GR 2951
Volume 528

BRITISH COLUMBIA. DIVISION OF VITAL STATISTICS.
Death registrations 002501 to 003000

AREA No. 4

FORM 6

This form if placed in an envelope, marked "Dominion Statistics Free, penalty for improper use $300," and properly addressed will pass through the mail "FREE"

PROVINCE OF BRITISH COLUMBIA—REGISTRATION OF DEATH

Registered No. 2707
For use of the Registrar of Births, Deaths and Marriages only

1. **PLACE OF DEATH** { If in Rural Municipality ..... (Name) / If in City, Town or Village Sechelt (Name) Street ..... 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) (a) In Municipality where death occurred 20 years (b) In Province B.C. (c) In Canada (if immigrant) yrs.

3. **NAME OF DECEASED** KEAN (Surname) Robert (Given name or names)

RESIDENCE No. ..... Street ..... City, town, village or rural municipality Sechelt Province B.C.
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. SEX	5. NATIONALITY (Citizenship)	6. RACIAL ORIGIN	7. Single, Married, Widowed or Divorced (Write the word)
Male	Scotch	Scotch	Married

8. BIRTHPLACE Calmadington (Province or Country) Scotland

9. DATE OF BIRTH July 19th 1855 (Month) (Day) (Year)

10. AGE in | Years 81 | Months 8 | Days 16 | If less than one day old ..... hrs. or ..... min.

OCCUPATION

11. Trade, profession or kind of work as **spinner, teamster, office clerk,** etc. .....

12. Kind of industry or business, as **cotton mill, lumbering, bank,** etc. Gardener

13. Date deceased last worked at this occupation 20 years

14. Total years spent in this occupation 42 years

15. If married give name of wife or husband of deceased Martha Kean

FATHER

16. NAME Robert Kean

17. BIRTHPLACE Calmadington Scotland (Province or Country)

MOTHER

18. MAIDEN NAME Martha Cowan

19. BIRTHPLACE Cronahill Scotland (Province or Country)

20. Signature of informant Robert Cowan Kean Jr.
Address Sechelt
Relationship to deceased Son

21. Place of Burial, Cremation or Removal Sechelt
Date of burial or removal April 18th 1937

22. UNDERTAKER Thos. G. Thompson (Name and address)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH APRIL 16. 1937 (Month) (Day) (Year)

24. I HEREBY CERTIFY that I attended deceased from:
APRIL 1936 to APRIL 16 1937
and last saw h.m alive on APRIL 11 1937

CAUSE OF DEATH

I. **Immediate cause** Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.
(a) CHRONIC INTERSTITIAL NEPHRITIS

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).
due to (b) UREMIA. 137
due to (c) HYPERTROPHIED PROSTATE

II. **Other morbid conditions** (if important) contributing to death but **not causally related to immediate cause.**

25. If a woman, was the death associated with pregnancy? .....

26. Was there a surgical operation? NO Date of operation ..... 19.....
State findings ..... Was there an autopsy? NO

27. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide? ..... Date of injury ..... 19.....
(State which)
Manner of injury ..... (How sustained)
Nature of injury .....
Specify whether injury occurred in **industry,** in **home** or in **public place** .....

Signed by [signature] M.D.
Address [illegible] **Date** APRIL 16 1937

28. District Registrar's Record Number 13

29. Filed April 20 1937 [signature] (District Registrar)

Sec. 46—Vital Statistics Act makes it the duty of the Undertaker or person acting as Undertaker to obtain all the particulars required in the "Certificate of Registration of Death" and to file the same with the District Registrar who shall issue the burial permit.

(SEE REVERSE SIDE FOR INSTRUCTIONS)

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.
Every item of information should be carefully supplied.