Form 6

PROVINCE OF BRITISH COLUMBIA

DEPARTMENT OF HEALTH SERVICES AND HOSPITAL INSURANCE

DIVISION OF VITAL STATISTICS

REGISTRATION OF DEATH

43-040 Reg. No. (Office use only)

64-09-014270

1. PLACE OF DEATH

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

Street or road: Burnaby General Hospital (If death occurred in a hospital or institution, give the name instead of street and number) House No.

2. LENGTH OF STAY (in years, months and days)	In Municipality where death occurred	In Province	In Canada (if immigrant)
	3 days	23 yr.	Life

3. PRINT FULL NAME OF DECEASED ROACH, Josephine
(Surname) (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED

Name of city, village, town, district municipality or place: VANCOUVER, B.C. 43-031-25
(If outside city or municipal limits add "Rural")

Street or road: East 29th Avenue House No. 3027

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	Carlton, Sask.

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.
September 8, 1887	77 yr.				

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: October 1964 14. Total years spent in this occupation: Life

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

16. Name of father: LaRiviere (Surname) Francis (All given or Christian names)

17. Maiden name of mother: Delorme (Surname) Marie (All given or Christian names)

18. Birthplace – Father: North Dakota, U.S.A. (City or Place and Province or Country) Mother: Manitoba (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 29th day of October 1964
Signature of informant: [signature] Relationship to deceased: Son
(Married woman not to use Husband's initials or given names)
Address of informant: 6730 Dow (House No.) Burnaby (Name of Street) B.C. (Name of City, Municipality or Place) (Province)

20. Burial, Cremation or Removal: Burial (State which) Date: October 31, 1964. (Month by name) (Date) (Year) 19
Place of Burial or Cremation: New Westminster, B.C. (Municipality, etc., where Cemetery located) Name of Cemetery: St. Peter's Cemetery

21. Undertaker: – Name: KEARNEY FUNERAL DIRECTORS Address: 1096 W. Broadway, Van. 9, B.C. (Name of City, Municipality or Place) (Province)

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH: October 29 (Month by name) (Date) 1964 (Year)

23. I HEREBY CERTIFY that I attended deceased from March 1955 to October 29 1964, and last saw her alive on Oct 29/ 1964

4201

CAUSE OF DEATH		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.)	(a) Myocardial infarction	5 days
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)	
	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? 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?

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: MD M.D. or Coroner.
Address: 40-27 E Hastings Date: Oct 31 1964

28. Print name of Doctor or Coroner, whose signature appears above: J. ARTHUR

29. Notations

30. I hereby certify that the above return was made to me at NEW WESTMINSTER
Dated Nov 7th ~~NEW WESTMINSTER~~ 1964
District Registration No. 2381 Deputy [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, 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

PBRI Oct 30/64

9004–3.14: 23-12-63