FORM 6

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

REGISTRATION OF
DEATH

26-171
Registration No.
(Department use only)
76-09-008824

48
4.00

NAME OF DECEASED

1. Surname of deceased (print or type): Sullivan

All given names in full (print or type): Alexander

2. SEX: Male

PLACE OF DEATH

3. Name of hospital or institution (otherwise give exact location where death occurred): 40152- Garibaldi Way

City, town or other place (by name): Garibaldi Highlands B.C.

Inside municipal limits? (State Yes or No): yes

48

USUAL RESIDENCE

4. Complete street address: If rural give exact location (not Post Office or Rural Route address): 40152- Garibaldi Way 26-171

City, town or other place (by name): Garibaldi Highlands

Inside municipal limits? (State Yes or No): yes

Province (or country): B.C.

MARITAL STATUS

5. Single, married, widowed, or divorced (Specify): Married

6. If married, widowed, or divorced, give full name of husband or full maiden name of wife: Lillian Allen

OCCUPATION

7. Kind of work done during most of working life: Self-employed

8. Kind of business or industry in which worked: Hotel Owner

010
875

BIRTHDATE

9. Month (by name), day, year of birth: December 28, 1922

10. AGE (years): 53

(Months) If under 1 year:

(Days):

(Hours) If under 1 day:

(Minutes):

BIRTHPLACE

11. City or place Province (or country) of birth: Edmonton, Alberta

12. Native Indian? Yes ☐ No ☒ If "yes" state name of band

FATHER

13. Surname and given names of father (print or type): Sullivan Andrew

14. BIRTHPLACE – City or place, Province (or country): Austria

MOTHER

15. Maiden surname and given names of mother (print or type): Melenka Laura

16. BIRTHPLACE – City or place, Province (or country): Not Known

INFORMANT

17. Signature of informant: X Lillian L Sullivan

18. Relationship to deceased: Wife

19. Address of informant: 40152- Garibaldi Way, Garibaldi Highlands B.C.

20. Date signed – Month, day, year: May 22, 1976

DISPOSITION

21. Burial, cremation or other disposition (specify): Cremation

22. Date of burial or disposition (month, day, year): May 24th, 1976

23. Name and address of cemetery, crematorium or place of disposition: Vancouver Crematorium Ltd, 5505 Fraser Street, Vancouver B.C.

FUNERAL DIRECTOR

24. Name and address of funeral director (or person in charge of remains) (print or type): Squamish Funeral Chapel Ltd, Garibaldi Highlands B.C.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

25. Month (by name), day, year of death: May 22 1976

Approx. interval between onset & death:

CAUSE OF DEATH

26. Part I

Immediate cause of death 1621 (a) Carcinoma of lung 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

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)

33. How did injury occur? (describe circumstances)

SURGICAL OPERATION

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:

Signature (attending physician, coroner, etc.) X H Lindree MD

Attending physician ☒ Physician examining body after death ☐ Coroner ☐

37. Name of physician or coroner (print or type): H.C. KINDREE

Address: Squamish

Date: Month, day, year: 22 May 76

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 – SQUAMISH, B.C. B.C.

District Registration No. 648

MAY 31 1976
Date: Month (by name), day, year

Signature of District Registrar

38

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