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Form 6

Reg. No. (Office use only)

62-09-010836

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 or place: Mission City (If outside city or municipal limits add "Rural")
Name of Municipality (if any):
Street or road: Mission Memorial 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)
	1 Hour		Life

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

4. PERMANENT RESIDENCE OF DECEASED:

Name of city or place: Haney B.C. (If outside city or municipal limits add "Rural")
Name of Municipality (if any): 45-050
Street or road: 17th. Avenue House No.: 12310

5. SEX	6. CITIZENSHIP (See marginal note)	7. RACIAL GROUP (See marginal note)	8. Single, Married, Widowed or Divorced (Write the word)	9. BIRTHPLACE: (City or Place and Province or Country)
Female	canadian	white	married	Unknown

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.
May 10th 1927	35 years				

OCCUPATION

12. (a) Trade, profession or kind of work as logger, fisherman, office clerk, etc.: Housewife.
(b) Kind of industry or business, as logging, fishing, bank, etc.: At Home
(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:

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

16. Name of father: Hudson (Surname or family name) NK (All given or Christian names)
17. Maiden name of mother: NK (Surname or family name) NK (All given or Christian names)
18. Birthplace – Father: NK (City or Place and Province or Country) Mother: NK (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 19 day of August 1962
Signature of informant: J A Madden (Married woman not to use Husband's initials or given names) Relationship to deceased: Brother in Law
Address of informant: 5642 (House No.) Elizabeth Street (Name of Street) Vancouver, B.C. (Name of City, Municipality or Place) (Province or State)

20. Burial, ~~Cremation or Removal~~: Burial (State which) Date: August (Month by name) 22nd (Date) 1962 (Year)
Place of Burial or Cremation: Burnaby B.C. (Municipality, etc., where Cemetery located) Name of Cemetery: Ocean View Burial Park
21. Undertaker: Name: Simmons & McBride Ltd Address: Vancouver, B.C. (Name of City, Municipality or Place) (Province or State)

MEDICAL CERTIFICATE OF DEATH

22. **DATE OF DEATH:** August (Month by name) 18th (Date) 1962 (Year)

23. I HEREBY CERTIFY that I ~~attended deceased from~~ held on Inquest 19 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) Fractured cervical Spine 816.4	
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)	
	due to (or as a consequence of) (c)	
II **Other significant conditions** contributing to the death, but not related to the disease or condition causing it.	805 X	

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? No

26. If a violent death, fill in also: (a) Accident ☑; Suicide ☐; Homicide ☐ (b) Date of injury August 18 1962
(c) How did injury occur? Automobile accident
(d) Injuries sustained? Fractured Spine (e.g., fracture of skull, left leg, etc., dislocation of, burn to-, etc.)
(e) Where did injury occur? (home, farm, industrial place, highway, etc.) Highway

27. Signed by Harry Beach Designation Coroner M.D., Coroner, etc.
Address Mission City B.C. Date 19

28. Print name of M.D., Coroner, etc., whose signature appears above HARRY BEACH

29. Notations

30. I hereby certify that the above return was made to me at MISSION CITY, B.C.
Dated August 21st 19 62
District Registration No. 57/62
(Signature of District Registrar)

(SEE REVERSE SIDE FOR INSTRUCTIONS)

DO NOT WRITE BELOW THIS 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 GROUP: For purposes of this registration it is necessary to specify only to which of the following broad racial groups the person belongs, as traced through the father:– White, native Indian, Negro, Chinese, Japanese, or other.

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