43 20

Form 6

PROVINCE OF BRITISH COLUMBIA
DEPARTMENT OF HEALTH SERVICES AND HOSPITAL INSURANCE
DIVISION OF VITAL STATISTICS
REGISTRATION OF DEATH

Reg. No. (Office use only) 64-09-005904

1. PLACE OF DEATH
Name of city, village, town, district municipality or place: North Vancouver, B.C. (If outside city or municipal limits add "Rural")
Street or road: Lions Gate 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)
	33 Years	59 Years	61 Years

3. PRINT FULL NAME OF DECEASED MARTIN (Surname) Jeannie (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED 53-054
Name of city, village, town, district municipality or place: North Vancouver, B.C. (If outside city or municipal limits add "Rural")
Street or road: Calverhall Street House No.: 817

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)
F	Canadian	White	Widow	Scotland

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.
May	24th	1895	68				

OCCUPATION
12. (a) Trade, profession or kind of work as logger, fisherman, office clerk, etc.: Retired
(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: Edmund Martin

16. Name of father: KEAN (Surname) Robert (All given or Christian names)
17. Maiden name of mother: COWAN (Surname) Martha (All given or Christian names)
18. Birthplace — Father: Scotland (City or Place and Province or Country) Mother: Scotland (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 North Vancouver, B.C., this 22nd day of April 19 64
Signature of informant (Married woman not to use Husband's initials or given names) Relationship to deceased: Daughter
Address of informant: 3109 East 3rd Avenue (House No.) (Name of Street) - Vancouver 12, B.C. (Name of City, Municipality or Place) (Province)

20. Burial, Cremation or Removal: Burial (State which) Date: April (Month by name) 24th (Date) 19 64 (Year)
Place of Burial or Cremation: North Vancouver, B.C. (Municipality, etc., where Cemetery located) Name of Cemetery: North Vancouver
21. Undertaker: Name: North Vancouver Funeral Chapel Address: North Vancouver, B.C. (Name of City, Municipality or Place) (Province)

MEDICAL CERTIFICATE OF DEATH

22. **DATE OF DEATH** April (Month by name) 21st (Date) 19 64 (Year)

23. I HEREBY CERTIFY that I attended deceased from April 19 19 64
to April 21 19 64, and last saw her alive on April 21 19 64

4201

I	CAUSE OF DEATH	Approximate interval between onset and death
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) Pulmonary embolus	1 hour
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) Myocardial infarction	1 week
	due to (or as a consequence of) (c) Hypertensive Heart Disease	—
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? Yes
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 H.W. Spencer Designation M.D. M.D. or Coroner.
Address 116 W. 15th St. - N. Van Date April 23 19 64
28. Print name of Doctor or Coroner, whose signature appears above H.W. Spencer, M.D.
29. Notations

30. I hereby certify that the above return was made to me at [illegible] APR 24 1964
Dated 19
District Registration No. 124 E. Crute (Signature of District Registrar)

(SEE REVERSE SIDE FOR INSTRUCTIONS)

DO NOT WRITE BELOW THIS LINE → OFFICE USE ONLY

9004-3.14: 6-12-62

IMPORTANT: All changes or corrections made when completing this form must be initialled by the person signing the form.
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.