Form 6

PROVINCE OF BRITISH COLUMBIA
PROVINCIAL BOARD OF HEALTH—DIVISION OF VITAL STATISTICS
REGISTRATION OF DEATH

Reg. No. (Office use only) 003214

1. PLACE OF DEATH
Name of city or place: Vancouver — Name of Municipality (if any): B.C.
Street or road: Van. Gen. Hosp. — 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)
	Life	Life	Life

3. PRINT FULL NAME OF DECEASED: EDGE (Surname or last name) Nellie Elizabeth (Given or Christian names)

4. PERMANENT RESIDENCE OF DECEASED:
Name of city or place: Vancouver — Name of Municipality (if any): B.C.
Street or road: South Boundary Rd. — House No.: 102

5. SEX	6. CITIZENSHIP (See marginal note)	7. RACIAL ORIGIN (See marginal note)	8. Single, Married, Widowed or Divorced (Write the word)	9. BIRTHPLACE (Province or Country)
F	Can.	Eng.	Married	Vancouver, B.C.

10. Date of Birth: July (Month by name) 7 (Day) 1900 (Year) — **11.** AGE: Years 46 | Months 8 | Days 17 | If less than one day: hrs. or min.

OCCUPATION
12. (a) Trade, profession or kind of work as spinner, grader, clerk, etc.: At Home
(b) Kind of industry or business, as paper mill, lumber, bank, etc.:
(If labourer specify kind of work above)

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: Hamilton Percy Edge

16. Name of father: Routley (Surname or last name) Gordon (Given or Christian names)

17. Maiden name of mother: Not known (Surname or last name) (Given or Christian names)

18. Birthplace:— Father: Ontario (Province or Country) Mother: Ontario (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 Vancouver B.C., this 25 day of March 1947.
X Signature of informant: H. Edge. Relationship to deceased: husband.
Address: 102 S. Boundary Rd. Vancouver, B.C

20. Burial, Cremation or Removal: Burial — Date: March (Month by name) 27 (Day) 1947 (Year)
Place of Burial: Burnaby (Municipality) B.C. — Cemetery: Masonic Cemetery

21. Undertaker:— Name: Harron Bros. Ltd. — Address: 55 E. 10th Ave. Van. B.C.

22. Marginal Notations (Office use only)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH: March (Month by name) 24 (Day) 1947 (Year)

24. I HEREBY CERTIFY that I attended deceased from March 16 1947 to March 24th 1947, and last saw h er alive on Mar 24 1947

I — **CAUSE OF DEATH**

		DURATION Yrs.	Mos.	Dys.
Immediate cause — Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.	(a) Metastatic tumor of Brain		3?	
	due to (b) Carcinoma of breast	3		
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	due to (c) X ray burns of skin	5		
II Other morbid conditions (if important) contributing to death but **not causally related to immediate cause.**				

25. If a woman, was the death associated with pregnancy? no

26. Was there a surgical operation? no — Date of operation: 19
State findings: — Was there an autopsy?

27. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide? (State which) — Date of injury: 19
Manner of injury (How sustained)
Nature of injury
Specify whether injury occurred in **industry**, in **home** or in **public place**

Signed by Fred. M. Elliott — **Designation** M. D. (M.D., Coroner, etc.)
Address 825 Granville St. — **Date** March 27th 1947

28. I hereby certify that the above return was made to me at
Dated Vancouver, B. C. MAR 29 1947 — L. Russell (District Registrar)
District Registration No. 997

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.