

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

51-09-004312

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).

DO NOT WRITE BELOW
 DOUBLE LINE
 OFFICE USE ONLY

1. PLACE OF DEATH

Name of city or place Vancouver Name of Municipality (if any) Vancouver
 Street or road Dead on arrival at Vancouver 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 Municipality where death occurred	In Province	In Canada (if immigrant)
(in years, months and days) <u>10 Years</u>	<u>10 Years</u>	<u>Life</u>

3. PRINT FULL NAME OF DECEASED Mullin Charles Emmet

4. PERMANENT RESIDENCE OF DECEASED:

Name of city or place Vancouver Name of Municipality (if any) Vancouver
 Street or road Burrard Street 05 House No. 842

5. SEX Male	6. CITIZENSHIP (See marginal note) Canadian	7. RACIAL ORIGIN (See marginal note) unknown	8. Single, Married, Widowed or Divorced (Write the word) Single	9. BIRTHPLACE: (City or Place and Province or Country) Prince Edward Island
-----------------------	--	---	--	--

10. Date of Birth 1885 ? **11. AGE** } 66 ?
 (Month by name) (Date) (Year) } Years Months Days If less than one day
 hrs. or min.

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

13. Date deceased last worked at this occupation 1943 **14. Total years spent in this occupation** 20 Years

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased unknown

16. Name of father Mullin unknown
 (Surname or family name) (All given or Christian names)

17. Maiden name of mother Unknown unknown
 (Surname or family name) (All given or Christian names)

18. Birthplace—
 Father Unknown Mother Unknown
 (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, this 18 day of April, 1951

Signature of informant Records of Official Administrator Relationship to deceased None
 (Married woman not to use Husband's initials or given names)

Address of informant Court House Vancouver B.C. m.p.
 (House No.) (Name of street) (Name of City, Municipality or Place) (Province or State)

20. Burial, Cremation or Removal Cremation Date April 20 1951
 (State which) (Month by name) (Date) (Year)

Place of Burial or Cremation Vancouver Name of Cemetery Mountain View
 (Municipality, etc., where Cemetery located)

21. Undertaker: Name Home Funeral Chapel Ltd Address 742 East Hastings Street
 (Name of City, Municipality or Place) (Province or State)

MEDICAL CERTIFICATE OF DEATH Vancouver B.C.

22. DATE OF DEATH April 14 1951
 (Month by name) (Date) (Year)

23. I HEREBY CERTIFY that I attended deceased from April 16 1951
 to April 16 1951, and last saw him alive on April 16 1951

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) <u>Chronic lung abscesses</u> due to (or as a consequence of)	
Antecedent causes Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.	(b) <u>with toxemia</u> due to (or as a consequence of)	
II Other significant conditions contributing to the death, but not related to the disease or condition causing it.	(c) <u></u>	

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

25. (a) Was there a recent surgical operation? no (b) Date of operation no 1951
 (c) State findings of operation no (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 Natural causes (b) Date of injury no 1951
 (State which) (How sustained)

(c) Manner of injury no (d) Nature of injury no
 (e) Specify whether injury occurred in industry, in home or in public place no

27. Signed by J. H. Whitford Designation Coroner M.D., Coroner, etc.
 Address 110 E. Columbia St Date April 19 1951

28. Print name of M.D., Coroner, etc., whose signature appears above J. H. Whitford

29. Notations

30. I hereby certify that the above return was made to me at Vancouver, B.C. APR 19 1951

Dated April 19 1951
 District Registration No. 1521 Rumans
 (Signature of District Registrar)