

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

53-09- 002809

DO NOT USE BALL POINT PEN

**1. PLACE OF DEATH**  
Name of city or place: Vancouver Name of Municipality (if any):  
Street or road: St Paul's Hospital Home No.:  
(If death occurred in a hospital or institution, give the name instead of street and number)

**2. LENGTH OF STAY**  
In Municipality where death occurred: 6 months In Province: 46 yrs In Canada (if immigrant): life  
(In years, months and days)

**3. PRINT FULL NAME OF DECEASED** Wilcox Mary  
(Surname as usually given) (All given or Christian names in full)

**4. PERMANENT RESIDENCE OF DECEASED:**  
Name of city or place: Vancouver Name of Municipality (if any):  
Street or road: West 34th Ave. Home No.: 3830

<b>5. SEX</b> Female	<b>6. CITIZENSHIP</b> (Give original note) Canadian	<b>7. RACIAL ORIGIN</b> (Give original note) English	<b>8. Single, Married, Widowed or Divorced</b> Widowed	<b>9. BIRTHPLACE:</b> (City or Place and Province or Country) Ontario
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**10. Date of Birth** December 25th 1888 **11. AGE** } Years: 90 Months: 2 Days: 5 If less than one day, hrs. or min.

**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 done) (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:** William James Wilcox

**16. Name of father:** not known (Surname or family name) (All given or Christian names)

**17. Maiden name of mother:** DO (All given or Christian names)

**18. Birthplace—**  
Father: Ontario Mother: Ontario  
(City or Place and Province or Country) (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: Vancouver B.C. this 2 day of March 1953  
Signature of Informant: J.M. Bain Relationship to deceased: Daughter  
(Informant must not be the deceased or a person who is not a resident of the Province of British Columbia)  
Address of informant: 3030 West 4th St. Vancouver B.C.

**20. Burial, Cremation or Removal:** Removal Date: March 4th 1953  
(State where) (Month by name) (Year)  
Place of Burial or Cremation: Salmon Arm, B.C. Name of Cemetery:  
(Municipality, etc. where Cemetery located)

**21. Undertaker—** Harold Edwards Ltd. Address: 705 W. Broadway, Vancouver B.C.

NOTE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.  
entry to which the person owes allegiance. The term "Canadian" should be used as descriptive citizenship in Canada, unless he or she has subsequently become the citizen of another country.  
which the person traced through the father—belongs, whether English, Irish, Scottish, French, merican" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

LISTS

Family Booklet

**MEDICAL CERTIFICATE OF DEATH**  
ATH March 2nd (Month by name) March 2nd (Date)  
CERTIFY that I attended deceased from March 2nd (Date) and last saw him alive on (Date)

MARGIN RESERVE  
CITIZENSHIP (NATIONALITY) is that of a person who was born in Canada  
RACIAL ORIGIN is defined in terms of German, Russian, Ukrainian, etc. The

**CAUSE OF DEATH**  
(This does not cover the cause of death in general failure, stroke, etc. It covers the disease, injury, or complication which caused death.)  
**Immediate cause:** Bronchopneumonia  
**Underlying condition:** Myocardial degeneration  
**Other significant condition contributing to the death, but not related to the disease or condition causing it:** Generalized arteriosclerosis  
Fractured hip

**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: Jan 22 53  
(c) Name of surgeon: Roger Anderson (d) Was there an autopsy? yes

**26. If death was due to external causes (violence) fill in also the following:**  
(a) Accident, suicide or homicide? accidental (b) Date of injury: Jan 19 53  
(c) Manner of injury: The patient fell at her home fracturing her hip. (d) Nature of injury: Home  
(e) Specify whether injury occurred in industry, in home or in public place

**27. Signed by:** John Whitbread Designation: CORONER M.D., Coroner  
Address: 740 Cordova St. Date: March 6 53

**28. Print name of M.D., Coroner, etc., whose signature appears above:** JOHN WHITBREAD

**29. Registrar:**

DO NOT WRITE BELOW  
DOUBLE LINE  
OFFICE USE ONLY

**30. I hereby certify that the above return was made to me at:** VANCOUVER B.C. MAR 7 1953  
Date: March 7 1953  
District Registration No. 895  
Whitbread  
(Signature of District Registrar)

SEE REVERSE SIDE FOR INSTRUCTIONS

In case of 5309-09-002809-0017 read side before making out certificate.