Form 6

DO NOT USE BALL POINT PEN

50 Reg. No. (Office use only) AREA No. 4A

53-09-010974

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 (If outside city or municipal limits add "Rural") — Name of Municipality (if any): Maple Ridge

Street or road: 32nd Road. — 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)
	83 years	life	life

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

4. PERMANENT RESIDENCE OF DECEASED:

Name of city or place: Haney (If outside city or municipal limits add "Rural") — Name of Municipality (if any): Maple Ridge

Street or road: 32nd 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)
female	Canadian	Scotch	widowed	Maple Ridge

10. Date of Birth: February 1st 1870 (Month by name) (Date) (Year)

11. AGE: Years 83 | Months 8 | Days 11 | If less than one day ____ hrs. or ____ min.

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: 1950 — **14.** Total years spent in this occupation: 65

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

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

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

18. Birthplace— Father: Scotland (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, this 13th day of October 19 53

Signature of informant: X Vernon Edge. (Married woman not to use Husband's initials or given names) Relationship to deceased: son

Address of informant: 32nd Road, Haney (House No.) (Name of street) (Name of City, Municipality or Place) (Province or State)

20. Burial, Cremation or Removal: Burial (State which) Date: October 16th 1953 (Month by name) (Date) (Year)

Place of Burial or Cremation: Maple Ridge (Municipality, etc., where Cemetery located) Name of Cemetery: Maple Ridge

21. Undertaker:— Name: Garden Hill Funeral Chapel Address: P.O. Box 611 Haney (Name of City, Municipality or Place) (Province or State)

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH: October (Month by name) 12th (Date) 19 53 (Year)

23. I HEREBY CERTIFY that I attended deceased from June 1 19 53 to October 12 19 53, and last saw her alive on October 11 19 53

CAUSE OF DEATH

		Approximate interval between onset and 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.) 450.0	(a) Myocardial failure 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) Generalized Atheroma due to (or as a consequence of)	
	(c)	
II Other significant conditions contributing to the death, but not related to the disease or condition causing it. 587.0	Possible pancreatitis	

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? ____ (b) Date of operation ____ 19 ____ (c) State findings of operation: No (d) Was there an autopsy? ____

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 M.D., Coroner, etc.

Address Haney **Date** Oct 14 19 53

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

29. Notations

30. I hereby certify that the above return was made to me at Haney B.C.

Dated Oct 15 1953

District Registration No. 55 - 1953 W E Lindman (Signature of District Registrar)

(SEE REVERSE SIDE FOR INSTRUCTIONS)

DO NOT WRITE BELOW DOUBLE LINE OFFICE USE ONLY

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.