

73-09-001787

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

Form 6

1. PLACE OF DEATH

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

Street or road BURNABY GENERAL HOSPITAL House No.
(If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY

In Municipality where death occurred In Province In Canada (if immigrant)
59 years 59 years

3. PRINT FULL NAME OF DECEASED MITCHELL JOHN CHARLES

(Surname) (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED:

Name of city, village, town, district municipality or place BURNABY, B.C. 15-040-60

Street or road TRINITY STREET House No. 3795

5. SEX

6. CITIZENSHIP

7. RACIAL ORIGIN

8. Single, Married, Widowed or Divorced

9. BIRTHPLACE

MALE CANADIAN WHITE MARRIED BURNABY, B.C.

10. Date of Birth JULY 7 1913 11. AGE (Last Birthday) 59
(If under 1 year 1 month 24 hours 1 hour)

12. (a) Trade, profession or kind of work as logger, fisherman, office clerk, etc. MACHINIST
(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 SIMPSON MURIEL MIRIAM MARGUERITE

16. Name of father MITCHELL JOHN
(Surname) (All given or Christian names)

17. Maiden name of mother McCULLOUGH AGNES DAWSON
(Surname) (All given or Christian names)

18. Birthplace - DUNDEE, SCOTLAND EDINBURGH, SCOTLAND
Father (City or Place and Province or Country) Mother (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 11 day of JANUARY 19 73.

Signature of informant Mrs. M.M. Mitchell, 103-6960-Elwell, Burnaby 1, B.C. Relationship to deceased Wife

Address of informant (House No.) (Name of Street) (Name of City, Municipality or Place) (Province)

20. Burial, Cremation or Removal CREMATION Date JANUARY 15 19 73
(State which) (Date) (Year)

Place of Burial NORTH VANCOUVER, B.C. Name of Cemetery NORTH SHORE CREMATORIUM
(Municipality, etc., where Cemetery located)

21. Undertaker: FIRST MEMORIAL SERVICES LTD. Address NORTH VANCOUVER, B.C.
Name (Name of City, Municipality or Place) (Province)

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH January 11 19 73
(Month by name) (Date) (Year)

23. I HEREBY CERTIFY that I attended deceased from November 14, 1972 to Jan 11, 1973, and last saw him alive on Jan 10, 1973.

1621 CAUSE OF DEATH

Disease or condition directly leading to death (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury, or complication which caused death.)
(a) Adeno carcinoma of lung due to (or as a consequence of) metastases

Antecedent causes Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.
(b) due to (or as a consequence of)
(c)
Approximate interval between onset and death 1 year

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? Yes or No

25. (a) Was there a recent surgical operation? (b) Date of operation May 11 19 72
(c) State findings of operation Adeno carcinoma (lung) spread to metastases through ribs (d) Was there an autopsy? No

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 M.D. M.D. or Coroner.
Address 4027 E Hastings Date Jan 12 19 73

28. Print name of Doctor or Coroner, whose signature appears above DR. H.W. ZIMMERMAN

29. Notations

30. I hereby certify that the above return was made to me at New Westminster
Dated January 18 19 73

District Registration No. (SEE REVERSE SIDE FOR INSTRUCTIONS) Deputy

(Signature of District Registrar)

9004-3.14: 11-12-68

IMPORTANT: Any change or correction made in the completion of this form must be initialed 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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