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

72-09-001012

1. PLACE OF DEATH

Name of city, village, town, district municipality or place North Vancouver, B.C.
Street or road Lions Gate 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 7 months In Province 30 years In Canada (if immigrant) 80 years

3. PRINT FULL NAME OF DECEASED EMOND Elizabeth Josephine
(Surname) (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED:

Name of city, village, town, district municipality or place Richmond, B.C. 43-059
Street or road No. 6 Road House No. 632

5. SEX Female 6. CITIZENSHIP Canadian 7. RACIAL ORIGIN White 8. Single, Married, Widowed or Divorced Widowed 9. BIRTHPLACE St. Paul, MINN., U.S.A.

10. Date of Birth June 18 1886 11. AGE (Last Birthday) 85 Years
(If under 1 year 1 month 24 hours 1 hour)

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

13. Date deceased last worked at this occupation 1965 14. Total years spent in this occupation Life

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased EMOND, Osias

16. Name of father LAVALLEY, Noah
(Surname) (All given or Christian names)

17. Maiden name of mother VALLEE, Alvina
(Surname) (All given or Christian names)

18. Birthplace - U.S.A. CANADA
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 Vancouver this 4th day of January 1972

Signature of informant Margaret Ruston Relationship to deceased Daughter
(Married woman not to use Husband's initials or given names)

Address of informant 632 No. 6 Road Richmond, B.C.
(House No.) (Name of Street) (Name of City, Municipality or Place) (Province)

20. Burial, Cremation or Removal Burial Date January 7th 1972
Place of Burial or Cremation Burnaby, B.C. (State which) (Month by name) (Date) (Year)
Name of Cemetery Ocean View Burial Park

21. Undertaker Name Kearney Funeral Directors Address Vancouver, B.C.
(Name of City, Municipality or Place) (Province)

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH January 3 1972
(Month by name) (Date) (Year)

23. I HEREBY CERTIFY that I attended deceased from 25 June 1971 to January 3 1972, and last saw her alive on Jan 3 1972.

4369 CAUSE OF DEATH Approximate interval between onset and death
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) Cardiac respiratory collapse 2 days due to (or as a consequence of)
Antecedent causes (b) senility due to (or as a consequence of)
Other significant conditions contributing to the death, but not related to the disease or condition causing it. (c) ischemic stroke

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? no (b) Date of operation 19
(c) State findings of operation (d) Was there an autopsy?

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 D. Coupland Designation M.D. M.D. or Coroner.
Address 3260 Edgemont Road Date 4 January 1972
D. Coupland, M.D.

28. Print name of Doctor or Coroner, whose signature appears above D. Coupland, M.D.

29. Notations

DISTRICT REGISTRAR
Births, Deaths & Marriages

30. I hereby certify that the above return was made to me at
Dated 1972
District Registration No. 43 (SEE REVERSE SIDE FOR INSTRUCTIONS) (Signature of District Registrar)

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.

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

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