Form 6

PROVINCE OF BRITISH COLUMBIA
DEPARTMENT OF HEALTH AND WELFARE — DIVISION OF VITAL STATISTICS
REGISTRATION OF DEATH

Reg. No. (Office use only)
60-09-001563

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 ORIGIN is defined in terms of the people or race to which the person—traced through the father—belongs, whether English, Irish, Scottish, French, German, Russian, Ukrainian, etc. The terms "Canadian" or "American" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

1. PLACE OF DEATH
Name of city or place: Nelson B.C. (If outside city or municipal limits add "Rural") — Name of Municipality (if any):
Street or road: Kootenay Lake General 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)	In Municipality where death occurred	In Province	In Canada (if immigrant)
	5 weeks	30 years	58 years

3. PRINT FULL NAME OF DECEASED: SMITH (Surname or family name) — EDITH LUCILLE (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED:
Name of city or place: R.R.1., Nelson B.C. (If outside city or municipal limits add "Rural") — Name of Municipality (if any): 23-009
Street or road: UNORG. TERR. — House No.:

5. SEX	6. CITIZENSHIP (See marginal note)	7. RACIAL ORIGIN (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	Liverpool England

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.
October	17	1900	59				

OCCUPATION

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

13. Date deceased last worked at this occupation: 1959 — 14. Total years spent in this occupation:

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased: Thomas William Smith

16. Name of father: Wensley (Surname or family name) James Haywood (All given or Christian names)

17. Maiden name of mother: Dryhurst (Surname or family name) Anne (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 Nelson B.C., this 20 day of January 1960
Signature of informant: Thomas W Smith (Married woman not to use husband's initials or given names) — Relationship to deceased: Husband
Address of informant: R.R.1. (House No.) Nelson (Name of Street) (Name of City, Municipality or Place) B.C. (Province or State)

20. Burial, Cremation or Removal: Burial (State which) — Date: January 22 1960 (Month by name) (Date) (Year)
Place of Burial or Cremation: Nelson B.C. (Municipality, etc., where Cemetery located) — Name of Cemetery: Nelson Memorial Park

21. Undertaker: — Name: Nelson Funeral Home — Address: 613 Ward St. Nelson B.C. (Name of City, Municipality or Place) (Province or State)

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH: January (Month by name) 20 (Date) 1960 (Year)

23. I HEREBY CERTIFY that I attended deceased from 1947 to January 1960 and last saw her alive on Jan 20 1960

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.)	(a) Undifferentiated carcinoma due to (or as a consequence of) (b) Cervix	1 year.
Antecedent causes Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.	(c)	
II Other significant conditions contributing to the death, but not related to the disease or condition causing it.	Diabetes mellitus	2 years.

24. If a woman, was the death (a) Associated with pregnancy? NO (b) Duration ... weeks. (c) Was there a delivery?

25. (a) Was there a recent surgical operation? Yes (b) Date of operation Sept 1959
(c) State findings of operation: Inoperable Carcinoma (d) Was there an autopsy? No

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 N.E. Morrison — Designation Med M.D., Coroner, etc.
Address — Date 19...

28. Print name of M.D., Coroner, etc., whose signature appears above: Dr. N.E. Morrison MD

29. Notations

30. I hereby certify that the above return was made to me at NELSON, B.C.
Dated January 22nd, 1960
District Registration No. 5 — (Signature of District Registrar) K Mills

DO NOT WRITE BELOW DOUBLE LINE
OFFICE USE ONLY

(SEE REVERSE SIDE FOR INSTRUCTIONS)

9004-3.14: 28-8-56