FORM 6

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

REGISTRATION OF
DEATH

Registration No. (Department use only)
78-09-020126

26-039

NAME OF DECEASED
1. Surname of deceased (print or type): DUNN
All given names in full (print or type): Crawford LaDeau
2. SEX: Male

PLACE OF DEATH
3. Name of hospital or institution (otherwise give exact location where death occurred):
City, town or other place (by name): Lillooet, B.C.
Inside municipal limits? (State Yes or No): yes

USUAL RESIDENCE
4. Complete street address: If rural give exact location (not Post Office or Rural Route address): General Delivery
City, town or other place (by name): Lillooet,
Inside municipal limits? (State Yes or No): yes
Province (or country): B.C.

MARITAL STATUS
5. Single, married, widowed, or divorced (Specify): Single
6. If married, widowed, or divorced, give full name of husband or full maiden name of wife: N/A

OCCUPATION
7. Kind of work done during most of working life: Labourer
8. Kind of business or industry in which worked: General

BIRTHDATE
9. Month (by name), day, year of birth: October 25, 1913
10. AGE (years): 64 (Months) If under 1 year: (Days): (Hours) If under 1 day: (Minutes):

BIRTHPLACE
11. City or place Province (or country) of birth: Corning, Sask.
12. Native Indian? Yes ☐ No ☒ If "yes" state name of band

FATHER
13. Surname and given names of father (print or type): DUNN George
14. BIRTHPLACE – City or place, Province (or country): Gray County, Ontario

MOTHER
15. Maiden surname and given names of mother (print or type): COLE Eliza
16. BIRTHPLACE – City or place, Province (or country): Gray County, Ontario.

INFORMANT
17. Signature of informant: X Mrs Ethel Starnes (sister)
18. Relationship to deceased: Sister
19. Address of informant: 42745 Yarrow Central Rd, Yarrow, B.C.
20. Date signed – Month, day, year: September 2, 1978

DISPOSITION
21. Burial, cremation or other disposition (specify): CREMATION
22. Date of burial or disposition (month, day, year): SEPT 6, 1978
23. Name and address of cemetery, crematorium or place of disposition: RIVERSIDE CREMATORIUM KAMLOOPS BC

FUNERAL DIRECTOR
24. Name and address of funeral director (or person in charge of remains) (print or type): LILLOOET FUNERAL HOME (G. RITCHIE, DIRECTOR) BOX 481, LILLOOET BC V0K1V0.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
25. Month (by name), day, year of death: September 1, 1978
Approx. interval between onset & death:

CAUSE OF DEATH
26. Part I
Immediate cause of death (a): Carbon Monoxide poisoning (Smoke inhalation) 2 min
due to, or as a consequence of
Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last
(b)
due to, or as a consequence of
(c)
Part II
Other significant conditions contributing to the death but not causally related to the immediate cause (a) above: E988X-9 (Extensive full thickness burns to over 80% of body) (Alcohol intoxication (Blood alcohol 360 mg/dl) —

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): UNDETERMINED, PROBABLY ACCIDENT
31. Place of injury (e.g. home, farm, highway, etc.): HOME
32. Date of injury (Month (by name), day, year): 1 SEPT, 1978
33. How did injury occur? (describe circumstances): ~~Home~~ Cabin fire - victim intoxicated.

SURGICAL OPERATION
34. If there was a recent surgical operation give date of operation: No
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: Signature (attending physician, coroner, etc.) X [signature]
Attending physician ☐ Physician examining body after death ☐ Coroner ☒
37. Name of physician or coroner (print or type): DR F.M. CAMPBELL Address: CLINTON BC. Date: Month, day, year: 18 SEPT 1978

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Notations:
Date of death confirmed with Doctor 2:30 am in morning.

CERTIFICATION OF DISTRICT REGISTRAR
I certify this return was accepted by me on this date at – Lillooet B.C.
District Registration No.: D 1
Date: Month (by name), day, year: February 22, 1979
Signature of District Registrar: [signature]

IMPORTANT: Any change or correction made in the completion of this form must be initialled by the person certifying the original information.

See Reverse for Instructions

4-2302-3.14: 26-9-73