FORM 6

39

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

REGISTRATION OF
DEATH

15-031
Registration No.
(Department use only)
75-09-014746

NAME OF DECEASED	1. Surname of deceased (print or type): DOLHAN All given names in full (print or type): MICHAEL — 2. SEX: MALE
PLACE OF DEATH	3. Name of hospital or institution (otherwise give exact location where death occurred): VANCOUVER GENERAL HOSPITAL City, town or other place (by name): VANCOUVER — Inside municipal limits? (State Yes or No): YES
USUAL RESIDENCE	4. Complete street address: If rural give exact location (not Post Office or Rural Route address): 617 EAST 12 AVENUE 15-031-23 City, town or other place (by name): VANCOUVER — Inside municipal limits? (State Yes or No): YES — Province (or country): B.C.
MARITAL STATUS	5. Single, married, widowed, or divorced (Specify): WIDOWED — 6. If married, widowed, or divorced, give full name of husband or full maiden name of wife: MARY THERESA HICKEY
OCCUPATION	7. Kind of work done during most of working life: PLUMBER — 8. Kind of business or industry in which worked: PLUMBING & HEATING
BIRTHDATE	9. Month (by name), day, year of birth: SEPTEMBER 9, 1908 — 10. AGE (years): 67 — (Months) If under 1 year — (Days) — (Hours) If under 1 day — (Minutes)
BIRTHPLACE	11. City or place of birth: WINNIPEG, MANITOBA — Province (or country) — 12. Native Indian? Yes ☐ No ☒ — If "yes" state name of band
FATHER	13. Surname and given names of father (print or type): DOLHAN, PHILLIP — 14. BIRTHPLACE – City or place, Province (or country): NOT KNOWN
MOTHER	15. Maiden surname and given names of mother (print or type): KINASZ, CHRISTINA — 16. BIRTHPLACE – City or place, Province (or country): NOT KNOWN
INFORMANT	17. Signature of informant: X Stephanie Stevens — 18. Relationship to deceased: SISTER 19. Address of informant: 617 EAST 12 AVENUE, VANCOUVER, B.C. — 20. Date signed – Month, day, year: OCTOBER 2, 1975
DISPOSITION	21. Burial, cremation or other disposition (specify): BURIAL — 22. Date of burial or disposition (month, day, year): OCTOBER 6, 1975 23. Name and address of cemetery, crematorium or place of disposition: FOREST LAWN MEMORIAL PARK, BURNABY, B.C.
FUNERAL DIRECTOR	24. Name and address of funeral director (or person in charge of remains) (print or type): FOREST LAWN MORTUARY, BURNABY, B.C.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	25. Month (by name), day, year of death: October 1 1975 — Approx. interval between onset & death
CAUSE OF DEATH	26. Part I — Immediate cause of death (a): Myocardial infarction — due to, or as a consequence of — 2 days Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last (b): — due to, or as a consequence of (c): Part II — Other significant conditions contributing to the death but not causally related to the immediate cause (a) above: Emphysema — 5 yrs
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 [signature] — Attending physician ☒ — Physician examining body after death ☐ — Coroner ☐ 37. Name of physician or coroner (print or type): C. J. RENNIE — Address: 1212-710 W. Broadway Vancouver — Date: Month, day, year: Oct 3, 75

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Notations:

CERTIFICATION OF DISTRICT REGISTRAR	I certify this return was accepted by me on this date at – VANCOUVER, B.C. OCT 3 1975 B.C. District Registration No.: 4509 — Date: Month (by name), day, year — Signature of District Registrar: [signature]

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

4-2302-3.14: 26-9-73