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NAME OF DECEASED	1. Surname of deceased (print or type) EMOND			2. SEX Male
	All given names in full (print or type) Victor Lewis			
PLACE OF DEATH	3. Name of hospital or institution (otherwise give exact location where death occurred) D.O.A. Vancouver General Hospital			
	City, town or other place (by name) Vancouver		Postal Code	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) #309 - 951 East 8th Avenue			
	City, town or other place (by name) Vancouver		Postal Code 15-031-13	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 PHILCOX, Eleanor Louise		
OCCUPATION	7. Kind of work done during most of working life Retired Baker		8. Kind of business or industry in which worked Baking	
BIRTHDATE	9. Month (by name), day, year of birth May 24, 1914		10. AGE (years) 67	If under 1 year (Months) (Days) (Hours) (Minutes)
BIRTHPLACE	11. City or place Province (or country) of birth Shaunavon, Sask.		12. Native Indian? Yes No If "yes" state name of band <input type="checkbox"/> <input checked="" type="checkbox"/>	
FATHER	13. Surname and given names of father (print or type) EMOND, Ossie		14. BIRTHPLACE - City or place, Province (or country) Shaunavon, Saskatchewan	
MOTHER	15. Maiden surname and given names of mother (print or type) VALLEY, Josephine		16. BIRTHPLACE - City or place, Province (or country) Shaunavon, Saskatchewan	
INFORMANT	17. Signature of informant X Eleanor Louise Emond		18. Relationship to deceased Wife	
	19. Address of informant #309 - 951 East 8th Avenue, Vancouver		20. Date signed - Month, day, year August 11, 1981	
DISPOSITION	21. Burial, cremation or other disposition (specify) Burial		22. Date of burial or disposition (month, day, year) August 14, 1981	
	23. Name and address of cemetery, crematorium or place of disposition Mountain View Cemetery, 5505 Fraser St., Vancouver, B.C.			
FUNERAL DIRECTOR	24. Name and address of funeral director (or person in charge of remains) (print or type) Hamilton Mortuary Ltd., 5390 Fraser St., Vancouver, B.C.			

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	25. Month (by name), day, year of death August 10, 1981			Approx. interval between onset & death
CAUSE OF DEATH	26. Part I H109 I Immediate cause of death (a) Acute myocardial infarction. 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) Coronary occlusion. due to, or as a consequence of (c) Coronary atherosclerosis.			
AUTOPSY PARTICULARS	27. Autopsy being held? Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>		28. Does the cause of death stated above take account of autopsy findings? Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	
	29. May further information relating to the cause of death be available later? Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>			
ACCIDENT OR VIOLENCE (if applicable)	30. If accident, suicide, homicide or undetermined (specify)		31. Place of injury (e.g. home, lam, highway, etc.)	
	32. Date of injury (Month (by name), day, year)			
SURGICAL OPERATION	33. How did injury occur? (describe circumstances)		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 L.W. Campbell		Attending physician <input type="checkbox"/>	Physician examining body after death <input type="checkbox"/>
	37. Name of physician or coroner (print or type) L.W. Campbell, 700 W. Georgia St., Vancouver, B.C.		Date: Month, day, year 08-12-81	

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 - District Registration No. 3137		VANCOUVER, B. C. AUG 12 1981	B. C.
	Date: Month (by name), day, year		DEPUTY Signature of District Registrar	

THIS IS A PERMANENT LEGAL RECORD - TYPE OR WRITE PLAINLY - COMPLETE ALL ITEMS USE BLUE OR BLACK INK ONLY See Reverse for Instructions

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

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