attending physician, coroner, etc.)
36. I certify that to the best of my knowledge and belief the above-named person died on the date and from the causes stated herein: Signature (attending physician, coroner, etc.) X M. Pollock — Attending physician ☑ — Physician examining body after death ☐ — Coroner ☐
37. Name of physician or coroner (print or type): DR. F. D. POLLOCK — Address: 1615 Glenmore St; Kelowna — Date: Month, day, year: Mar 28/79

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Notations:

CERTIFICATION OF DISTRICT REGISTRAR
I certify this return was accepted by me on this date at – KELOWNA B.C. B.C.
District Registration No.: 133
MAR 29 1979
Date: Month (by name), day, year
Signature of District Registrar

24

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