

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

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

(If outside city or municipal limits add "Rural")

Name of Municipality (if any)

Burnaby

Street or road

Boundary Road, South.

House No. 102

(If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY

In Municipality where death occurred

In Province

In Canada (if immigrant)

(in years, months and days)

6 Weeks

62 Years

62 Years

3. PRINT FULL NAME OF DECEASED

Edge

Lucy Maria

(Surname or family name)

(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 15

1879

1879

11. AGE

Years

Months

Days

If less than one day

76

7

2

hrs. or min.

OCCUPATION

12. (a) Trade, profession or kind of work as logger, fisherman, office clerk, etc.
 (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

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

Mother

England

(City or Place and Province or Country)

(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

Relationship to deceased

Son

(Married woman not to use Husband's initials or given names)

Address of informant

(House No.)

(Name of street)

(Name of City, Municipality or Place)

(Province or State)

102 S. Boundary Road, North Burnaby, B.C.

(Name of City, Municipality or Place)

(Province or State)

(Province or State)

20. Burial, Cremation or Removal

Burial

Date

September 21

1955

Place of Burial or Cremation

Haney, B.C.

Name of Cemetery

Maple Ridge Cemetery.

(Municipality, etc., where Cemetery located)

21. Undertaker:

Name

Burnaby Funeral Dir. Ltd.

Address

4276 E. Hastings, N. Burnaby.

(Name of City, Municipality or Place) (Province or State)

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH

September

17

1955

(Month by name)

(Date)

23. I HEREBY CERTIFY that I attended deceased from

Sept 21

1955

to

Sept 17

1955

and last saw her

alive on

Sept 17

1955

CAUSE OF DEATH

Disease or condition directly leading to death

(This does not mean the mode of dying, e.g., heart failure, athenia, etc. It means the disease, injury, or complication which caused death.)

(a)

Prolonged heart failure

due to (or as a consequence of)

1 week

Antecedent causes

Morbidity conditions, if any, giving rise to the above cause, stating the underlying condition last.

(b)

Cerebral vascular disease

due to (or as a consequence of)

15 yrs

(c)

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?

(b) Date of injury

19

(State which)

(How sustained)

(c) Manner of injury

(d) Nature of injury

(e) Specify whether injury occurred in industry, in home or in public place

27. Signed by

Designation

M.D., Coroner, etc.

Address

Date

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

Dated

Sept 21

1955

District Registration No.

New Westminster

(Signature of District Registrar)

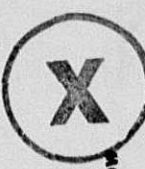
(SEE REVERSE SIDE FOR INSTRUCTIONS)

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).

DO NOT WRITE BELOW
DOUBLE LINE
OFFICE USE ONLY

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