

NAME OF DECEASED	1. Surname of deceased (print or type) ALLCORN		2. SEX FEMALE
	All given names in full (print or type) VIOLET ROSE		
PLACE OF DEATH	3. Name of hospital or institution (otherwise give exact location where death occurred) VANCOUVER GENERAL HOSPITAL 065 City, town or other place (by name)		Inside municipal limits? (State Yes or No) YES
	VANCOUVER B.C.		
USUAL RESIDENCE	4. Complete street address: If rural give exact location (not Post Office or Rural Route address) 104-1444 EAST 13th AVENUE		Province (or country) B.C.
	City, town or other place (by name) VANCOUVER 15-031-23 Inside municipal limits? (State Yes or No) YES		
MARITAL 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 ALLCORN SYDNEY HERBERT	
OCCUPATION	7. Kind of work done during most of working life DIET COOK	8. Kind of business or industry in which worked HOSPITAL	
BIRTHDATE	9. Month (by name), day, year of birth OCTOBER 26, 1892	10. AGE (years) 86	(Months) (Days) (Hours) (Minutes) If under 1 year
BIRTHPLACE	11. City or place Province (or country) of birth SAANICH VANCOUVER ISLAND, B.C.	12. Native Indian? Yes No If "yes" state name of band B.C. <input type="checkbox"/> <input checked="" type="checkbox"/>	
FATHER	13. Surname and given names of father (print or type) SIMPSON GEORGE	14. BIRTHPLACE - City or place, Province (or country) SAANICH VANCOUVER ISLAND, B.C.	
MOTHER	15. Maiden surname and given names of mother (print or type) THOMAS SARA ELIZABETH	16. BIRTHPLACE - City or place, Province (or country) SAANICH VANCOUVER ISLAND, B.C.	
INFORMANT	17. Signature of informant X <i>F.A. Simpson</i>		18. Relationship to deceased BROTHER
	19. Address of informant MR. F.A. SIMPSON, 110-1444 EAST 13th AVE, 286 VANCOUVER, B.C. V5N		
DISPOSITION	21. Burial, cremation or other disposition (specify) CREMATION		22. Date of burial or disposition (month, day, year) FEBRUARY 21 <sup>ST</sup> 1979
	23. Name and address of cemetery, crematorium or place of disposition NORTH SHORE CREMATORIUM NORTH VANCOUVER, B.C.		
FUNERAL DIRECTOR	24. Name and address of funeral director (or person in charge of remains) (print or type) FIRST MEMORIAL SERVICES LTD. NORTH VANCOUVER, B.C.		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	25. Month (by name), day, year of death FEBRUARY 19 1979		Approx. interval between onset & death
CAUSE OF DEATH	26. Part I 1509 Immediate cause of death (a) <i>Sepsis</i> due to, or as a consequence of (b) <i>Post op bypass - Sepsis</i> due to, or as a consequence of (c) <i>Carcinoma of esophagus</i>		
	Part II Other significant conditions contributing to the death but not causally related to the immediate cause (a) above		
AUTOPSY PARTICULARS	27. Autopsy being held? Yes No ? <input type="checkbox"/> <input 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 checked="" type="checkbox"/> <input 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)
	33. How did injury occur? (describe circumstances)		
SURGICAL OPERATION	34. If there was a recent surgical operation give date of operation <i>yes</i>	35. State operative findings <i>Bypass Jan 29 &amp; Feb 3/79</i>	
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 <i>[Signature]</i>		Attending physician <input checked="" type="checkbox"/> Physician examining body after death <input type="checkbox"/> Coroner <input type="checkbox"/>
	37. Name of physician or coroner (print or type) DR. [Signature] ERLMAN 713-750 WEST BROADWAY VANCOUVER, B.C.		Date: Month, day, year 2 21 79

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. FEB 21 1979 B.C.	
	District Registration No. 1011	Date: Month (by name), day, year DEPUTY <i>[Signature]</i> Signature of District Registrar

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

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