75

Form 6

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PROVINCE OF BRITISH COLUMBIA

DEPARTMENT OF HEALTH SERVICES AND HOSPITAL INSURANCE
DIVISION OF VITAL STATISTICS

REGISTRATION OF DEATH

Reg. No. (Office use only) 11 052

73-09-004017

1. PLACE OF DEATH

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

Street or road: Kestone Road 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)	In Municipality where death occurred	In Province	In Canada (if immigrant)
	5 Months.	30 Yrs.	Life

3. PRINT FULL NAME OF DECEASED: DOLHAN (Surname) Mary Teresa (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED:

Name of city, village, town, district municipality or place: Mission B. C. 11-052
(If outside city or municipal limits add "Rural")

Street or road: Kestone Road House No.:

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	Married	Ontario

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.
December	22nd.	1907	65				

OCCUPATION

12. (a) Trade, profession or kind of work as logger, fisherman, office clerk, etc.: At Home
(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: Mike Dolhan

16. Name of father: Hickey (Surname) William (All given or Christian names)

17. Maiden name of mother: Roach (Surname) Mary Jane (All given or Christian names)

18. Birthplace – Father: Ontario (City or Place and Province or Country) Mother: Ontario (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 Mission B. C., this 4th. day of March 19 73
Signature of informant: M. Dolhan (Married woman not to use Husband's initials or given names) Relationship to deceased: Husband
Address of informant: R. R. # 2 (House No.) (Name of Street) Mission B. C. (Name of City, Municipality or Place) (Province)

20. Burial, Cremation or Removal: Removal (State which) Date: March (Month by name) 6th. (Date) 73 (Year)
Place of Burial or Cremation: Renfrew Ontario (Municipality, etc., where Cemetery located) Name of Cemetery:

21. Undertaker: – Name: Mission Funeral Home Ltd. Address: Mission B. C. (Name of City, Municipality or Place) (Province)

MEDICAL CERTIFICATE OF DEATH

22. **DATE OF DEATH** March (Month by name) 2 (Date) 19 73 (Year)

23. I HEREBY CERTIFY that I attended deceased from March 5 (Inquiry) 19 73
to ..... 19 ....., and last saw h ..... alive on ..... 19 .....

CAUSE OF 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) ruptured aneurysm of the abdonimal — Approximate interval between onset and death: 44 12 minutes
due to (or as a consequence of)
(b) aorta with massive retroperitoneal
due to (or as a consequence of)
(c) hemorrhage

Antecedent causes — Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.

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 [signature] Designation: Coroner M.D. or Coroner.
Address: P.O. Box 628, Mission City Date: March 13th 19 73

28. Print name of Doctor or Coroner, whose signature appears above: F.A. BOYLE

29. Notations

30. I hereby certify that the above return was made to me at
Dated 16 March 19 73
District Registration No. 26/73 (SEE REVERSE SIDE FOR INSTRUCTIONS) [signature] (Signature of District Registrar)

DO NOT WRITE BELOW THIS LINE → OFFICE USE ONLY

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.

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963

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48