

PROVINCE OF
BRITISH COLUMBIA (Canada)
DEPARTMENT OF HEALTH
Division of Vital Statistics

REGISTRATION OF
DEATH

Registration No.
(Department use only)

83-09-017314

NAME OF DECEASED	1. Surname of deceased (print or type) OWEN		2. SEX Female
	All given names in full (print or type) Leota Belle		
PLACE OF DEATH	3. Name of hospital or institution (otherwise give exact location where death occurred) Cowichan District Hospital,		
	City, town or other place (by name) 3045 Gippins Road, Duncan, B.C.		Postal Code V9L-1E5
USUAL RESIDENCE	4. Complete street address: If rural give exact location (not Post Office or Rural Route address) 380 Brae Road,		
	City, town or other place (by name) Duncan, B.C.		Province (or country) B.C.
MARITAL STATUS	5. Single, married, widowed, or divorced (Specify) Widowed	6. If married, widowed, or divorced, give full name of husband or full maiden name of wife Owen Edwin	
OCCUPATION	7. Kind of work done during most of working life House wife		8. Kind of business or industry in which worked At home
BIRTHDATE	9. Month (by name), day, year of birth April 29th, 1905		10. AGE (years) (Months) (Days) (Hours) (Minutes) 78 yrs.
BIRTHPLACE	11. City or place Province (or country) of birth Minot, North Dakota, U.S.A.		12. Native Indian? Yes ☐ No ☒ If 'yes' state name of band
FATHER	13. Surname and given names of father (print or type) UNKNOWN UNKNOWN		14. BIRTHPLACE - City or place, Province (or country) Indiana
MOTHER	15. Maiden surname and given names of mother (print or type) UNKNOWN UNKNOWN		16. BIRTHPLACE - City or place, Province (or country) Indiana
INFORMANT	17. Signature of informant X Betty L. Williams		18. Relationship to deceased daughter
	19. Address of informant 2976 Pine Street, Chemainus, B.C.		20. Date signed - Month, day, year November 12th, /83
DISPOSITION	21. Burial, cremation or other disposition (specify) Burial		22. Date of burial or disposition (month, day, year) November 15th, 1983
	23. Name and address of cemetery, crematorium or place of disposition Mtn. View Cemetery, Somenos Road, Duncan, B.C.		
FUNERAL DIRECTOR	24. Name and address of funeral director (or person in charge of remains) (print or type) Sands Funeral Chapel, 187 Trunk Road, Duncan, B.C.		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	25. Month (by name), day, year of death November 11th, 1983			Approx. interval between onset & death
CAUSE OF DEATH	26. Part I Immediate cause of death 4109 MYOCARDIAL Infarction		12 hrs	
	Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last		4 yrs.	
	Part II Other significant conditions contributing to the death but not causally related to the immediate cause (a) above		18 mos.	
AUTOPSY PARTICULARS	27. Autopsy being held? Yes ☐ No ☒	28. Does the cause of death stated above take account of autopsy findings? Yes ☐ No ☐	29. May further information relating to the cause of death be available later? Yes ☐ No ☐	
ACCIDENT OR VIOLENCE (if applicable)	30. If accident, suicide, homicide or undetermined (specify)		31. Place of injury (e.g. home, farm, highway, etc.)	
	32. Date of injury (Month (by name), day, year)			
SURGICAL OPERATION	33. How did injury occur? (describe circumstances)			
	34. If there was a recent surgical operation give date of operation		35. State operative findings	
CERTIFICATION (attending physician, coroner, etc.)	36. I certify that to the best of my knowledge and belief the above-named person died on the date and from the causes stated herein: X		Attending physician ☒	Physician examining body after death ☐
	37. Name of physician or coroner (print or type) Dr. P. Postuk, 186 Kenneth Street, Duncan, B.C.		Date: Month, day, year Nov. 13th, /83	

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

Notations:

CERTIFICATION OF DISTRICT REGISTRAR	I certify this return was accepted by me on this date at - DUNCAN			B.C.
	District Registration No. 195/83	Date: Month (by name), day, year Nov 15/83		Signature of District Registrar Aumgilton