FORM 6

PROVINCE OF
BRITISH COLUMBIA (Canada)
DEPARTMENT OF HEALTH
Division of Vital Statistics

REGISTRATION OF
DEATH

Registration No. (Department use only)
76-09-015143

NAME OF DECEASED
1. Surname of deceased (print or type): Madden
All given names in full (print or type): William Alexander
2. SEX: Male

PLACE OF DEATH
3. Name of hospital or institution (otherwise give exact location where death occurred): Vancouver General Hospital
City, town or other place (by name): Vancouver
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): 896 East 52nd. Avenue
City, town or other place (by name): Vancouver
Inside municipal limits? (State Yes or No): Yes
Province (or country): B. C.

MARITAL STATUS
5. Single, married, widowed, or divorced (Specify): Married
6. If married, widowed, or divorced, give full name of husband or full maiden name of wife: Adeline Margaret Bourget

OCCUPATION
7. Kind of work done during most of working life: Maintenance Man
8. Kind of business or industry in which worked: Electrical Maintenance

BIRTHDATE
9. Month (by name), day, year of birth: December 12, 1913
10. AGE (years): 62
(Months) If under 1 year:
(Days):
(Hours) If under 1 day:
(Minutes):

BIRTHPLACE
11. City or place: Winnipeg
Province (or country) of birth: Manitoba
12. Native Indian? Yes ☐ No ☒ If "yes" state name of band:

FATHER
13. Surname and given names of father (print or type): Madden, Alexander
14. BIRTHPLACE – City or place, Province (or country): Manitoba

MOTHER
15. Maiden surname and given names of mother (print or type): Cumbers, Florence
16. BIRTHPLACE – City or place, Province (or country): Canada

INFORMANT
17. Signature of informant: X Mrs. A. M. Madden
18. Relationship to deceased: wife
19. Address of informant: 896 E. 52nd. Ave., Vancouver, B. C.
20. Date signed – Month, day, year: Oct. 6, 1976

DISPOSITION
21. Burial, cremation or other disposition (specify): Burial
22. Date of burial or disposition (month, day, year): October 8, 1976
23. Name and address of cemetery, crematorium or place of disposition: Ocean View Burial Park, Burnaby, B. C.

FUNERAL DIRECTOR
24. Name and address of funeral director (or person in charge of remains) (print or type): Kearney Funeral Directors, Vancouver, B. C.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
25. Month (by name), day, year of death: Oct 6/76

CAUSE OF DEATH
26. Part I
Immediate cause of death: (a) Pneumonia due to, or as a consequence of I
Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last: (b) Myocardial Infarction 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: II
Approx. interval between onset & death:

AUTOPSY PARTICULARS
27. Autopsy being held? Yes ☑ No ☐
28. Does the cause of death stated above take account of autopsy findings? Yes ☐ No ☐
29. May further information relating to the cause of death be available later? Yes ☐ No ☐

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):
33. How did injury occur? (describe circumstances):

SURGICAL OPERATION
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: Signature (attending physician, coroner, etc.) X B.C. Hyndman
Attending physician ☐ Physician examining body after death ☐ Coroner ☐
37. Name of physician or coroner (print or type): D. A. HYNDMAN
Address: 5263 Cambie
Date: Month, day, year: Oct 8 76

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

See Reverse for Instructions

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Notations:

CERTIFICATION OF DISTRICT REGISTRAR
I certify this return was accepted by me on this date at – VANCOUVER, B.C. OCT 8 1976 B.C.
District Registration No.: 4413
Date: Month (by name), day, year
DEPUTY
Signature of District Registrar

4-2302-3.14: 26-9-73