Form 6

43-031

PROVINCE OF BRITISH COLUMBIA

DEPARTMENT OF HEALTH SERVICES AND HOSPITAL INSURANCE

DIVISION OF VITAL STATISTICS

REGISTRATION OF DEATH

Reg. No. (Office use only): 66-09-001711

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 (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)
	30 YEARS	30 YEARS	LIFE

3. PRINT FULL NAME OF DECEASED DAWES (Surname) LENA MARTHA (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED

Name of city, village, town, district municipality or place: VANCOUVER, B.C. 43-031 - 04 (If outside city or municipal limits add "Rural")

Street or road: BARCLAY STREET House No. 1357

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	WHITE	WIDOWED	OWEN SOUND, ONTARIO

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.
SEPTEMBER	28,	1889	76				

OCCUPATION

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

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

(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: BRUCE HARRIS DAWES

16. Name of father: MARSHALL (Surname) JOHN (All given or Christian names)

17. Maiden name of mother: SALLENS (Surname) JANE (All given or Christian names)

18. Birthplace – Father: ONTARIO (City or Place and Province or Country) Mother: ONTARIO (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 21 day of JANUARY 19 66

Signature of informant: [signature] (Married woman not to use Husband's initials or given names) Relationship to deceased: SON

Address of informant: 4017 (House No.) SLOCAN STREET, (Name of Street) VANCOUVER 12, (Name of City, Municipality or Place) B.C. (Province)

20. Burial, Cremation or Removal: BURIAL (State which) Date: JANUARY (Month by name) 24 (Date) 19 66 (Year)

Place of Burial or Cremation: BURNABY, B.C. (Municipality, etc., where Cemetery located) Name of Cemetery: FOREST LAWN MEMORIAL PARK

21. Undertaker: – Name: MOUNT PLEASANT CHAPEL LTD Address: 306 E. 11 AVE. (Name of City, Municipality or Place) VANCOUVER, (Province) B.C.

MEDICAL CERTIFICATE OF DEATH

22. **DATE OF DEATH** JANUARY (Month by name) 21 (Date) 19 66 (Year)

23. I HEREBY CERTIFY that I attended deceased from Jan 21 1957 to Jan 21 19 66, and last saw h[illegible] alive on Jan 20 19 66

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) Arteriosl. (AD) 4200	years
due to (or as a consequence of)	
Antecedent causes — Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last. (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. Pulmonary infection 4650	days

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? Yes (b) Date of operation Dec 28 1965

(c) State findings of operation: Operation to implant pacemaker (d) Was there an autopsy? Yes (Path.)

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 [signature] Designation M.D. M.D. or Coroner.

Address 9184 W. Broadway Date Jan 24/66 19

28. Print name of Doctor or Coroner, whose signature appears above D. G. Clark

29. Notations

DO NOT WRITE BELOW THIS LINE → OFFICE USE ONLY

30. I hereby certify that the above return was made to me at VANCOUVER, B.C. JAN 24 1966

Dated 19

District Registration No. 352 [signature] (Signature of District Registrar)

(SEE REVERSE SIDE FOR INSTRUCTIONS)

IMPORTANT: Any change or correction made in the completion of this form must be initialled by the person certifying the information.

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.

9004–3.14: 23-12-63