GR 2951 BRITISH COLUMBIA. DIVISION OF VITAL STATISTICS.
Volume 523 Death registrations 000001 to 000500

FORM 6

This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use $300," and properly addressed will pass through the mail "FREE".

PROVINCE OF BRITISH COLUMBIA—REGISTRATION OF DEATH

Registered No. ____ For use of the Registrar of Births, Deaths and Marriages only

1. PLACE OF DEATH: If in Rural Municipality No 1 Mine (Name) Nanaimo
If in City, Town or Village Nanaimo (Name) Street ____ 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) (a) in Municipality where death occurred 14 years (b) in Province 14 years (c) in Canada (if immigrant) ____

3. NAME OF DECEASED (Surname) Waugh (Given names in full) James McLean (If married woman, maiden name also)

RESIDENCE: No ____ Street ____ City, town, village or rural municipality Nanaimo Province B.C.
(Residence should be given, even if institution is place of abode. Post Office Address for residents in rural parts not sufficient)

4. SEX	5. NATIONALITY (Citizenship)	6. RACIAL ORIGIN	7. Single, Married, Widowed or Divorced (Write the word)
Male	Canadian	Scottish	Married

8. BIRTHPLACE Nanaimo, B.C. (Province or Country)

9. DATE OF BIRTH July (Month) ____ (Day) 1912 (Year)

10. AGE in: Years 24 | Months | Days | If less than one day old, hrs. or ____ min.

OCCUPATION
11. Trade, profession or kind of work, as spinner, bookkeeper, saw or stone, etc. Miner
12. Kind of industry or business, as cotton mill, lumbering, bank, etc. ____
13. Date deceased last worked at this occupation Dec 31 1936
14. Total years spent in this occupation ____

15. If married give name of wife or husband of deceased Ethel E. Waugh

MOTHER FATHER
16. Name William Waugh
17. Birthplace Fife St Andrews Scotland (Province or Country)
18. Mother's Name Catherine McLean
19. Birthplace Scotland (Province or Country)

20. Signature of informant Wm. Waugh
Address 4th St Nanaimo B.C.
Relationship to deceased Husband
21. Place of Burial, Cremation or Removal Nanaimo
Date of burial or removal Jan 3 1937
22. Undertaker Nanaimo Funeral Home (Name and address) Nanaimo

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH Dec (Month) 31 (Day) 1936 (Year)

23. I HEREBY CERTIFY that I attended deceased from: Dec 28 1936 and last saw h alive on Dec 31 1936

CAUSE OF DEATH

I. Immediate cause (Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, collapse, etc.)
(a) Electrocution
due to (b) 103
due to (c) ____

II. Morbid conditions, if any, giving rise to I(a) stated in order proceeding backwards from immediate cause).

III. Other morbid conditions (if important) contributing to death, but not directly related to immediate cause.

24. If a woman, was the death associated with pregnancy? ____

25. Was there a surgical operation? ____ Date of operation ____ 19__
State findings ____ Was there an autopsy? No

26. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? ____ (State which) Date of injury ____ 19__
Manner of injury ____ (How sustained)
Nature of injury ____
Specify whether injury occurred in industry, in home, or in public place ____

Signed by T. Grounds M.D.
Address Nanaimo Date Jan 3 1937

27. District Registrar's Record Number ____
28. Filed January 13 to 37 (District Registrar) J. K. Wallace

Sec. 41—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.

SEE REVERSE SIDE FOR INSTRUCTIONS

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied.