Form 6

44-019

Reg. No. (Office use only) 60-09-014694

PROVINCE OF BRITISH COLUMBIA
DEPARTMENT OF HEALTH SERVICES AND HOSPITAL INSURANCE
DIVISION OF VITAL STATISTICS

REGISTRATION OF DEATH

1. PLACE OF DEATH

Name of city or place: New Westminster (If outside city or municipal limits add "Rural") — Name of Municipality (if any):

Street or road: Royal Columbian Hospital (If death occurred in a hospital or institution, give the name instead of street and number) — House No.:

2. LENGTH OF STAY (in years, months and days)	In Municipality where death occurred	In Province	In Canada (if immigrant)
	22 yrs.	22 yrs.	Life

3. PRINT FULL NAME OF DECEASED: EDGE, (Surname or family name) ELSIE MAY (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED:

Name of city or place: New Westminster (If outside city or municipal limits add "Rural") — Name of Municipality (if any): 44 019-74

Street or road: 6th St. — House No.: 222

5. SEX	6. CITIZENSHIP (See marginal note)	7. RACIAL GROUP (See marginal note)	8. Single, Married, Widowed or Divorced (Write the word)	9. BIRTHPLACE: (City or Place and Province or Country)
Female	Canadian	English	Married	Alberta

10. Date of Birth (Month by name) (Date) (Year)	11. AGE (Last Birthday) YEARS	if under 1 year MONTHS	if under 1 month DAYS	if under 24 hours HOURS	if under 1 hour MIN.
April 1st 1910	50				

OCCUPATION

12. (a) Trade, profession or kind of work as logger, fisherman, office clerk, etc.: At Home
(b) Kind of industry or business, as logging, fishing, bank, etc. (If labourer specify kind of work above) (If Housewife in own home answer "At Home")

13. Date deceased last worked at this occupation — 14. Total years spent in this occupation

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased: Samual Leslie Edge

16. Name of father: Allen, (Surname or family name) Francis George (All given or Christian names)

17. Maiden name of mother: Dickinson, (Surname or family name) May (All given or Christian names)

18. Birthplace — Father: England (City or Place and Province or Country) Mother: England (City or Place and Province or Country)

19. I certify the foregoing to be true and correct to the best of my knowledge and belief.
Given under my hand at New Westminster, this 11th day of December 19 60
Signature of informant: [signature] (Married woman not to use Husband's initials or given names) Relationship to deceased: Husband
Address of informant: 222 - 6th St., New Westminster, B.C. (House No.) (Name of Street) (Name of City, Municipality or Place) (Province or State)

20. Burial, Cremation or Removal: Cremation (State which) Date: Dec. 14th, (Month by name) (Date) 19 60 (Year)
Place of Burial or Cremation: Vancouver (Municipality, etc., where Cemetery located) Name of Cemetery: Vancouver Crematorium

21. Undertaker: — Name: S. BOWELL & SONS LTD. Address: New Westminster, B.C. (Name of City, Municipality or Place) (Province or State)

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH: Dec. 10th, (Month by name) (Date) 19 60 (Year)

23. I HEREBY CERTIFY that I attended deceased from March 30th 19 49 to December 10th 19 60, and last saw h... or ... alive on December 10th 19 60

CAUSE OF DEATH

		Approximate interval between onset and death
I. Disease or condition directly leading to death (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.)	416 X	
	(a) Pulmonary infarct	3 hours
II. Antecedent causes Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.	due to (or as a consequence of) (b) Rheumatic pan carditis	30 years ?
	due to (or as a consequence of) (c)	
Other significant conditions contributing to the death, but not related to the disease or condition causing it.		

24. If a woman, did the death occur either during pregnancy or within 90 days following pregnancy? (Yes or No)

25. (a) Was there a recent surgical operation? no (b) Date of operation 19
(c) State findings of operation (d) Was there an autopsy? Yes

26. If a violent death, fill in also: (a) Accident ☐; Suicide ☐; Homicide ☐ (b) Date of injury 19
(c) How did injury occur?
(d) Injuries sustained? (e.g., fracture of skull, left leg, etc., dislocation of-, burn to-, etc.)
(e) Where did injury occur? (home, farm, industrial place, highway, etc.)

27. Signed by [signature] Designation M.D. (M.D., Coroner, etc.)
Address 713 Columbia Street, New Westminster B.C. Date December 12th 19 60.

28. Print name of M.D., Coroner, etc., whose signature appears above: L.S.CHIPPERFIELD, M.D.

29. Notations

30. I hereby certify that the above return was made to me at New Westminster
Dated December 14th 19 60
District Registration No. 2076 (Signature of District Registrar)
Deputy

(SEE REVERSE SIDE FOR INSTRUCTIONS)

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

CITIZENSHIP (NATIONALITY) is defined in terms of the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of a person who was born in Canada or who has rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country.

RACIAL GROUP: For purposes of this registration it is necessary to specify only to which of the following broad racial groups the person belongs, as traced through the father — White, native Indian, Negro, Chinese, Japanese, or other.

DO NOT WRITE BELOW THIS LINE → OFFICE USE ONLY

9004-3,14: 31-7-59