

4 CC TO
 INFORMANT

NAME OF DECEASED	1. Surname (if different) (print or type) WORTH		2. SEX Female
	All given names in full (print or type) Ella Frances		
PLACE OF DEATH	3. Name of hospital or institution (otherwise give exact location where death occurred) 4501 Arthur Drive (Melodie Court)		
	City, town or other place (by name) Delta, B. C.		Inside municipal limits? (State Yes or No) Yes
USUAL RESIDENCE	4. Complete street address: If rural give exact location (not Post Office or Rural Route address) 235 English Bluff Road		
	City, town or other place (by name) Delta		Province (or country) B. C.
MARRITAL STATUS	5. Single, married, widowed, or divorced (Specify) Widowed	6. If married, widowed, or divorced, give full name of husband or full maiden name of wife Worth, John Allred	
	7. Kind of work done during most of working life House wife		
OCCUPATION	8. Kind of business or industry in which worked At Home		
	9. Month (by name), day, year of birth August 29, 1900	10. AGE (years) 75 years	(Months) (Days) (Hours) (Minutes) If under 1 year
BIRTHDATE	11. City or place Province (or country) of birth Vancouver, B. C.		
	12. Native Indian? Yes No If "yes" state name of band <input type="checkbox"/> <input checked="" type="checkbox"/>		
FATHER	13. Surname and given names of father (print or type) Carlisle, John Howe		14. BIRTHPLACE - City or place, Province (or country) New Brunswick
MOTHER	15. Maiden surname and given names of mother (print or type) Mc Rae, Laura Jane		16. BIRTHPLACE - City or place, Province (or country) New Brunswick
INFORMANT	17. Signature of informant X <i>Verona M. Carlisle</i>		18. Relationship to deceased Sister
	19. Address of informant 235 English Bluff Road, Delta, B. C.		20. Date signed - Month, day, year Sept. 26, 1975
DISPOSITION	21. Burial, cremation or other disposition (specify) Cremation		22. Date of burial or disposition (month, day, year) September 27th, 1975
	23. Name and address of cemetery, crematorium or place of disposition Vancouver Crematorium Ltd., Vancouver, B. C.		
FUNERAL DIRECTOR	24. Name and address of funeral director (or person in charge of remains) (print or type) DELTA FUNERAL HOME, Delta, B. C.		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	25. Month (by name), day, year of death Sept 26 / 75		Approx. interval between onset & death
CAUSE OF DEATH	26. Part I Immediate cause of death 4409 Generalized arteriosclerosis		Approx. interval between onset & death years
	Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last (b) due to, or as a consequence of (c)		
	Part II Other significant conditions contributing to the death but not causally related to the immediate cause (a) above 5900 Chronic pyelitis		
AUTOPSY PARTICULARS	27. Autopsy being held? Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	28. Does the cause of death stated above take account of autopsy findings? Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	29. May further information relating to the cause of death be available later? Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>
ACCIDENT OR VIOLENCE (If applicable)	30. If accident, suicide, homicide or undetermined (specify)		31. Place of injury (e.g. home, farm, highway, etc.)
	32. Date of injury (Month (by name), day, year)		
SURGICAL OPERATION	33. How did injury occur? (describe circumstances)		34. If there was a recent surgical operation give date of operation
	35. State operative findings		
CERTIFICATION (attending physician, coroner, etc.)	36. I certify that to the best of my knowledge and belief the above-named person died on the date and from the causes stated herein: X		Signature (attending physician, coroner, etc.) <i>L. Shier</i>
	37. Name of physician or coroner (print or type) DR. A. SHIER		Address 1284-56 ST. DELTA, B.C.
		Date: Month, day, year Sept 26 / 75	

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

Notations:

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CERTIFICATION OF DISTRICT REGISTRAR	I certify this return was accepted by me on this date at -		NEW WESTMINSTER
	District Registration No. 2531	Date: Month (by name), day, year September 29, 1975	Deputy Signature of District Registrar <i>L. Shier</i>

See Reverse for Instructions
 IMPORTANT: Any change or correction made in the completion of this form must be initialed by the person certifying the original information.

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