

NAME OF DECEASED	1. Surname of deceased (print or type) <b>Selfridge</b>		2. SEX <b>Female</b>
	All given names in full (print or type) <b>Morna Winnifred</b>		
PLACE OF DEATH	3. Name of hospital or institution (Otherwise give exact location where death occurred) <b>Vernon Jubilee Hospital</b>		
	City, town or other place (by name) <b>Vernon</b>		Inside municipal limits? (State Yes or No) <b>Yes</b>
USUAL RESIDENCE	4. Complete street address: If rural give exact location (not Post Office or Rural Route address) <b>Suite 9 Kiwanis Village</b>		
	City, town or other place (by name) <b>Vernon</b>		Province (or country) <b>B.C.</b>
MARRIAGE STATUS	5. Single, married, widowed, or divorced (Specify) <b>Widowed</b>	6. If married, widowed, or divorced, give full name of husband or full maiden name of wife <b>Manfred McDonald Selfridge</b>	
	7. Kind of work done during most of working life <b>Housewife</b>		
OCCUPATION	8. Kind of business or industry in which worked <b>Home</b>		
	9. Month (by name), day, year of birth <b>April 8 1890</b>	10. AGE (years) <b>84</b>	If under 1 year (Months) (Days) (Hours) (Minutes) If under 1 day
BIRTHPLACE	11. City or place Province (or country) of birth <b>New Jerusalem New Brunswick</b>		12. Native Indian? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If 'yes' state name of band
	13. Surname and given names of father (print or type) <b>Short William Hubert</b>		14. BIRTHPLACE - City or place, Province (or country) <b>New Brunswick</b>
FATHER	15. Maiden surname and given names of mother (print or type) <b>Margrobo Ettie Elgiva</b>		16. BIRTHPLACE - City or place, Province (or country) <b>New Brunswick</b>
	17. Signature of informant <b>X George Selfridge</b>		18. Relationship to deceased <b>Son</b>
INFORMANT	19. Address of informant <b>1404 - 29 Ave. Vernon B.C.</b>		20. Date signed - Month, day, year <b>December 26/74</b>
	21. Burial, cremation or other disposition (specify) <b>Burial</b>		22. Date of burial or disposition (month, day, year) <b>December 28 1974</b>
DISPOSITION	23. Name and address of cemetery, crematorium or place of disposition <b>Pleasant Valley Cemetery</b>		
	24. Name and address of funeral director (or person in charge of remains) (print or type) <b>Vernon Funeral Home Vernon, B.C.</b>		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	25. Month (by name), day, year of death <b>25<sup>th</sup> December 1974</b>		Approx. interval between onset & death
CAUSE OF DEATH	26. Part I 1951 Immediate cause of death (a) <b>Bilateral Bronche Pneumonia due to, or as a consequence of</b> (b) <b>Secondary Pulmonary Infection</b> (c) <b>Rheumatoid Myc - Sclerosis Pelvis</b>		
	Part II Other significant conditions contributing to the death but not causally related to the immediate cause (a) above <b>Obstruction of Urinary Tract</b>		
	AUTOPSY PART I - CULARS	27. Autopsy being held? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	28. Does the cause of death stated above take account of autopsy findings? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
ACCIDENT OR VIOLENCE (If applicable)	30. If accident, suicide, homicide or undetermined (specify) <b>N/A</b>	31. Place of injury (e.g. home, farm, highway, etc.) <b>N/A</b>	29. May further information relating to the cause of death be available later? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	32. Date of injury (Month (by name), day, year) <b>N/A</b>		
SURGICAL OPERATION	33. How did injury occur? (describe circumstances) <b>N/A</b>		
	34. If there was a recent surgical operation give date of operation <b>9 December 74</b>	35. State operative findings <b>Excision Biopsy - Rhinoid Myc Sclerosis</b>	
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 herein: <b>X</b> <b>Manfred Selfridge</b> (Signature of attending physician, coroner, etc.) Attending physician <input checked="" type="checkbox"/> Physician examining body after death <input type="checkbox"/> Coroner <input type="checkbox"/>		
	37. Name of physician or coroner (print or type) <b>Dr. O.T. Rendell</b>	Address <b>3004 33rd St. Vancouver</b>	Date: Month, day, year <b>27 Dec/74</b>

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

Notations:

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CERTIFICATION OF DISTRICT REGISTRAR	I certify this return was accepted by me on this date at - <b>Vernon</b>	
	District Registration No. <b>331</b>	Date: Month (by name), day, year <b>December 30, 1974</b>

Signature of District Registrar