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Form 6

43-031

Reg. No. (Office use only)

67-09-003653

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

1. PLACE OF DEATH

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

Street or road D.O.A. Vancouver 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)
38 yrs 38 yrs Life

3. PRINT FULL NAME OF DECEASED EMOND Donald Joseph Henry
(Surname) (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED Vancouver, B.C. 43-031-35
(If outside city or municipal limits add "Rural")

Street or road Quebec Street House No. 4487

5. SEX Male 6. CITIZENSHIP Canadian 7. RACIAL ORIGIN White 8. Single, Married, Widowed or Divorced Divorced 9. BIRTHPLACE Hudson Bay Junction, Sask.

10. Date of Birth September 2nd 1913 11. AGE (Last Birthday) 53
(If under 1 year 1 month 24 hours 1 hour)

12. (a) Trade, profession or kind of work as logger, fisherman, office clerk, etc. Waiter
(b) Kind of industry or business, as logging, fishing, bank, etc. Hotel
(If labourer specify kind of work above) (If Housewife in own home answer "At Home")

13. Date deceased last worked at this occupation 1959 14. Total years spent in this occupation 10 yrs

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased Evelyn Bough

16. Name of father Emond Frederick
(Surname) (All given or Christian names)

17. Maiden name of mother Larouche Odile
(Surname) (All given or Christian names)

18. Birthplace - Ottawa, Ont. Mother Lake St. Jerome, Quebec
(City or Place and Province or Country) (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 Vancouver, this 6th day of March 19.67

Signature of informant Mrs. M. White-Emond Relationship to deceased Mother
(Married woman not to use Husband's initials or given names)
Address of informant 4487 - Quebec Street, Vancouver, B.C.
(House No.) (Name of Street) (Name of City, Municipality or Place) (Province)

20. Burial, Cremation or Removal Burial Date March 9th 19.67
Place of Burial Vancouver, B.C. Name of Cemetery Mountain View Cemetery
(Municipality, etc., where Cemetery located) (Date) (Year)

21. Undertaker: - KEARNEY FUNERAL DIRECTORS Address VANCOUVER, B.C.
(Name of City, Municipality or Place) (Province)

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH March 4th 19.67
(If under 1 year 1 month 24 hours 1 hour) (Date) (Year)

23. I HEREBY CERTIFY that I attended deceased from March 7th 19.67
to March 7th 19.67, and last saw h alive on 19.67

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.)
Antecedent causes Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.
Other significant conditions contributing to the death, but not related to the disease or condition causing it.
(a) Haemopericardium
(b) Laceration of Heart, Neck & Severance of Trachea
(c) Stab Wound of Chest
Approximate interval between onset and death

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 19.67
(c) State findings of operation (d) Was there an autopsy? Yes

26. If a violent death, fill in also: (a) Accident []; Suicide [X]; Homicide [] (b) Date of injury Mar 4 19.67
(c) How did injury occur? He stabbed self in chest and slashed his throat with approx 5" bladed knife with a wooden handle
(d) Injuries sustained? Stab wound of chest, Laceration of heart etc.
(e) Where did injury occur? (home, farm, industrial place, highway, etc.) Home

27. Signed by Glen McDonald Designation CORONER M.D. or Coroner.
Address 240 E. Cordova St., Vancouver, B.C. Date March 8th 19.67

28. Print name of Doctor or Coroner, whose signature appears above Glen McDonald, LL.B.

29. Notations

30. I hereby certify that the above return was made to me at VANCOUVER, B.C. MAR 9 1967
Dated 19.67
District Registration No. 1081
(SEE REVERSE SIDE FOR INSTRUCTIONS)

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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