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Form 6

15-019 Reg. No. (Office use only)

PROVINCE OF BRITISH COLUMBIA

DEPARTMENT OF HEALTH SERVICES AND HOSPITAL INSURANCE
DIVISION OF VITAL STATISTICS

REGISTRATION OF DEATH

73-09-011124

1. PLACE OF DEATH

Name of city, village, town, district municipality or place: New Westminster, B.C.
(If outside city or municipal limits add "Rural")

Street or road: Royal Columbian Hospital House No.:
(If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days)	In Municipality where death occurred	In Province	In Canada (if immigrant)
	8 days	66 years	life

3. PRINT FULL NAME OF DECEASED: GIBSON (Surname) INEZ CATHERINE (All given or Christian names in full)

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4. PERMANENT RESIDENCE OF DECEASED:

Name of city, village, town, district municipality or place: Port Coquitlam, B.C. 15-022
(If outside city or municipal limits add "Rural")

Street or road: Gatley Avenue House No.: 2473

5. SEX	6. CITIZENSHIP (See marginal note)	7. RACIAL ORIGIN (See marginal note)	8. Single, Married, Widowed or Divorced (Write the word)	9. BIRTHPLACE (City or Place and Province or Country)
female	Canadian	White	Married	Carman, Manitoba

10. Date of Birth (Month by name) (Date) (Year)	11. AGE (Last Birthday) YEARS	if under 1 year MONTHS	if under 1 month DAYS	if under 24 hours HOURS	if under 1 hour MIN.
May 17th, 1903	70				

OCCUPATION

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:

14. Total years spent in this occupation:

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased: Alexander Gibson

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16. Name of father: Dunn (Surname) Thomas Webster (All given or Christian names)

17. Maiden name of mother: Irwin (Surname) Christina Catherine (All given or Christian names)

18. Birthplace – Father: Manitoba (City or Place and Province or Country) Mother: Manitoba (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 Port Coquitlam, B.C. this 28th day of July 1973

X Signature of informant: Alice Sampson (Married woman not to use Husband's initials or given names) Relationship to deceased: sister

Address of informant: 2473 (House No.) Gatley Avenue (Name of Street) Port Coquitlam, B.C. (Name of City, Municipality or Place) (Province)

20. Burial, Cremation or Removal: Cremation (State which) Date: July (Month by name) 30th (Date) 1973 (Year)

Place of Burial or Cremation: Vancouver, B.C. (Municipality, etc., where Cemetery located) Name of Cemetery: Vancouver Crematorium

21. Undertaker: – Name: Garden Hill Funeral Chapel Address: Port Coquitlam, B.C. (Name of City, Municipality or Place) (Province)

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH: July (Month by name) 27 (Date) 1973 (Year)

23. I HEREBY CERTIFY that I attended deceased from May 11 1973 to July 21 1973, and last saw h.. alive on July 27 1973.

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CAUSE OF DEATH

I
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) STREPTOCOCCAL SEPTICEMIA due to (or as a consequence of) — Approximate interval between onset and death: 8 days.

Antecedent causes Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.
(b) UNKNOWN SOURCE due to (or as a consequence of)
(c)

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II
Other significant conditions contributing to the death, but not related to the disease or condition causing it.
CONGESTIVE HEART FAILURE
RENAL FAILURE

24. If a woman, did the death occur either during pregnancy or within 90 days following pregnancy? NO. (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 R. Kochendorfer Designation MD M.D. or Coroner.
Address 2255 ELGIN PT. COQUITLAM Date July 28 1973

28. Print name of Doctor or Coroner, whose signature appears above: KOCHENDORFER

29. Notations

30. I hereby certify that the above return was made to me at New Westminster
Dated July 31st 1973.
District Registration No. 1737 (Signature of District Registrar)

(SEE REVERSE SIDE FOR INSTRUCTIONS)

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.

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DO NOT WRITE BELOW THIS LINE → OFFICE USE ONLY

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