Province of British Columbia

Ministry of Health
DIVISION OF VITAL STATISTICS

# REGISTRATION OF DEATH

Registration No. (Department Use Only) 015063

SHADED AREAS — FOR OFFICE USE ONLY

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

**NAME OF DECEASED**

1. SURNAME (Print or Type): Daniel
ALL GIVEN NAMES (Print or Type): William Noel

2. SEX: M ☒ F ☐ UNK ☐

DATE OF DEATH: MM 09 DD 07 YY 90

**PLACE OF DEATH**

3. NAME OF HOSPITAL OR INSTITUTION (Otherwise give exact location where death occurred): Vancouver General Hospital — H101

CITY, TOWN OR OTHER PLACE (by name): Vancouver B.C. — 15022

POSTAL CODE: V5Z 1M9

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): #1 - 6137 Tisdall St. — 15022

CITY, TOWN OR OTHER PLACE (by name): Vancouver

POSTAL CODE: V5Z 3M9

INSIDE MUNICIPAL LIMITS? STATE: ☒ YES ☐ NO

PROVINCE (or country): B.C.

**MARITAL STATUS**

5. STATE: ☐ SINGLE ☒ MARRIED ☐ WIDOWED ☐ DIVORCED — 2

6. IF MARRIED, WIDOWED OR DIVORCED GIVE FULL NAME OF HUSBAND OR FULL MAIDEN NAME: Margaret Catherine URQUART

**OCCUPATION**

7. KIND OF WORK DONE DURING MOST OF WORKING LIFE: Railway Worker

8. KIND OF BUSINESS OR INDUSTRY IN WHICH WORKED: Railway

**BIRTHDATE**

9. MONTH (by name), DAY, YEAR OF BIRTH: Dec. 22, 1917

10. AGE (YEARS): 72 — 5

IF UNDER 1 YEAR MONTHS / DAYS

IF UNDER 1 DAY HOURS / MINUTES

**BIRTHPLACE**

11. CITY, TOWN OR OTHER PLACE: Buckston Derbyshire

PROVINCE (or country) OF BIRTH: England — 092

12. NATIVE INDIAN? STATE: ☐ YES ☒ NO

**FATHER**

13. SURNAME AND GIVEN NAMES OF FATHER (Print or Type): Daniel Walter

14. BIRTHPLACE - CITY OR PLACE, PROVINCE OR COUNTRY: Hull, England — 092

**MOTHER**

15. MAIDEN SURNAME AND GIVEN NAMES OF MOTHER (Print or Type): Smith Clara

16. BIRTHPLACE - CITY OR PLACE, PROVINCE OR COUNTRY: Hull, England — 092

**INFORMANT**

SIGNATURE: X Margaret C. Daniel

DATE SIGNED: Sept. 8/1990

RELATIONSHIP TO DECEASED: wife

ADDRESS OF INFORMANT: #1 - 6137 Tisdall St. Vancouver, B.C.

POSTAL CODE: V5Z 3M9

## TO BE COMPLETED BY FUNERAL DIRECTOR ONLY

**DISPOSITION** — 2

17. TYPE OF DISPOSITION: ☐ BURIAL ☒ CREMATION ☐ OTHER (SPECIFY):

18. BURIAL PERMIT No.: X65593

19. DATE OF BURIAL / DISPOSITION: MM 09 DD 11 YY 90

NAME AND ADDRESS OF CEMETERY, CREMATORIUM OR PLACE OF DISPOSITION: Vancouver Crematorium 5505 Fraser St. Vancouver, B.C. V5W 2Z3

**FUNERAL DIRECTOR**

NAME OF FUNERAL DIRECTOR OR PERSON IN CHARGE OF REMAINS (Print or Type): Kenney Funeral Services

CLIENT NO.: 854

ADDRESS: 1096 W Broadway Van. B.C.

## 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: VANCOUVER, B.C. SEP 11 1990 BRITISH COLUMBIA

DATE Month / Day / Year

SIGNATURE OF DISTRICT REGISTRAR: R Goode

REGISTRATION DISTRICT No.

HLTH 406 REV 90/02 ier 84125

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