

PROV. ICE OF BRITISH COLUMBIA  
DEPARTMENT OF HEALTH SERVICES AND HOSPITAL INSURANCE  
DIVISION OF VITAL STATISTICS

60-09-011506

REGISTRATION OF DEATH

1. PLACE OF DEATH

Name of city or place Vancouver, B. C. Name of Municipality (if any) General Hospital  
(If outside city or municipal limits add "Rural")  
Street or road D. C. A. Vancouver General Hospital House No. .....  
(If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY

In Municipality where death occurred Life In Province Life In Canada (if immigrant) Life  
(in years, months and days)

3. PRINT FULL NAME OF DECEASED

CARLISLE JOHN HOWE  
(Surname or family name) (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED:

Name of city or place Vancouver, B. C. Name of Municipality (if any) 43-031-23  
(If outside city or municipal limits add "Rural")  
Street or road Carolina Street, House No. 2548

5. SEX

6. CITIZENSHIP

7. RACIAL GROUP

8. Single, Married, Widowed or Divorced

9. BIRTHPLACE:

Male Canadian Scotch Married Vancouver, B. C.  
(See marginal note) (Write the word)

10. Date of Birth

11. AGE (Last Birthday)

May 21 1905 55  
(Month by name) (Date) (Year) YEARS  
if under 1 year if under 1 month if under 24 hours if under 1 hour  
MONTHS DAYS HOURS MIN.

OCCUPATION

12. (a) Trade, profession or kind of work as logger, fisherman, office clerk, etc. Fireman  
(b) Kind of industry or business, as logging, fishing, bank, etc. City of Vancouver.  
(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

1960 Working Life

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased

Ethel Samson

16. Name of father

17. Maiden name of mother

Carlisle John Howe  
(Surname or family name) (All given or Christian names)

18. Birthplace -

Father

McRae Laura Jane  
(Surname or family name) (All given or Christian names)

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 21st day of September, 19 60

Signature of informant E. J. Thomson Relationship to deceased Friend  
(Married woman not to use husband's initials or given names)

Address of informant 4687 Slocan Street, Vancouver, B. C.  
(House No.) (Name of Street) (Name of City, Municipality or Place) (Province or State)

20. Burial, Cremation or Removal

Date

Cremation September 26 1960  
(State which) (Month by name) (Date) (Year)

21. Undertaker

Name

Pleasant Undertaking Co. Ltd. 306 E. 11th Ave., Vancr.,  
(Name of City, Municipality or Place) (Province or State)

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH

September 20 1960  
(Month by name) (Date) (Year)

23. I HEREBY CERTIFY that I attended deceased from

Sept. 20th 1960 1960 and last saw him alive on Sept. 20 1960

CAUSE OF DEATH

Disease or condition directly leading to death (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury, or complication which caused death.)  
Antecedent causes  
Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.  
Other significant conditions contributing to the death, but not related to the disease or condition causing it.

(a) Myocarditis  
due to (or as a consequence of)  
(b) .....  
due to (or as a consequence of)  
(c) .....

Approximate interval between onset and death

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?

No (b) Date of operation ..... 19 .....

(c) State findings of operation

(d) Was there an autopsy? .....

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

D. M. Walker Designation Med. M.D., Coroner, etc.

Address 825 Grosvenor St. Date Sept. 22nd 19 60

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

29. Notations

30. I hereby certify that the above return was made to me at

VANCOUVER, B.C. SEP 26 1960

Dated ..... 19 .....

District Registration No. 4057 .....  
(Signature of District Registrar)

(SEE REVERSE SIDE FOR INSTRUCTIONS)

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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