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FORM 6

88

PROVINCE OF
BRITISH COLUMBIA (Canada)
DEPARTMENT OF HEALTH
Division of Vital Statistics

REGISTRATION OF
DEATH

Registration No. *(Department use only)*
76-09-014956

NAME OF DECEASED

1. Surname of deceased *(print or type)*: McInnes

All given names in full *(print or type)*: Roderick Wallece

2. SEX: Male

PLACE OF DEATH

3. Name of hospital or institution *(otherwise give exact location where death occurred)*: Wrinch Memorial Hospital

City, town or other place *(by name)*: Hazelton B.C.

Inside municipal limits? *(State Yes or No)*: Yes

88

USUAL RESIDENCE

4. Complete street address: If rural give exact location *(not Post Office or Rural Route address)*: 22nd Ave.

City, town or other place *(by name)*: South Hazelton 16-x

Inside municipal limits? *(State Yes or No)*: Yes

Province *(or country)*: B.C.

MARITAL STATUS

5. Single, married, widowed, or divorced *(Specify)*: Married

6. If married, widowed, or divorced, give full name of husband or full maiden name of wife: Anne Stanko

OCCUPATION

7. Kind of work done during most of working life: Teacher

8. Kind of business or industry in which worked: School

135-
801

BIRTHDATE

9. Month *(by name)*, day, year of birth: Febuary 3rd 1898

10. AGE *(years)*: 78

(Months) If under 1 year:

(Days):

(Hours) If under 1 day:

(Minutes):

BIRTHPLACE

11. City or place Province *(or country)* of birth: Langley B.C.

12. Native Indian? Yes ☐ No ☒ If "yes" state name of band

FATHER

13. Surname and given names of father *(print or type)*: McInnes Charles

14. BIRTHPLACE – City or place, Province *(or country)*: Bruce County Ontario

MOTHER

15. Maiden surname and given names of mother *(print or type)*: N/K

16. BIRTHPLACE – City or place, Province *(or country)*: Bruce County Ontario

INFORMANT

17. Signature of informant: X Mrs. Anne McInnes

18. Relationship to deceased: Wife

19. Address of informant: P.O. Box 1 South Hazelton B.C.

20. Date signed – Month, day, year: Sept. 25th 1976

DISPOSITION

21. Burial, cremation or other disposition *(specify)*: Burial

22. Date of burial or disposition *(month, day, year)*: September 28th 1976

23. Name and address of cemetery, crematorium or place of disposition: 2 Mile Cemetery Hazelton B.C.

FUNERAL DIRECTOR

24. Name and address of funeral director *(or person in charge of remains) (print or type)*: DeFrane Funeral Home Ltd Smithers B.C.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

25. Month *(by name)*, day, year of death: Sept 23/76

CAUSE OF DEATH

26.

Part I 4369

Immediate cause of death (a): Respwratory Failwe.

due to, or as a consequence of

Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the *underlying cause last*

(b): Cerebral Vascula Accident.

due to, or as a consequence of

(c):

Part II 4123

Other significant conditions contributing to the death but not causally related to the immediate cause (a) above: Arteriosclerotic heart disease.

Approx. interval between onset & death

AUTOPSY PARTICULARS

27. Autopsy being held? Yes ☐ No ☑

28. Does the cause of death stated above take account of autopsy findings? Yes ☐ No ☑

29. May further information relating to the cause of death be available later? Yes ☐ No ☑

ACCIDENT OR VIOLENCE *(If applicable)*

30. If accident, suicide, homicide or undetermined *(specify)*: —

31. Place of injury *(e.g. home, farm, highway, etc.)*: —

32. Date of injury (Month *(by name)*, day, year): —

33. How did injury occur? *(describe circumstances)*: —

SURGICAL OPERATION

34. If there was a recent surgical operation give date of operation: —

35. State operative findings: —

CERTIFICATION *(attending physician, coroner, etc.)*

36. I certify that to the best of my knowledge and belief the above-named person died on the date and from the causes stated herein:

Signature *(attending physician, coroner, etc.)*: X T. Vandor

Attending physician ☑ Physician examining body after death ☑ Coroner ☐

37. Name of physician or coroner *(print or type)*: VANDOR

Address: HAZELTON B.C.

Date: Month, day, year: Sept24/76

IMPORTANT: Any change or correction made in the completion of this form must be initialled by the person certifying the original information.

See Reverse for Instructions

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Notations:

65

CERTIFICATION OF DISTRICT REGISTRAR

I certify this return was accepted by me on this date at – Smithers, B. C. B.C.

District Registration No.: 48/76

October 1, 1976
Date: Month *(by name)*, day, year

Signature of District Registrar

4–2302–3.14: 26-9-73