FORM 6

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

REGISTRATION OF
DEATH

Registration No. (Department use only)
008715

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THIS IS A PERMANENT LEGAL RECORD – TYPE OR WRITE PLAINLY – COMPLETE ALL ITEMS
USE BLUE OR BLACK INK ONLY
See Reverse for Instructions
IMPORTANT: Any change or correction made in the completion of this form must be initialled by the person certifying the original information.

NAME OF DECEASED
1. Surname of deceased (print or type): WHITTEN
All given names in full (print or type): Robert Joseph
2. SEX: Male

PLACE OF DEATH
3. Name of hospital or institution (otherwise give exact location where death occurred): Shaughnessy Hospital
City, town or other place (by name): Vancouver B.C.
Postal Code: V6H 3N1
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): 3121 East 29th Avenue
City, town or other place (by name): Vancouver
Postal Code: V5R 1W3
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: NICOLSON Catherine

OCCUPATION
7. Kind of work done during most of working life: Carpenter
8. Kind of business or industry in which worked: Canadian National Railway

BIRTHDATE
9. Month (by name), day, year of birth: August 23rd 1897
10. AGE (years): 88
(Months) If under 1 year:
(Days):
(Hours) If under 1 day:
(Minutes):

BIRTHPLACE
11. City or place: Ross Crea
Province (or country) of birth: Ireland
12. Native Indian? Yes ☐ No XX
If "yes" state name of band

FATHER
13. Surname and given names of father (print or type): WHITTEN Edward
14. BIRTHPLACE – City or place, Province (or country): Ireland

MOTHER
15. Maiden surname and given names of mother (print or type): WALLACE Charlotte
16. BIRTHPLACE – City or place, Province (or country): Ireland

INFORMANT
17. Signature of informant: X R. K. Whitten
18. Relationship to deceased: Son
19. Address of informant: 3121 East 29th Avenue Vancouver B.C. V5R 1W3
20. Date signed – Month, day, year: May 31st 1986

DISPOSITION
21. Burial, cremation or other disposition (specify): Cremation
22. Date of burial or disposition (month, day, year): June 4/86
23. Name and address of cemetery, crematorium or place of disposition: Ocean View Crematorium 4000 Imperial Street Burnaby B.C. V5J 1A4

FUNERAL DIRECTOR
24. Name and address of funeral director (or person in charge of remains) (print or type): Roselawn Funeral Directors 1669 East Broadway Vancouver V5N 1V9

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
25. Month (by name), day, year of death: 30 May 1986

CAUSE OF DEATH
26. Part I
Immediate cause of death: (a) Pneumonia
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

Approx. interval between onset & death: (a) 1 week

486-X

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 T G Sparling
Attending physician ☑ Physician examining body after death ☐ Coroner ☐
37. Name of physician or coroner (print or type): T G Sparling
Address: 1530 West 7th
Date: Month, day, year: 2 June 86

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 – VANCOUVER, B.C. JUN 3 – 1986 B.C.
District Registration No.: 2274
Date: Month (by name), day, year
Signature of District Registrar

8–2300–39.1: 9-2-83

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