



3 c.c.

NAME OF DECEASED	1. Surname of deceased (print or type) EMOND			2. SEX Female
	All given names in full (print or type) ELEANOR LOUISE			
PLACE OF DEATH	3. Name of hospital or institution (otherwise give exact location where death occurred) Vancouver General Hospital / 101		Date of Death February 28, 1987	
	City, town or other place (by name) Vancouver, B.C.		Postal Code V5Z 1M9	Inside municipal limits? (State Yes or No) B.C.
USUAL RESIDENCE	4. Complete street address: If rural give exact location (not Post Office or Rural Route address) 631 East 17th Avenue			
	City, town or other place (by name) Vancouver		Postal Code V5V 1B5	Inside municipal limits? (State Yes or No) Yes
MARRITAL 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 Victor Lewis EMOND		
	7. Kind of work done during most of working life Housewife	8. Kind of business or industry in which worked At Home		
BIRTHDATE	9. Month (by name), day, year of birth June 18, 1921		10. AGE (years) (Months) (Days) (Hours) (Minutes) 65	
	11. City or place Province (or country) of birth New Westminster, B.C.		12. Native Indian? Yes No If "yes" state name of band <input type="checkbox"/> <input checked="" type="checkbox"/> XX	
FATHER	13. Surname and given names of father (print or type) PHILCOX ALFRED		14. BIRTHPLACE - City or place, Province (or country) NOT KNOWN	
MOTHER	15. Maiden surname and given names of mother (print or type) PICKERING ESTER		16. BIRTHPLACE - City or place, Province (or country) NOT KNOWN	
INFORMANT	17. Signature of informant X <i>John Edward Emond</i>		18. Relationship to deceased Son	
	19. Address of informant 3158 Venables Street, Vancouver, B.C.		V5R 2S4	20. Date signed - Month, day, year February 28, 1987
DISPOSITION	21. Burial, cremation or other disposition (specify) Burial /		22. Date of burial or disposition (month, day, year) March 6, 1987	
	23. Name and address of cemetery, crematorium or place of disposition Mountain View Cemetery, 5455 Fraser Street, Vancouver, B.C. V5W 2Z3			
FUNERAL DIRECTOR	24. Name and address of funeral director (or person in charge of remains) (print or type) Hamilton's of Vancouver, 5390 Fraser Street, Vancouver, B.C. V5W 2Z1			

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	25. Month (by name), day, year of death <i>February Feb 28 / 87</i>		Approx. interval between onset & death
CAUSE OF DEATH	26. Part I Immediate cause of death (a) <i>X Metastatic Carcinoma of Breast</i> due to, or as a consequence of		
CAUSE OF DEATH	Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last. (b) _____ (c) _____		
	Part II Other significant conditions contributing to the death but not causally related to the immediate cause (a) above <i>Dehydration</i>		
AUTOPSY PARTICULARS	27. Autopsy being held? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	28. Does the cause of death stated above take account of autopsy findings? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	29. May further information relating to the cause of death be available later? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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)		
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 <i>MEM</i>		
	37. Name of physician or coroner (print or type) GABOR WATE M.D.		Address #5-1750 EAST 10th AVENUE VANCOUVER, B.C. V5N 5K6
			Physician examining body after death <input type="checkbox"/> Coroner <input checked="" type="checkbox"/> Date: Month, day, year <i>2 March 87</i>

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. MAR 3 1987	
	District Registration No. 1302	Signature of District Registrar <i>[Signature]</i>

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 initialled by the person certifying the original information.