Form 6

45 050

Reg. No. (Office use only) 59-09-014207

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: Haney — Name of Municipality (if any): Maple Ridge
(If outside city or municipal limits add "Rural")
Street or road: Maple Ridge 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: 75 years — In Province: life — In Canada (if immigrant):

3. PRINT FULL NAME OF DECEASED EDGE (Surname or family name) JOSEPH MIGHTON (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED:
Name of city or place: Haney — Name of Municipality (if any): Maple Ridge 45-050
(If outside city or municipal limits add "Rural")
Street or road: 7th Avenue North — House No. 21062

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	Irish	married	Langley, B.C.

10. Date of Birth: October 6th 1877 (Month by name) (Date) (Year)
11. AGE (Last Birthday): 82 YEARS — If under 1 year: MONTHS — If under 1 month: DAYS — If under 24 hours: HOURS — If under 1 hour: MIN.

OCCUPATION
12. (a) Trade, profession or kind of work as logger, fisherman, office clerk, etc.: Retired
(b) Kind of industry or business, as logging, fishing, bank, etc.:
(If labourer specify kind of work above) (If Housewife in own home answer "At Home")
13. Date deceased last worked at this occupation: to date — **14.** Total years spent in this occupation: 9

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

16. Name of father: Edge (Surname or family name) William (All given or Christian names)
17. Maiden name of mother: Mighton (Surname or family name) unknown (All given or Christian names)
18. Birthplace — Father: unknown (City or Place and Province or Country) — Mother: unknown (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 Haney, B.C., this 10th day of December 1959
Signature of informant x [signature] — Relationship to deceased: Bro-in-law
(Married woman not to use Husband's initials or given names)
Address of informant: 3042 (House No.) West 21st Avenue (Name of Street) Vancouver, (Name of City, Municipality or Place) B.C. (Province or State)

20. Burial, Cremation or Removal: Burial (State which) — Date: December (Month by name) 12th (Date) 1959 (Year)
Place of Burial or Cremation: Maple Ridge (Municipality, etc., where Cemetery located) — Name of Cemetery: Maple Ridge
21. Undertaker:— Name: Garden Hill Chapel, ~~Garden~~ Haney Funeral Home Ltd — Address: 11765 8th Ave. Haney B.C. (Name of City, Municipality or Place) (Province or State)

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH December (Month by name) 9th (Date) 1959 (Year)

23. I HEREBY CERTIFY that I attended deceased from Aug 1956 to date 19...., and last saw him alive on Dec 9 1959

I	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.) 520X	(a) Pneumonia due to (or as a consequence of)	
Antecedent causes: Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.	(b) Spontaneous Pneumothorax due to (or as a consequence of) (c)	3 days
II Other significant conditions contributing to the death, but not related to the disease or condition causing it. 334X	Cerebral Sclerosis [illegible]	

24. If a woman, was the death (a) Associated with pregnancy? ...... (b) Duration ...... weeks. (c) Was there a delivery? ......

25. (a) Was there a recent surgical operation? No (b) Date of operation ...... 19....
(c) State findings of operation ...... (d) Was there an autopsy? No

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 [signature] — Designation [illegible] M.D., Coroner, etc.
Address — Date 10/12/59 19....

28. Print name of M.D., Coroner, etc., whose signature appears above

29. Notations

30. I hereby certify that the above return was made to me at Haney, B.C.
Dated December 11 1959 — [signature] (Signature of District Registrar)
District Registration No. 127-1959

(SEE REVERSE SIDE FOR INSTRUCTIONS)

9004—3.14: 28-8-56

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).

DO NOT WRITE BELOW DOUBLE LINE OFFICE USE ONLY