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Form 6

1 C. C. to Informant c/o 3750 Pr.Edward St.,Vancouver

PROVINCE OF BRITISH COLUMBIA

DEPARTMENT OF HEALTH SERVICES AND HOSPITAL INSURANCE

DIVISION OF VITAL STATISTICS

REGISTRATION OF DEATH

23-091 3

Reg. No. (Office use only)

64-09-012067

1. PLACE OF DEATH

Name of city, village, town, district municipality or place: Vancouver, B. C.
(If outside city or municipal limits add "Rural")

Street or road: 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 years, months and days)	In Municipality where death occurred	In Province	In Canada (if immigrant)
	1 month	life	

3. PRINT FULL NAME OF DECEASED SHIREY (Surname) Beverley Alice (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED

Name of city, village, town, district municipality or place: Boston Bar, B. C. (rural) 41-009
(If outside city or municipal limits add "Rural")

Street or road: House No.:

5. SEX	6. CITIZENSHIP (See marginal note)	7. RACIAL ORIGIN (See marginal note)	8. Single, Married, Widowed or Divorced (Write the word)	9. BIRTHPLACE (City or Place and Province or Country)
f.	Canadian	white	married	New Westminster, B. C.

10. Date of Birth (Month by name) (Date) (Year)	11. AGE (Last Birthday) YEARS	if under 1 year MONTHS	if under 1 month DAYS	if under 24 hours HOURS	if under 1 hour MIN.
October 25th 1936	27				

OCCUPATION

12. (a) Trade, profession or kind of work as logger, fisherman, office clerk, etc.: housewife
(b) Kind of industry or business, as logging, fishing, bank, etc.: at home
(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

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased: John Robert SHIREY

16. Name of father: McINNES (Surname) Roderick Wallace (All given or Christian names)

17. *Maiden name of mother*: KEAN (Surname) Alice Cowan (All given or Christian names)

18. Birthplace – Father: Murrayville, B. C. Mother: Kelowna, B. C.
(City or Place and Province or Country)

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 19th day of September 1964

X Signature of informant: John R. Shirey Relationship to deceased: husband
(Married women not to use Husband's initials or given names)

Address of informant: P. O. box 158, Boston Bar, B. C.
(House No.) (Name of Street) (Name of City, Municipality or Place) (Province)

20. Burial, Cremation or Removal: burial (State which) Date: September 23rd (Month by name) (Date) 1964 (Year)
Place of Burial or Cremation: Burnaby (Municipality, etc., where Cemetery located) Name of Cemetery: Forest Lawn

21. Undertaker Name: Roselawn Funeral Directors Ltd. Address: Vancouver 12, B. C.
(Name of City, Municipality or Place) (Province)

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH: SEPTEMBER (Month by name) 18 (Date) 64 (Year)

23. I HEREBY CERTIFY that I attended deceased from APRIL 1963 to SEPT. 17 1964, and last saw her alive on 17 SEPT. 1964

CAUSE OF DEATH	Approximate interval between onset and death
I 745X Disease or condition directly leading to death (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.) (a) TERMINAL BRONCHOPNEUMONIA	1 DAY
Antecedent causes Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last. (b) GROSS KYPHOSCOLIOSIS WITH due to (or as a consequence of)	
7593 (c) MULTIPLE ARTHROGICAL ABNORMALITIES AS A	SINCE BIRTH
II *Other significant conditions contributing to* the death, but not related to the disease or condition causing it. RESULT OF THE DEFORMITY	

24. If a woman, did the death occur either during pregnancy or within 90 days following pregnancy? NO (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? YES

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 [signature] Designation M.D. M.D. or Coroner.
Address 750 W. BROADWAY, VANCOUVER Date 21 SEPT. 1964

28. Print name of Doctor or Coroner, whose signature appears above N. D. KNOTT

29. Notations

VANCOUVER, B.C. SEP 21 32 1964

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

Dated 19

District Registration No. 4059 [signature]
(Signature of District Registrar)

(SEE REVERSE SIDE FOR INSTRUCTIONS)

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

CITIZENSHIP (NATIONALITY) is defined in terms of the country to which the person owes allegiance. The term "Canadian" should be used as description 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 ORIGIN – State the racial origin, traced through the father, in terms of the people or race to which the person belongs such as: English, Scottish, German, etc. or in terms of one of the following racial groups: – White, native Indian, Negro, Chinese, Japanese or other.

DO NOT WRITE BELOW THIS LINE → OFFICE USE ONLY

9004–3.14: 23-12-63