

This Form, if placed in an envelope marked "Dominion Statistics, Free. Penalty for improper use \$300" and addressed by name and title to the Registrar of the Registration Division in which the death occurred, will pass through the mail free.

FORM 6.

PROVINCE OF BRITISH COLUMBIA

CERTIFICATE OF REGISTRATION OF DEATH

6573

1 PLACE OF DEATH—

If in Municipality..... Registered No. 16.7.26
(For use of Registrar of Vital Statistics only)If in City or Town Vancouver Name..... Street 2nd House No. 1933
Name

If in hospital or institution, give name.....

2 NAME OF DECEASED Sarah Hannah NicksonResidence 1933-2nd ave W
(Usual place of abode)

PERSONAL AND STATISTICAL INFORMATION

3 SEX <u>Female</u>	4 RACIAL ORIGIN <u>English</u>	5 Single, Married, Widowed or Divorced (Write the Word) <u>Widow</u>
6 BIRTHPLACE (Province or Country) <u>England</u>		
7 DATE OF BIRTH (month, day and year) <u>1848</u>		
8 AGE	Years <u>78</u>	Months Days If less than one day hrs. or min.

9 OCCUPATION OF DECEASED

(a) Widow
(Trade or occupation or kind of work)
(b).....
(Kind of industry)

10 LENGTH OF RESIDENCE (In years and months)

(a) At place of death 1 year (b) In province 1 year
(c) In Canada (if an immigrant) 18 years

Parents	11 Name of father <u>John Disson</u>
	12 Birthplace of father <u>England</u> (Province or country)
	13 Maiden name of mother <u>Hanna Kirkbride</u>
	14 Birthplace of mother <u>England</u> (Province or country)

15 Informant's name Walter Nickson
Address 1933-2nd ave. W16 Relationship to deceased Son17 Place of burial, cremation or removal New West Burial Park Date of burial July 9 192618 Undertaker The Edwards Co
2421 Granville (Name and Address)

MEDICAL CERTIFICATE OF DEATH

19 Date of death July 8 1926
(Month, day and year)20 I HEREBY CERTIFY, that I attended deceased from July 8 1926 to July 7 1926 that I last saw him alive on July 7 1926 and that death occurred on the date stated above, at 12:05 A.M.
The CAUSE OF DEATH was as follows:Carcinoma of liver
(duration) 1 yrs. 46 mos. 7 dys.CONTRIBUTORY (Secondary)
(duration) 1 yrs. 46 mos. 7 dys.21 Where was disease contracted, if not at place of death?
SaskatchewanDid an operation precede death? no Date of.....
Nature of operation.....Was there an autopsy? no(Signed) James Patterson M.D.Address 736 Granville StDate July 8 1926

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 Report Number 72823 Filed July 9 1926 District Registrar

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.