Form 6

PROVINCE OF BRITISH COLUMBIA
PROVINCIAL BOARD OF HEALTH—DIVISION OF VITAL STATISTICS
REGISTRATION OF DEATH

Reg. No. (Office use only) 006263

1. PLACE OF DEATH
Name of city or place: VANCOUVER — Name of Municipality (if any):
Street or road: ST. PAUL'S HOSPITAL — House No.:
(If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days)	In Municipality where death occurred	In Province	In Canada (if immigrant)
	9 yrs	9 yrs	Life

3. PRINT FULL NAME OF DECEASED: HICKEY, (Surname or last name) — ANDREW (Given or Christian names)

4. PERMANENT RESIDENCE OF DECEASED:
Name of city or place: VANCOUVER — Name of Municipality (if any):
Street or road: DAVIE STREET — House No.: 1345

5. SEX	6. CITIZENSHIP (See marginal note)	7. RACIAL ORIGIN (See marginal note)	8. Single, Married, Widowed or Divorced (Write the word)	9. BIRTHPLACE (Province or Country)
Male	Canadian	Irish	Married	Ontario

10. Date of Birth: April (Month by name) 26, (Day) 1898 (Year)

11. AGE

Years	Months	Days	If less than one day
49	2	15	hrs. or min.

OCCUPATION
12. (a) Trade, profession or kind of work as spinner, grader, clerk, etc.: Insurance Salesman
(b) Kind of industry or business, as paper mill, lumber, bank, etc.: Fidelity Health Insurance
(If labourer specify kind of work above)

13. Date deceased last worked at this occupation: July 7/47
14. Total years spent in this occupation: 2 yrs

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

16. Name of father: Hickey (Surname or last name) James (Given or Christian names)

17. Maiden name of mother: Gillis (Surname or last name) Catherine (Given or Christian names)

18. Birthplace:— Father: Ontario (Province or Country) Mother: Ontario (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 11 day of July 19 47
X Signature of informant: Doris Hickey Relationship to deceased: Wife
Address: 1345 Davie Street, VANCOUVER, B. C.

20. Burial, Cremation or Removal: Burial — Date: July (Month by name) 15 (Day) 19 47 (Year)
Place of Burial: Burnaby (Municipality) — Cemetery: Ocean View Cemetery

21. Undertaker's Name: SIMMONS & MCBRIDE LTD. — Address: 1995 W. 9, VANCOUVER, B.C.

22. Marginal Notations (Office use only)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH: July (Month by name) 11th (Day) 19 47 (Year)

24. I HEREBY CERTIFY that I attended deceased from July 8 19 47 to July 11 19 47 and last saw him alive on July 8 19 47

CAUSE OF DEATH

		DURATION Yrs.	Mos.	Dys.
I 306 **Immediate cause** Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.	(a) Coronary Thrombosis			7
	due to			
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	(b) Lues.			
	due to			
	(c)			
II 94A **Other morbid conditions** (if important) contributing to death but **not causally related to immediate cause.**				

25. If a woman, was the death associated with pregnancy? no

26. Was there a surgical operation? no — Date of operation: 19
State findings: — Was there an autopsy?

27. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide? (State which) — Date of injury: 19
Manner of injury (How sustained)
Nature of injury
Specify whether injury occurred in **industry**, in **home** or in **public place**

Signed by [signature] **Designation** MD M.D., Coroner, etc.
Address Burke Bldg. **Date** July 12 19 47

28. I hereby certify that the above return was made to me at
Dated Vancouver, B. C. JUL 14 1947 19
L. Russell Deputy (District Registrar)
District Registration No. 2229

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).

In case of Stillbirth consult reverse side before making out certificate.