

FORM 6.

PROVINCE OF BRITISH COLUMBIA

CERTIFICATE OF REGISTRATION OF DEATH

25529

1 PLACE OF DEATH—

If in Municipality Mable Ridge Name Registered No. F.M.-29
(For use of Registrar of Vital Statistics only)

If in City or Town Alles. Name Street House No.

If in hospital or institution, give name

2 NAME OF DECEASED George Mitchell

Residence Alles. B.C.
(Usual place of abode)

PERSONAL AND STATISTICAL INFORMATION

3 SEX <u>Male</u>	4 RACIAL ORIGIN <u>Scotch</u>	5 Single, Married, Widowed or Divorced (Write the Word) <u>Married</u>		
6 BIRTHPLACE (Province or Country) <u>Scotland</u>				
7 DATE OF BIRTH (month, day and year) <u>April 21, 1875</u>				
8 AGE In	Years	Months	Days	If less than one day
	<u>54</u>			hrs. or min.
9 OCCUPATION OF DECEASED				
(a) <u>Cook</u> (Trade or occupation or kind of work)				
(b) <u>Lumber Camp</u> (Kind of industry)				
10 LENGTH OF RESIDENCE (In years and months)				
(a) At place of death <u>3 years</u> (b) In province <u>17 years</u>				
(c) In Canada (if an immigrant) <u>yes.</u>				

MEDICAL CERTIFICATE OF DEATH

19 Date of death Feb. 2nd 1929
(Month, day and year)

20 I HEREBY CERTIFY, that I attended deceased from 19... to 19... that I last saw h... alive on 19... and that death occurred on the date stated above, at... m.
The CAUSE OF DEATH was as follows:
Chronic Alcoholism
(duration) ... yrs. ... mos. ... dys.
CONTRIBUTORY 75 C
(duration) ... yrs. ... mos. ... dys.
21 Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of ...
Nature of operation ...
Was there an autopsy? Yes
(Signed) William Sager M.D.
Address Port Coquitlam
Date Feb 4, 1929

State the Disease causing Death, or in death from Violent Causes, state (1) Means and Nature of Injury, (2) whether Accidental, Suicidal or Homicidal.

22 District Registrar's Record Number 6-1928

23 Filed Feb 6th 1929 Frank B. Lough
District Registrar

Parents

11 Name of father	<u>William Mitchell</u>
12 Birthplace of father	<u>Scotland</u> (Province or country)
13 Maiden name of mother	<u>Catherine Gibson</u>
14 Birthplace of mother	<u>Scotland</u> (Province or country)

15 Informant's name Jahn Mitchell
Address Arday P. O. B.C.

16 Relationship to deceased Brother

17 Place of burial, cremation or removal Graser Cemetery Date of burial Feb. 7, 1929

18 Undertaker Columbia Funeral Service
(Name and Address) New Westminster

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.

(OVER)

N.B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. RACIAL ORIGIN will be described by stating to what race or people the deceased person belonged whether English, Irish, Scotch, French, German, etc. The terms "American" or "Canadian" should not be used as they express citizenship but not a Racial origin. See instructions on back of Certificate.

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