Form 6

Reg. No. (Office use only) 40 AREA No. 4B
55-09- 009646

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

DO NOT USE BALL POINT PEN

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).

1. PLACE OF DEATH
Name of city or place ____ (If outside city or municipal limits add "Rural") Name of Municipality (if any) Burnaby
Street or road Boundary Road, South. (If death occurred in a hospital or institution, give the name instead of street and number) House No. 102

2. LENGTH OF STAY (in years, months and days)	In Municipality where death occurred	In Province	In Canada (if immigrant)
	6 Weeks	62 Years	62 Years

3. PRINT FULL NAME OF DECEASED Edge (Surname or family name) Lucy Maria (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED:
Name of city or place ____ (If outside city or municipal limits add "Rural") Name of Municipality (if any) Langley, B.C.
Street or road River Road. House No. 22333

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	English	Widowed	Birmingham, England.

10. Date of Birth: February (Month by name) 15 (Date) 1879 (Year) **11.** AGE: Years 76 Months 7 Days 2 If less than one day ____ hrs. or ____ min.

OCCUPATION
12. (a) Trade, profession or kind of work as logger, fisherman, office clerk, etc. At Home
(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 **14.** Total years spent in this occupation

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased William Hamilton Edge

16. Name of father Hall (Surname or family name) Not Known (All given or Christian names)

17. Maiden name of mother Page (Surname or family name) Not Known (All given or Christian names)

18. Birthplace—Father England (City or Place and Province or Country) Mother England (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 Burnaby, this 19th day of September 1955
Signature of informant ____ (Married woman not to use Husband's initials or given names) Relationship to deceased Son
Address of informant H.P. Edge (House No.) 102 S. Boundary Road (Name of street) North Burnaby (Name of City, Municipality or Place) B. (Province or State)

20. Burial, Cremation or Removal Burial (State which) Date September (Month by name) 21 (Date) 1955 (Year)
Place of Burial or Cremation Haney, B.C. (Municipality, etc., where Cemetery located) Name of Cemetery Maple Ridge Cemetery.

21. Undertaker: Name Burnaby Funeral Dir. Ltd. Address 4276 E. Hastings, (Name of City, Municipality or Place) N. Burnaby. (Province or State)

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH September (Month by name) 17 (Date) 1955 (Year)

23. I HEREBY CERTIFY that I attended deceased from Sept 2/ 1955 to Sept 17 1955 and last saw her alive on Sept 17 1955

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.)	(a) Congestive Heart failure 420.0	1 week
Antecedent causes Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.	(b) Cerebral Arterio Sclerosis due to (or as a consequence of)	1 year
	(c) due to (or as a consequence of)	
Other significant conditions contributing to the death, but not related to the disease or condition causing it.		

24. If a woman, was the death (a) Associated with pregnancy? no (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 death was due to external causes (violence) fill in also the following:—
(a) Accident, suicide or homicide? (State which) (b) Date of injury 19____
(c) Manner of injury (How sustained)
(d) Nature of injury
(e) Specify whether injury occurred in industry, in home or in public place

27. Signed by [signature] **Designation** M.D., Coroner, etc.
Address [illegible] **Date** Sept 26 1955

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

29. Notations

30. I hereby certify that the above return was made to me at New Westminster
Dated Sept 27/ 1955
District Registration No. 1251 Deputy (Signature of District Registrar)

(SEE REVERSE SIDE FOR INSTRUCTIONS)

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

DO NOT WRITE BELOW DOUBLE LINE OFFICE USE ONLY

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14: 21-2-53