Form 6

PROVINCE OF BRITISH COLUMBIA

DEPARTMENT OF HEALTH SERVICES AND HOSPITAL INSURANCE

DIVISION OF VITAL STATISTICS

REGISTRATION OF DEATH

42-031

Reg. No. (Office use only)

64-09-016346

1. PLACE OF DEATH

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

Street or road: Braddon 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)
	6 years	6 years	life

3. PRINT FULL NAME OF DECEASED HICKEY (Surname) ESTHER MARIA (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED

Name of city, village, town, district municipality or place: Vancouver B C 42-031-21
(If outside city or municipal limits add "Rural")

Street or road: West 12th Avenue House No.: 1994

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)
female	Canadian	white	widow	Ontario

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.
June	27	1893	71				

OCCUPATION

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

16. Name of father: ROACH (Surname) Thomas (All given or Christian names)

17. Maiden name of mother: not known (Surname) not known (All given or Christian names)

18. Birthplace – Father: Ontario (City or Place and Province or Country) Mother: Ontario (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 24 day of December 19 64

Signature of informant: x Osmond Peter Hickey (Married woman not to use Husband's initials or given names) Relationship to deceased: son

Address of informant: 1994 (House No.) West 12 Avenue (Name of Street) Vancouver (Name of City, Municipality or Place) B C (Province)

20. Burial, Cremation or Removal: Burial (State which) Date: December (Month by name) 28 (Date) 1964 (Year)

Place of Burial or Cremation: Vancouver B C (Municipality, etc., where Cemetery located) Name of Cemetery: Mountain View Burial

21. Undertaker: – Name: Simmons & McBride Address: Vancouver B C (Name of City, Municipality or Place) (Province)

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH: Dec (Month by name) 24 (Date) 1964 (Year)

23. I HEREBY CERTIFY that I attended deceased from 1962 to 24/12 1964, and last saw h e r alive on Dec 23 1964

CAUSE OF DEATH	Approximate interval between onset and death
I 414X 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) Multiple valvular disease	
Antecedent causes Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last. due to (or as a consequence of) (b) Rheumatic fever	
due to (or as a consequence of) (c)	
II Other significant conditions contributing to the death, but not related to the disease or condition causing it.	

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

25. (a) Was there a recent surgical operation? (b) Date of operation 19
(c) State findings of operation (d) Was there an autopsy?

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 2184 W. BROADWAY Date Dec 24 1964.

28. Print name of Doctor or Coroner, whose signature appears above M. SERAGLIA

29. Notations

30. I hereby certify that the above return was made to me at VANCOUVER, B.C. DEC 28 1964
Dated 19
District Registration No. 5471 [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 descriptive of a person who was born in Canada or who has rights of Citizenship in Canada or who 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