FORM 6 368.

This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use $300," and properly addressed will pass through the mail "FREE"

PROVINCE OF BRITISH COLUMBIA—REGISTRATION OF DEATH

Registered No. 6924
For use of the Registrar of Births, Deaths and Marriages only

1. PLACE OF DEATH If in Rural Municipality .... (Name)
If in City, Town or Village New Westminster (Name) Street Royal Columbian Hospital 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)
(a) In Municipality where death occurred 30 yrs. (b) In Province 30 yrs. (c) In Canada (if immigrant) Life.

3. NAME OF DECEASED Dunn, (Surname) Christina Catherine. (Given name or names)

RESIDENCE No. 683. Street 10th Ave. City, town, village or rural municipality Burnaby Province B.C.
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. SEX	5. NATIONALITY (Citizenship)	6. RACIAL ORIGIN	7. Single, Married, Widowed or Divorced (Write the word)
Female	Canadian	Irish	Married

8. BIRTHPLACE Ontario. (Province or Country)

9. DATE OF BIRTH ? (Month) 1873. (Day) (Year)

10. AGE in	Years	Months	Days	If less than one day old
	64.	–	—	hrs. or min.

OCCUPATION

11. Trade, profession or kind of work as spinner, teamster, office clerk etc. Housewife.

12. Kind of industry or business, as cotton mill, lumbering, bank, etc

13. Date deceased last worked at this occupation

14. Total years spent in this occupation

15. If married give name of wife or husband of deceased Thomas Webster Dunn.

FATHER

16. Name Unknown.

17. Birthplace Ontario (Province or Country)

MOTHER

18. Maiden Name ? Montgomery.

19. Birthplace Ireland. (Province or Country)

20. Signature of informant A. H. Gibson
Address 820 Edinburgh St.
Relationship to deceased Son in law

21. Place of Burial, Cremation or Removal Burnaby, B.C.
Date of burial or removal Dec. 8th/1937.

22. Undertaker S. Bowell & Son, 66-6th St. New Westminster, B.C. (Name and Address)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH Dec. (Month) 5th (Day) 1937 (Year)

24. I HEREBY CERTIFY that I attended deceased from:
Sept 1937 to Dec 5th 1937
and last saw h er alive on Dec 5th 1937

CAUSE OF DEATH

I. Immediate cause
Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.
(a) Pneumonia (Broncho)

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).
due to (b) Bronchitis (Chronic) & Myocarditis
due to (c) 93D

II. Other morbid conditions (if important) contributing to death but not causally related to immediate cause.
Asthma.

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? no

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 G. T. Wilson, M.D.
Address New Westminster Date Dec 6th 1937

28. District Registrar's Record Number 815

29. Filed December 9th 1937 A.B. Gray DEPUTY (District Registrar)

Sec. 46—Vital Statistics Act makes it the duty of the Undertaker or person acting as Undertaker to obtain all the particulars required in the "Certificate of Registration of Death" and to file the same with the District Registrar who shall issue the burial permit.

(SEE REVERSE SIDE FOR INSTRUCTIONS)

WRITE PLAINLY WITH UNFADING INK
THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied