Form 6

PROVINCE OF BRITISH COLUMBIA
DEPARTMENT OF HEALTH SERVICES AND HOSPITAL INSURANCE
DIVISION OF VITAL STATISTICS

REGISTRATION OF DEATH

Reg. No. (Office use only) 60-09-C04859

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: Maple Ridge 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)
	40 years	40 years	

3. PRINT FULL NAME OF DECEASED: EDGE (Surname or family name) MARY NICOL (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: 7th Avenue North — House No.: 12062

5. SEX	6. CITIZENSHIP (See marginal note)	7. RACIAL GROUP (See marginal note)	8. Single, Married, Widowed or Divorced (Write the word)	9. BIRTHPLACE: (City or Place and Province or Country)
Female	Canadian	Scottish	widowed	Scotland.

10. Date of Birth (Month by name) (Date) (Year)	11. AGE (Last Birthday) YEARS	if under 1 year MONTHS	if under 1 month DAYS	if under 24 hours HOURS	if under 1 hour MIN.
June 8th 1885	75				

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: 2

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

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

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

18. Birthplace — Father: Scotland Mother: Scotland. (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 7th day of April 1960
Signature of informant: [signature] (Married woman not to use Husband's initials or given names) — Relationship to deceased: Brother in law.
Address of informant: 3042 West 21st Ave. Vancouver, B.C. (House No.) (Name of Street) (Name of City, Municipality or Place) (Province or State)

20. Burial, Cremation or Removal: Burial (State which) — Date: April 9th 1960 (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 Chapel. 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:** April (Month by name) 7th (Date) 1960 (Year)

23. I HEREBY CERTIFY that I attended deceased from [illegible] 1960 to [illegible] 19..., and last saw her alive on April 7 1960

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.)	(a) Multiple Myeloma 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) 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.		

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24. If a woman, did the death occur either during pregnancy or within 90 days following pregnancy? No (Yes or No)

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 M.D. M.D., Coroner, etc.
Address Date April 9 1960 19...

28. Print name of M.D., Coroner, etc., whose signature appears above: Dr. S. R. Arber

29. Notations

30. I hereby certify that the above return was made to me at Haney, B.C.
Dated April 9 1960
District Registration No. 43-1960 [signature] (Signature of District Registrar)

(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 GROUP: For purposes of this registration it is necessary to specify only to which of the following broad racial groups the person belongs, as traced through the father:— White, native Indian, Negro, Chinese, Japanese, or other.

DO NOT WRITE BELOW THIS LINE — OFFICE USE ONLY

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Death registrations 004501 to 004999
1960