THIS IS A PERMANENT LEGAL RECORD - TYPE OR PRINT PLAINLY - COMPLETE ALL ITEMS
DO NOT USE RED OR GREEN INK
(See reverse for legal requirements under the Vital Statistics Act)
IMPORTANT: Any change or correction made in the completion of this form must be initialled by the person certifying the original information

Province of British Columbia
Ministry of Health and
Ministry Responsible for Seniors
DIVISION OF VITAL STATISTICS

REGISTRATION OF DEATH

REGISTRATION No. (Department Use Only) 003273

SHADED AREAS — FOR OFFICE USE ONLY

NAME OF DECEASED
1. SURNAME (Print or Type): DAWES
ALL GIVEN NAMES (Print or Type): ROSS JOHN
2. SEX: M ☒ F ☐ U/K ☐

DATE OF DEATH: MM DD YY: 02 14 93

PLACE OF DEATH
3. NAME OF HOSPITAL OR INSTITUTION (Otherwise give exact location where death occurred): BURNABY HOSPITAL 1-130
CITY, TOWN OR OTHER PLACE (by name): BURNABY, B.C. 1505
POSTAL CODE: V5G 2X6
INSIDE MUNICIPAL LIMITS? STATE: ☒ YES ☐ NO

RESIDENCY INFORMATION AND USUAL ADDRESS
B.C. RESIDENT ☒ NON-RESIDENT ☐
IF BRITISH COLUMBIA RESIDENT, B.C. CARE CARD NO.: /
4. COMPLETE STREET ADDRESS If rural give exact location (Not Post Office or Rural Route address): #603-5967 WILSON AVENUE 1505
CITY, TOWN OR OTHER PLACE (by name): BURNABY, B.C.
POSTAL CODE: V5H 4N9
INSIDE MUNICIPAL LIMITS? STATE: ☒ YES ☐ NO
PROVINCE (or country): B.C.

MARITAL STATUS
5. STATE: 2
☐ SINGLE ☒ MARRIED ☐ WIDOWED ☐ DIVORCED
6. IF MARRIED, WIDOWED OR DIVORCED GIVE FULL NAME OF HUSBAND OR FULL MAIDEN NAME: ALDERDICE, ILLEAN

OCCUPATION
7. KIND OF WORK DONE DURING MOST OF WORKING LIFE: CLUB STEWARD
8. KIND OF BUSINESS OR INDUSTRY IN WHICH WORKED: RESTAURANT

BIRTHDATE
9. MONTH (by name), DAY, YEAR OF BIRTH: FEBRUARY 25, 1914
10. AGE (YEARS): 78 5
IF UNDER 1 YEAR MONTHS / DAYS:
IF UNDER 1 DAY HOURS / MINUTES:

BIRTHPLACE
11. CITY, TOWN OR OTHER PLACE: WINNIPEG, MANITOBA
PROVINCE (or country) OF BIRTH: 006
12. NATIVE INDIAN? STATE: ☐ YES ☒ NO

FATHER
13. SURNAME AND GIVEN NAMES OF FATHER (Print or Type): DAWES, BRUCE
14. BIRTHPLACE – CITY OR PLACE, PROVINCE OR COUNTRY: ONTARIO 005

MOTHER
15. MAIDEN SURNAME AND GIVEN NAMES OF MOTHER (Print or Type): MARSHALL, LENA
16. BIRTHPLACE – CITY OR PLACE, PROVINCE OR COUNTRY: SASKATCHEWAN 007

INFORMANT
SIGNATURE: X Illean Dawes
DATE SIGNED: FEB.15, 1993
RELATIONSHIP TO DECEASED: WIFE
ADDRESS OF INFORMANT: #603-5967 WILSON AVENUE, BURNABY, B.C.
POSTAL CODE: V5H 4N9

TO BE COMPLETED BY FUNERAL DIRECTOR ONLY

DISPOSITION
17. TYPE OF DISPOSITION: ☒ BURIAL ☐ CREMATION ☐ OTHER (SPECIFY):
18. BURIAL PERMIT No.: AK 8744
19. DATE OF BURIAL / DISPOSITION: MM DD YY: 02 18 93
NAME AND ADDRESS OF CEMETERY, CREMATORIUM OR PLACE OF DISPOSITION: FOREST LAWN MEMORIAL PARK, 3789 ROYAL OAK, BURNABY, B.C. V5G 3M1

FUNERAL DIRECTOR
NAME OF FUNERAL DIRECTOR OR PERSON IN CHARGE OF REMAINS (Print or Type): FOREST LAWN FUNERAL HOME
CLIENT NO.: 848
ADDRESS: 3789 ROYAL OAK AVENUE, BURNABY, B.C. V5G 3M1

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

NOTATIONS

CERTIFICATION OF DISTRICT REGISTRAR
I CERTIFY THAT THIS RETURN WAS ACCEPTED BY ME ON THIS DATE AT: BRITISH COLUMBIA
DATE Month Day Year: FE 17 93
SIGNATURE OF DISTRICT REGISTRAR
REGISTRATION DISTRICT No.: 1

HLTH 406 REV 91/09

M28 2690