Form 6

Reg. No. (Office use only)

49-09-010321

PROVINCE OF BRITISH COLUMBIA
DEPARTMENT OF HEALTH AND WELFARE—DIVISION OF VITAL STATISTICS
REGISTRATION OF DEATH

1. PLACE OF DEATH
Name of city or place: Vancouver (If outside city or municipal limits add "Rural") — Name of Municipality (if any): B.C.
Street or road: Shaughnessy Hospital. (If death occurred in a hospital or institution, give the name instead of street and number) — House No.

2. LENGTH OF STAY (in years, months and days)	In Municipality where death occurred	In Province	In Canada (if immigrant)
	3 months	58 yrs.	Life

3. PRINT FULL NAME OF DECEASED Ferguson (Surname or family name) James Stephens (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED:
Name of city or place: Haney, B.C. (If outside city or municipal limits add "Rural") — Name of Municipality (if any): 041-50
Street or road: House No.

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)
Male	Canadian	Scottish	Married	Haney, B.C.

10. Date of Birth: April (Month by name) 12 (Date) 1891 (Year) — **11.** AGE: Years 58, Months 7, Days 13, If less than one day ____ hrs. or ____ min.

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

13. Date deceased last worked at this occupation: 1942 — **14.** Total years spent in this occupation: 15 yrs.

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased: Ruby Edith Edge

16. Name of father: Ferguson (Surname or family name) Hector (All given or Christian names)

17. Maiden name of mother: Stephens (Surname or family name) Mary (All given or Christian names)

18. Birthplace:— Father: Ontario (City or Place and Province or Country) Mother: Nova Scotia (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 25th day of November 1949
Signature of informant: [illegible] Relationship to deceased: Brother in Law.
Address: 102 S. Boundary Road. Vancouver.

20. Burial, Cremation or Removal: Removal — Date: November (Month by name) 29 (Date) 1949 (Year)
Place of Burial: Fort Langley B.C. (Municipality) — Cemetery: Fort Langley.

21. Undertaker:— Name: Harron Bros. Ltd. — Address: 55 E. 10th Ave. Vancouver

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH November (Month by name) 25th (Date) 1949 (Year)

23. I HEREBY CERTIFY that I attended deceased from August 11th 1949 to November 25th 1949, and last saw him alive on November 25th 1949

I	CAUSE OF DEATH	DURATION Yrs.	Mos.	Dys.
Immediate cause — Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.	(a) Pulmonary embolism - multiple			
	due to			
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	(b) Phlebothrombosis - Lt. femoral vein.			
	due to (c)			
II — Other morbid conditions (if important) contributing to death but **not causally related to immediate cause.**	Hypertensive heart disease.			

24. If a woman, was the death associated with pregnancy? Duration weeks. Was there a delivery?

25. Was there a surgical operation? Date of operation 19
State findings: Was there an autopsy? Yes.

26. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide? (State which) Date of injury 19
Manner of injury (How sustained)
Nature of injury
Specify whether injury occurred in **Industry**, in **home** or in **public place**

Signed by Charles Y. Brown **Designation** M.D. (M.D., Coroner, etc)
Address Shaughnessy Hospital **Date** November 25th 1949

27. Marginal Notations (Office use only)

28. I hereby certify that the above return was made to me at
Dated VANCOUVER, B.C. NOV 26 1949 (Signature of District Registrar)
District Registration No. 3826

(SEE REVERSE SIDE FOR INSTRUCTIONS)

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

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 is defined in terms of the people or race to which the person—traced through the father—belongs, whether English, Irish, Scottish, French, German, Russian, Ukrainian, etc. The terms "Canadian" or "American" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

In case of Stillbirth consult reverse side before making out certificate.