Form 6

DO NOT USE BALL POINT PEN

Reg. No. (Office use only)

55-09- 013409

PROVINCE OF BRITISH COLUMBIA
DEPARTMENT OF HEALTH AND WELFARE — DIVISION OF VITAL STATISTICS
REGISTRATION OF DEATH

1. PLACE OF DEATH

Name of city or place: Vancouver, B.C. (If outside city or municipal limits add "Rural") — Name of Municipality (if any):

Street or road: St. Vincents 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)
35 years	35 years	Life

3. PRINT FULL NAME OF DECEASED: MYERS (Surname or family name) Blaine (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED:

Name of city or place: Vancouver, B.C. (If outside city or municipal limits add "Rural") — Name of Municipality (if any): "

Street or road: Courtenay St. — House No.: 2516

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)
Male	Canadian	Irish	Widow	Ottawa, Ontario

10. Date of Birth: August (Month by name) 13th (Date) 1895 (Year)

11. AGE: Years 60 — Months 4 — Days 12 — If less than one day ... hrs. or ... min.

OCCUPATION

12. (a) Trade, profession or kind of work as logger, fisherman, office clerk, etc.: President and Manager.

(b) Kind of industry or business, as logging, fishing, bank, etc.: Blaine Myers and Co. (Fishing Business) (If labourer specify kind of work above) (If "Housewife" in own home answer "At Home")

13. Date deceased last worked at this occupation: Dec. 17, 1955.

14. Total years spent in this occupation: 14 years

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased: Magdalon Tennant

16. Name of father: Myers (Surname or family name) Charles (All given or Christian names)

17. Maiden name of mother: McPike (Surname or family name) Susan (All given or Christian names)

18. Birthplace— Father: Ottawa, Ontario (City or Place and Province or Country) Mother: Ottawa, 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, B.C., this 25 day of December 19 55.

X Signature of informant: C.A. Myers — Relationship to deceased: brother (Married woman not to use Husband's initials or given names)

Address of informant: 2516 (House No.) Courtenay St. (Name of street) Vancouver, B.C. (Name of City, Municipality or Place) (Province or State)

20. Burial, Cremation or Removal: Burial (State which) — Date: December (Month by name) 29th (Date) 19 55. (Year)

Place of Burial or Cremation: Burnaby, B.C. (Municipality, etc., where Cemetery located) — Name of Cemetery: Ocean View Burial Park

21. Undertaker: Name: Simmons & McBride Ltd. — Address: 1995 W. Broadway, Vancouver, B.C. (Name of City, Municipality or Place) (Province or State)

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH: December (Month by name) 25th (Date) 19 55. (Year)

23. I HEREBY CERTIFY that I attended deceased from August 19 40 to Dec 19 55, and last saw h im alive on Dec. 25th 19 55

CAUSE OF DEATH

	Cause	Approximate interval between onset and death
I 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.) 430.0	(a) Bronchopneumonia	28 hrs
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) Acute myocardial failure.	36 hrs.
	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. 203X	Multiple myeloma	14 mo
	[illegible]	30 [illegible]

24. If a woman, was the death (a) Associated with pregnancy? — (b) Duration — weeks. (c) Was there a delivery? —

25. (a) Was there a recent surgical operation? No (b) Date of operation 19

(c) State findings of operation — (d) Was there an autopsy? No

26. If death was due to external causes (violence) fill in also the following:—

(a) Accident, suicide or homicide? (State which) (b) Date of injury 19

(c) Manner of injury (How sustained)

(d) Nature of injury

(e) Specify whether injury occurred in **Industry**, in **home** or in **public place**

27. Signed by: D. A. Steele — **Designation**: M.D. — M.D., Coroner, etc.

Address: 1666 W. [illegible] VANCOUVER, B.C. — **Date**: Dec 28 19 55

28. Print name of M.D., Coroner, etc., whose signature appears above: D. A. STEELE

29. Notations

30. I hereby certify that the above return was made to me at VANCOUVER, B.C. DEC 28 1955

Dated ... 19

District Registration No. 4814 — [signature] (Signature of District Registrar)

(SEE REVERSE SIDE FOR INSTRUCTIONS)

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

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, unless he or she has subsequently become the citizen of another country.

RACIAL ORIGIN is defined in terms of the people or race to which the person—traced through the father—belongs, whether English, Irish, Scottish, French, German, Russian, Ukrainian, etc. The terms "Canadian" or "American" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

DO NOT WRITE BELOW DOUBLE LINE — OFFICE USE ONLY

In case of Stillbirth consult reverse side before making out certificate.

9004-3.14: 21-2-53