Province of British Columbia

Ministry of Health
DIVISION OF VITAL STATISTICS

REGISTRATION OF DEATH

REGISTRATION No. (Department Use Only) 015790

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.

NAME OF DECEASED
1 SURNAME (Print or Type): EDGE
ALL GIVEN NAMES: ELLA HILDA
2 SEX: M ☐ F ☒ U/K ☐

DATE OF DEATH
MM DD YY: 09 20 88
3 NAME OF HOSPITAL OR INSTITUTION (Otherwise give exact location where death occurred): BURNABY HOSPITAL
OFFICE USE ONLY

PLACE OF DEATH
CITY, TOWN OR OTHER PLACE (by name): BURNABY BC
POSTAL CODE: V5G 2X6
INSIDE MUNICIPAL LIMITS? STATE ☒ YES ☐ NO

USUAL RESIDENCE
4 COMPLETE STREET ADDRESS If rural give exact location (Not Post Office or Rural Route address): 102 SOUTH BOUNDARY ROAD
CITY, TOWN OR OTHER PLACE (by name): BURNABY
POSTAL CODE: V5K 4R5
INSIDE MUNICIPAL LIMITS? STATE ☒ YES ☐ NO
PROVINCE (or country): B.C.

MARITAL STATUS
5 STATE: ☐ SINGLE ☐ MARRIED ☒ WIDOWED ☐ DIVORCED
6 IF MARRIED, WIDOWED OR DIVORCED GIVE FULL NAME OF HUSBAND OR FULL MAIDEN NAME OF WIFE: EDGE HAMILTON PERCY

OCCUPATION
7 KIND OF WORK DONE DURING MOST OF WORKING LIFE: HOUSEWIFE
OFFICE USE ONLY
8 KIND OF BUSINESS OR INDUSTRY IN WHICH WORKED: AT HOME

BIRTHDATE
9 MONTH (by name), DAY, YEAR OF BIRTH: AUGUST 19, 1904
10 AGE (YEARS): 84
IF UNDER 1 YEAR — MONTHS / DAYS:
IF UNDER 1 DAY — HOURS / MINUTES:

BIRTHPLACE
11 CITY, TOWN OR OTHER PLACE: BURFORD
PROVINCE (or country) OF BIRTH: ONTARIO
NATIVE INDIAN? STATE ☐ YES ☒ NO

FATHER
SURNAME AND GIVEN NAMES OF FATHER (Print or Type): UNKNOWN UNKNOWN
BIRTHPLACE — CITY OR PLACE, PROVINCE OR COUNTRY: UNKNOWN UNKNOWN

MOTHER
MAIDEN SURNAME AND GIVEN NAMES OF MOTHER (Print or Type): UNKNOWN UNKNOWN
BIRTHPLACE — CITY OR PLACE, PROVINCE OR COUNTRY: UNKNOWN UNKNOWN

SIGNATURE OF INFORMANT
SIGNATURE: X John C. Reid
DATE SIGNED: 09/20/1988
RELATIONSHIP TO DECEASED: NEPHEW
ADDRESS OF INFORMANT: 1131 DUNLOP AVE BURNABY BC V5B 3W9
POSTAL CODE:

TO BE COMPLETED BY FUNERAL DIRECTOR ONLY

DISPOSITION
TYPE OF DISPOSITION: ☐ BURIAL ☒ CREMATION ☐ OTHER (SPECIFY)
DATE OF BURIAL/ DISPOSITION MM DD YY: 09 28 88
NAME AND ADDRESS OF CEMETERY, CREMATORIUM OR PLACE OF DISPOSITION: NORTH SHORE CREM NORTH VAN BC V7J 2J1

FUNERAL DIRECTOR
NAME OF FUNERAL DIRECTOR OR PERSON IN CHARGE OF REMAINS (Print or Type): FIRST MEMORIAL SERVICES LTD.
ADDRESS: 1505 LILLOOET RD N. VANCOUVER B.C. V7J 2J1

DO NOT WRITE BELOW THIS LINE — OFFICE USE ONLY

CERTIFICATION OF DISTRICT REGISTRAR
I CERTIFY THAT THIS RETURN WAS ACCEPTED BY ME ON THIS DAY AT: VANCOUVER, B.C SEP 27 1988 .B.C.
DATE MM DD YY:
SIGNATURE OF DISTRICT REGISTRAR:
DISTRICT REGISTRATION No:

NOTATIONS:

HLTH 406 REV 88-02