

**PR INCE OF BRITISH COLUMBIA
PROVINCIAL BOARD OF HEALTH—DIVISION OF VITAL STATISTICS
REGISTRATION OF DEATH**

Reg. No. (Office use only)
001135

1. PLACE OF DEATH Vancouver. Name of Municipality (if any) **B. C.**
 Name of city or place **Shaughnessy Hospital.**
 Street or road _____ House No. _____
 (If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY
 In Municipality where death occurred **15 years.** In Province **35 years.** In Canada (if immigrant) **35 years.**
 (in years, months and days)

3. PRINT FULL NAME OF DECEASED THOMPSON John.
 (Surname or last name) (Given or Christian names)

4. PERMANENT RESIDENCE OF DECEASED:
 Name of city or place **Vancouver.** Name of Municipality (if any) **B. C.**
 Street or road **W. 14th. Ave.** House No. **1545**

5. SEX **M.** **6. CITIZENSHIP** **Canadian** **7. RACIAL ORIGIN** **English** **8. Single, Married, Widowed or Divorced** **Divorced** **9. BIRTHPLACE (Province or Country)** **Northumberland, England.**

10. Date of Birth April 11th. 1909. **11. AGE** { Years 37 Months 8 Days 26 If less than one day hrs. or min.

12. (a) Trade, profession or kind of work as spinner, grader, clerk, etc. (b) Kind of industry or business, as paper mill, lumber, bank, etc. **Chauffeur.**
13. Date deceased last worked at this occupation August 1946 **14. Total years spent in this occupation** 10 years.

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

16. Name of father Michael Thompson (Surname or last name) (Given or Christian names)
17. Maiden name of mother Mary Ellen McNulty. (Surname or last name) (Given or Christian names)
18. Birthplace:— Northumberland, Eng. Mother Northumberland, Eng. (Province or Country) (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.**, this **7th.** day of **January** 19 **47**
 Signature of informant **Mary E. Thompson** Relationship to deceased **Mother.**
 Address **1545 W. 14th. Ave. Vancouver. B. C.**

20. Burial, Cremation or Removal Burial Date **January 9** 19**47.**
 (Month by name) (Day) (Year)
 Place of Burial **Vancouver** Cemetery **Mountain View**
 (Municipality)

21. Undertaker:— SIMMONS & MCBRIDE LTD. Address **1995 West Broadway, Vanc.**

22. Marginal Notations (Office use only)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH January 6th. 1947 (Month by name) (Day) (Year)
24. I HEREBY CERTIFY that I attended deceased from August 5th. 1946 **19**
 to **January 6th. 1947** **19**, and last saw him alive on **January 6th. 1947** **19**

I	CAUSE OF DEATH	DURATION		
		Yrs.	Mos.	Dys.
Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.	(a) 47c Bronchogenic Carcinoma due to			
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	(b) with extensive generalized metastases due to			
II Other morbid conditions (if important) contributing to death but not causally related to immediate cause.	(c) _____ due to			

25. If a woman, was the death associated with pregnancy? _____

26. Was there a surgical operation? Yes Date of operation **August 29** 19 **46**
 State findings **Inoperable carcinoma of lung** Was there an autopsy? **Yes.**

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

Signed by **N. K. Hill** **Designation** **M. D.** M. D., Coroner, etc.
Address **Shaughnessy Hospital.** **Date** **Jan. 7th. 1947.** **19**
Vancouver.

28. I hereby certify that the above return was made to me at
 Dated **Vancouver, B. C. JAN - 8, 1947** **L. Russell**
 (District Registrar)

District Registration No. **133**

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.