Form 6

43-091

Reg. No. (Office use only)

63-09-007531

PROVINCE OF BRITISH COLUMBIA

DEPARTMENT OF HEALTH SERVICES AND HOSPITAL INSURANCE

DIVISION OF VITAL STATISTICS

REGISTRATION OF DEATH

1. PLACE OF DEATH

Name of city, village, town, district municipality or place: VANCOUVER, B.C. (If outside city or municipal limits add "Rural")

Street or road: ST PAULS 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)
	50 YEARS	50 YEARS	LIFE

3. PRINT FULL NAME OF DECEASED: BOURGETT (Surname) NELS (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED

Name of city, village, town, district municipality or place: VANCOUVER, B.C. 43-091 -08 (If outside city or municipal limits add "Rural")

Street or road: TRIUMPH STREET House No. 2482

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)
MALE	CANADIAN	WHITE	MARRIED	PERCE QUEBEC

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.
AUGUST	30,	1897	65				

OCCUPATION

12. (a) Trade, profession or kind of work as logger, fisherman, office clerk, etc.: DINING CAR CHEF

(b) Kind of industry or business, as logging, fishing, bank, etc.: C.P.R. (If labourer specify kind of work above) (If Housewife in own home answer "At Home")

13. Date deceased last worked at this occupation: AUGST 1962

14. Total years spent in this occupation: 38 YEARS

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

OK

16. Name of father: BOURGET (Surname) PHILIP (All given or Christian names)

17. Maiden name of mother: LANGLOIS (Surname) MARIE (All given or Christian names)

18. Birthplace — Father: QUEBEC (City or Place and Province or Country) Mother: QUEBEC (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, this 10th day of JUNE 1963

Signature of informant: Nellie Irene Bourgett (Married woman not to use husband's initials or given names) Relationship to deceased: WIFE

Address of informant: 2482 (House No.) TRIUMPH STREET (Name of Street) VANCOUVER (Name of City, Municipality or Place) BC (Province)

20. Burial, Cremation or Removal: BURIAL (State which) Date: JUNE (Month by name) 13 (Date) 1963 (Year)

Place of Burial or Cremation: BURNABY, B.C. (Municipality, etc., where Cemetery located) Name of Cemetery: OCEAN VIEW BURIAL PARK

21. Undertaker: — Name: MOUNT PLEASANT CHAPEL LTD. Address: 306 E 11th Ave VANCOUVER BC (Name of City, Municipality or Place) (Province)

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH: JUNE (Month by name) 8th (Date) 1963 (Year)

23. I HEREBY CERTIFY that I attended deceased from December 9th 1960 to June 3th 1963, and last saw h im alive on June 3 1963.

I	CAUSE OF DEATH	Approximate interval between onset and death
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) 4200 Myocardial infarction due to (or as a consequence of) -	short
Antecedent causes Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.	(b) Coron. thrombosis due to (or as a consequence of)	4 days
	(c) Arteriosclerotic H. disease	months
II Other significant conditions contributing to the death, but not related to the disease or condition causing it.		

24. If a woman, did the death occur either during pregnancy or within 90 days following pregnancy? ..... Yes or No

25. (a) Was there a recent surgical operation? ..... (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 ..... Designation ..... M.D. or Coroner.

Address: 425 - 2184 W. BROADWAY VANCOUVER 9, B.C. Date: June 11/63 19.....

28. Print name of Doctor or Coroner, whose signature appears above: J. E. GILLIS

29. Notations

30. I hereby certify that the above return was made to me at VANCOUVER B.C. JUN 13 1963

Dated ..... 19 .....

District Registration No. 2530 (Signature of District Registrar)

(SEE REVERSE SIDE FOR INSTRUCTIONS)

DO NOT WRITE BELOW THIS LINE → OFFICE USE ONLY

9004-3.14: 6-12-62

IMPORTANT: All changes or corrections made when completing this form must be initialled by the person signing the form.

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 — State the racial origin, traced through the father, in terms of the people or race to which the person belongs such as: English, Scottish, German, etc. or in terms of one of the following racial groups: — White, native Indian, Negro, Chinese, Japanese or other.