2 c,c,s. to Bell

15-031

FORM 6

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

REGISTRATION OF
DEATH

Registration No. *(Department use only)*
82-09-006372

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

PLACE OF DEATH
3. Name of hospital or institution *(otherwise give exact location where death occurred)*: Mt. St. Joseph Hospital
City, town or other place *(by name)*: VANCOUVER B.C.
Postal Code:
Inside municipal limits? *(State Yes or No)*:

USUAL RESIDENCE
4. Complete street address: If rural give exact location *(not Post Office or Rural Route address)*: 210 South Nanaimo Street
City, town or other place *(by name)*: VANCOUVER
Postal Code:
Inside municipal limits? *(State Yes or No)*:
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: Jessie Erskine

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

BIRTHDATE
9. Month *(by name)*, day, year of birth: November 19 1897
10. AGE *(years)*: 84
(Months) If under 1 year:
(Days):
(Hours) If under 1 day:
(Minutes):

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

FATHER
13. Surname and given names of father *(print or type)*: Levings Arthur
14. BIRTHPLACE – City or place, Province *(or country)*: England

MOTHER
15. Maiden surname and given names of mother *(print or type)*: Unknown Elizabeth
16. BIRTHPLACE – City or place, Province *(or country)*: England

INFORMANT
17. Signature of informant: X Mrs Jessie Levings
18. Relationship to deceased: Wife
19. Address of informant: 210 South Nanaimo Street Vancouver B.C.
20. Date signed – Month, day, year: April 14 1982

DISPOSITION
21. Burial, cremation or other disposition *(specify)*: Cremation
22. Date of burial or disposition *(month, day, year)*: April 16 1982
23. Name and address of cemetery, crematorium or place of disposition: VANCOUVER CREMATORIUM VANCOUVER B.C.

FUNERAL DIRECTOR
24. Name and address of funeral director *(or person in charge of remains)* *(print or type)*: BELL FUNERAL HOME VANCOUVER B.C.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
25. Month *(by name)*, day, year of death: April 14. 1982.

CAUSE OF DEATH
26. Part I
Immediate cause of death (a) H409 Cardiac Arrest — Approx. interval between onset & death: few mins.
due to, or as a consequence of
Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the *underlying cause last*
(b) Generalized Arteriosclerosis — many years
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

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
Attending physician ☑ Physician examining body after death ☐ Coroner ☐
37. Name of physician or coroner *(print or type)*: IAN MA B.Sc. M.D.
Address: 3809 MAIN ST., VAN., B.C. V5V 3P1
Date: Month, day, year: April 15. 1982

THIS IS A PERMANENT LEGAL RECORD – TYPE OR WRITE PLAINLY – COMPLETE ALL ITEMS
USE BLUE OR BLACK INK ONLY
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.

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. APR 16 1982 B.C.
District Registration No.: 1609
Date: Month *(by name)*, day, year
Signature of District Registrar

8–2300–39: 15-9-81