

PROVINCE OF
BRITISH COLUMBIA (Canada)
MINISTRY OF HEALTH
Division of Vital Statistics

REGISTRATION OF
DEATH

Registration No.
(Department use only)

011695

4-DC

NAME OF DECEASED	1. Surname of deceased (print or type) HAMON		2. SEX Female	
	All given names in full (print or type) Nettie Tennant			
PLACE OF DEATH	3. Name of hospital or institution (otherwise give exact location where death occurred) Chilliwack General Hospital 1-681			
	City, town or other place (by name) Chilliwack, B.C.	Postal Code V2P1P7	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) 5030 - 208th Street,			
	City, town or other place (by name) Langley, B. C.	Postal Code V3A 2J5	Inside municipal limits? (State Yes or No) yes	Province (or country) B. C.
MARITAL 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 HAMON, Joseph Guillaume Herve		
OCCUPATION	7. Kind of work done during most of working life Homemaker	8. Kind of business or industry in which worked at home		
BIRTHDATE	9. Month (by name), day, year of birth April 25, 1918	10. AGE (years) (Months) (Days) (Hours) (Minutes) 568		
BIRTHPLACE	11. City or place Province (or country) of birth Regina, Saskatchewan	12. Native Indian? Yes No <input type="checkbox"/> <input checked="" type="checkbox"/> If "yes" state name of band		
FATHER	13. Surname and given names of father (print or type) NISH, William	14. BIRTHPLACE - City or place, Province (or country) N/K		
MOTHER	15. Maiden surname and given names of mother (print or type) N/K, Elizabeth	16. BIRTHPLACE - City or place, Province (or country) N/K		
INFORMANT	17. Signature of informant <i>X Douglas Sharp</i>		18. Relationship to deceased None	
	19. Address of informant 20786 Fraser Hwy Langley B.C. V3A4H6		20. Date signed - Month, day, year July 21/86	
DISPOSITION	21. Burial, cremation or other disposition (specify) Burial		22. Date of burial or disposition (month, day, year) July 22, 1986	
	23. Name and address of cemetery, crematorium or place of disposition Langley Lawn Cemetery, Langley, B. C.			
FUNERAL DIRECTOR	24. Name and address of funeral director (or person in charge of remains) (print or type) Henderson's Funeral Home, 27086 Fraser Hwy., Langley V3A4G6			

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	25. Month (by name), day, year of death July 17, 1986		Approx. interval between onset & death
CAUSE OF DEATH	26. Part I Immediate cause of death Myocardial Infarction		
	(a) due to, or as a consequence of Atherosclerosis		
	(b) due to, or as a consequence of		
CAUSE OF DEATH	Part II Other significant conditions contributing to the death but not causally related to the immediate cause (a) above Renal failure Diabetes Type II		
	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 type="checkbox"/> <input checked="" type="checkbox"/>
ACCIDENT OR VIOLENCE (if applicable)	29. May further information relating to the cause of death be available later? Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>		
	30. If accident, suicide, homicide or undetermined (specify)		31. Place of injury (e.g. home, farm, highway, etc.)
SURGICAL OPERATION	32. Date of injury (Month (by name), day, year)		
	33. How did injury occur? (describe circumstances)		
CERTIFICATION (attending physician, coroner, etc.)	34. If there was a recent surgical operation give date of operation		35. State operative findings
	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: <i>X P. Weatherston</i>		37. Name of physician or coroner (print or type) Dr. P. Weatherston, #10-45585 Luckakuck Way, Sardis
	Date: Month, day, year 7/21/86		

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY V2P1A1

Notations:	
CERTIFICATION OF DISTRICT REGISTRAR	I certify this return was accepted by me on this date at - CHILLIWACK District Registration No. 248 Date: Month (by name), day, year JUL 25 1986 Signature of District Registrar <i>[Signature]</i> 32

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.