

PROVINCE OF BRITISH COLUMBIA
PROVINCIAL BOARD OF HEALTH—DIVISION OF VITAL STATISTICS
REGISTRATION OF DEATH

Reg. No. (Office use only)
8658

SECTION RESERVED FOR RECORDS. WRITE PLAINLY, WITH CAREFUL CORRECTIONS. 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—trace 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: Nanaimo Name of Municipality (if any): Nanaimo
 Street or road: Nanaimo General Hospital House No.: 501
(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: 45 years In Province: 45 years In Canada (if immigrant): 45 years
(In years, months and days)

3. PRINT FULL NAME OF DECEASED Waugh John
(Surname or last name) (Given or Christian names)

4. PERMANENT RESIDENCE OF DECEASED:
 Name of city or place: Nanaimo, B.C. Name of Municipality (if any): 501
 Street or road: Selby St. House No.: 471

| | | | | |
|-----------------------|--|--|---|--|
| 5. SEX Male | 6. CITIZENSHIP (See marginal note) Canadian | 7. RACIAL ORIGIN (See marginal note) Scotch | 8. Single, Married, Widowed or Divorced (Write the word) Widowed | 9. BIRTHPLACE (Province or Country) Scotland |
|-----------------------|--|--|---|--|

10. Date of Birth August 8th. 1867
(Month by name) (Day) (Year)

11. AGE 76 Years 3 Months 26 Days hrs. or min.
(If less than one day)

OCCUPATION
12. (a) Trade, profession or kind of work as spinner, grader, clerk, etc.
(b) Kind of industry or business, as paper mill, lumber, bank, etc.
Retired
(If labourer specify kind of work above)

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. Christina Miller

16. Name of father: Waugh William
(Surname or last name) (Given or Christian names)

17. Maiden name of mother: Miller Alexia
(Surname or last name) (Given or Christian names)

18. Birthplace:
 Father: Scotland Mother: Scotland
(Province or Country) (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 Nanaimo, B.C., this 3rd day of Dec. 1943
 Signature of informant: Chris Waugh Relationship to deceased: Daughter
 Address: 471 Selby St., Nanaimo, B.C.

20. Burial, Cremation or Removal: Burial Date: Dec. 6th. 1943
(Month by name) (Day) (Year)
 Place of Burial: Nanaimo, B.C. Cemetery: Nanaimo
(Municipality)

21. Undertaker: Name: Westwood First Funeral Home Address: Nanaimo, B.C.

22. Marginal Notations (Office use only)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH Dec. 3rd. 1943
(Month by name) (Day) (Year)

24. I HEREBY CERTIFY that I attended deceased from last 7 yrs to _____ and last saw him alive on _____

| | | |
|--|--|--|
| I <u>97</u> Give disease, injury or complication which caused death, state the mode of dying, such as heart failure, nephritis, arthritis, etc. World conditions, if any, giving rise to immediate cause (started in order proceeding backwards from immediate cause). II Other world conditions (if important) contributing to death but not directly related to immediate cause. | (a) <u>Coronary</u> due to | DURATION: Yrs. Mos. Dns. { } { } { } |
| | (b) <u>acute myocarditis</u> due to | |
| | (c) <u>arteriosclerosis</u> due to | |

25. If a woman, was the death associated with pregnancy? _____

26. Was there a surgical operation? _____ Date of operation: _____
 State findings: _____ Was there an autopsy? _____

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

Signed by: L. J. J. J. Designation: M.D.
 Address: Nanaimo Date: Dec 6 1943

28. I hereby certify that the above return was made to me at Nanaimo
 Dated: Dec 6 1943