Form 6

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

59-09-014114

B.I. No. 55-09-030805

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

1. PLACE OF DEATH

Name of city or place: Vancouver (If outside city or municipal limits add "Rural") Name of Municipality (if any):

Street or road: Pronounced Dead on Arrival Vancouver General 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)
	Life	Life	Life

3. PRINT FULL NAME OF DECEASED: Madden, Susan Patricia (Surname or family name) (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED:

Name of city or place: Vancouver (If outside city or municipal limits add "Rural") Name of Municipality (if any): 43-031-47

Street or road: East 52nd Ave. House No.: 896

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	Vancouver

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.
October 30, 1955	4				

OCCUPATION

12. (a) Trade, profession or kind of work as logger, fisherman, office clerk, etc.: (father) electrician

(b) Kind of industry or business, as logging, fishing, bank, etc.: Electrical contracting (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: 17

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

16. Name of father: Madden, William Alexander (Surname or family name) (All given or Christian names)

17. Maiden name of mother: Bourget, Adelene (Surname or family name) (All given or Christian names)

18. Birthplace — Father: Winnipeg Man. (City or Place and Province or Country) Mother: Vancouver, B.C. (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 5th day of December 1959

Signature of informant: W.M. Madden (Married woman not to use Husband's initials or given names) Relationship to deceased: Father

Address of informant: 896 E. 52nd Ave. Vancouver, B.C. (House No.) (Name of Street) (Name of City, Municipality or Place) (Province or State)

20. Burial, Cremation or Removal: Burial (State which) Date: Dec. 7th 1959 (Month by name) (Date) (Year)

Place of Burial or Cremation: Burnaby, B.C. (Municipality, etc., where Cemetery located) Name of Cemetery: Ocean View

21. Undertaker: — Name: Kearney Funeral Directors Address: 1096 W. Broadway Vancouver (Name of City, Municipality or Place) (Province or State)

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH December 4th 1959 (Month by name) (Date) (Year)

23. I HEREBY CERTIFY that I attended deceased from HEAD COURT ON December 7th 1959 to ....., 19....., and last saw h..... alive on ....., 19.....

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) Bronchopneumonia	
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) Marked Congenital Heart Disease	
	due to (or as a consequence of) (c) Mongolian Idiot	
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?..... (b) Duration ..... weeks. (c) Was there a delivery?.....

25. (a) Was there a recent surgical operation? ..... (b) Date of operation ..... 19.....
(c) State findings of operation ..... (d) Was there an autopsy? Yes

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 Glen McDonald Designation CORONER M.D., Coroner, etc.
Address 240 E. Cordova St., Vancouver, B.C. Date December 7th 1959

28. Print name of M.D., Coroner, etc., whose signature appears above: Glen McDonald, LL.B.

29. Notations

30. I hereby certify that the above return was made to me at VANCOUVER, B.C. DEC 7 1959
Dated ..... 19.....
District Registration No. 4876 (Signature of District Registrar)

(SEE REVERSE SIDE FOR INSTRUCTIONS)

DO NOT WRITE BELOW DOUBLE LINE OFFICE USE ONLY

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).

9004—3.15 26-8-56