Province of
British Columbia
Ministry of Health and
Ministry Responsible for Seniors
DIVISION OF VITAL STATISTICS

REGISTRATION OF DEATH

DOCUMENT CONTROL NUMBER *(Office Use Only)*: 101006138

REGISTRATION NUMBER *(Office Use Only)*: 96-008051

THIS IS A PERMANENT LEGAL RECORD - TYPE OR PRINT PLAINLY - COMPLETE ALL ITEMS
DO NOT USE RED OR GREEN INK
(See reverse for legal requirements under the Vital Statistics Act)
IMPORTANT: Any change or correction made in the completion of this form must be initialled by the person certifying the original information

NAME OF DECEASED

1. SURNAME *(Print or Type)*: ROACH
ALL GIVEN NAMES *(Print or Type)*: WILLIAM DAVID LOUIS

2. SEX: ☒ M ☐ F ☐ U/K

3. DATE OF DEATH (By Name): DAY 8 MONTH APR YEAR 1996

PLACE OF DEATH

4. NAME OF HOSPITAL OR INSTITUTION *(Otherwise give exact location where death occurred, address)*: GEORGE DERBY CENTRE
CITY, TOWN OR OTHER PLACE *(by name)*: BURNABY
POSTAL CODE:

RESIDENCY INFORMATION AND USUAL ADDRESS

B.C. RESIDENT ☐ NON-RESIDENT ☒
IF B.C. RESIDENT, PERSONAL HEALTH NUMBER: 9042 937 568
5. ABORIGINAL STATUS? YES NO
REGISTRATION #:

6. COMPLETE STREET ADDRESS *If rural give exact location (Not Post Office or Rural Route address)*: 109-2562 DEPARTURE BAY RD
YEARS PRESENT IN COMMUNITY: 0
CITY, TOWN OR OTHER PLACE *(by name)*: NANAIMO
PROVINCE/STATE *(country)*: BRITISH COLUMBIA
POSTAL CODE: V9S 5P1

MARITAL STATUS

7. STATE: ☐ NEVER MARRIED ☒ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ WIDOWED ☐ OTHER

8. IF MARRIED, WIDOWED, SEPARATED OR DIVORCED GIVE FULL NAME OF SPOUSE; INCLUDE MAIDEN NAME IF APPLICABLE: MAGARET PREECE

OCCUPATION

9. KIND OF WORK: SECURITY GUARD
YEARS: 0
10. KIND OF BUSINESS OR INDUSTRY IN WHICH WORKED: SECURITY

BIRTHDATE

11. (by name) MONTH DECEMBER DAY 18 YEAR 1919
12. AGE (YEARS): 76 IF UNDER 1 YEAR MONTHS DAYS IF UNDER 1 DAY HOURS MINUTES

BIRTHPLACE

13. CITY, TOWN OR OTHER PLACE: SASKATCHEWAN
PROVINCE/STATE *(country)* OF BIRTH: SASKATCHEWAN

FATHER

14. SURNAME AND GIVEN NAMES OF FATHER *(Print or Type)*: NOT KNOWN
15. BIRTHPLACE - CITY OR PLACE, PROVINCE/STATE *(country)*: NOT KNOWN

MOTHER

16. MAIDEN SURNAME AND GIVEN NAMES OF MOTHER *(Print or Type)*: NOT KNOWN
17. BIRTHPLACE - CITY OR PLACE, PROVINCE/STATE *(country)*: NOT KNOWN

INFORMANT

SIGNATURE: X Margaret E. Oakes/Roach
DATE SIGNED (By Name): Month APR Day 11 Year 1996
RELATIONSHIP TO DECEASED: WIFE
NAME OF INFORMANT *(Print or Type)*: MARGARET OAKES ROACH
ADDRESS OF INFORMANT: NANAIMO, B.C.
POSTAL CODE: V9S 5P1

TO BE COMPLETED BY FUNERAL DIRECTOR ONLY

DISPOSITION

18. TYPE OF DISPOSITION: ☐ BURIAL ☒ CREMATION ☐ OTHER *(SPECIFY)*:
19. BURIAL PERMIT NUMBER: 40963075.
20. DATE OF BURIAL / DISPOSITION (By Name): MONTH APR DAY 15 YEAR 1996
NAME AND ADDRESS OF CEMETERY, CREMATORIUM OR PLACE OF DISPOSITION: MOUNT GARIBALDI SQUAMISH

FUNERAL DIRECTOR

NAME OF FUNERAL DIRECTOR OR PERSON IN CHARGE OF REMAINS *(Print or Type)*: COLUMBIA BOWELL FUNERAL CHAPEL
CLIENT NO.: 841
ADDRESS: 219 SIXTH STREET NEW WESTMINSTER
POSTAL CODE: V3L 3A3

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

NOTATIONS

CERTIFICATION OF DISTRICT REGISTRAR

I CERTIFY THAT THIS RETURN WAS ACCEPTED BY ME ON THIS DATE AT: New Westminster BRITISH COLUMBIA
Month (By Name) APR Day 12 Year 1996
SIGNATURE OF DISTRICT REGISTRAR:
REGISTRATION DISTRICT No.: 035

HLTH 406 REV 95/03
HLTH406 - 14529 Printed in B.C