

PROVINCE OF
BRITISH COLUMBIA (Canada)
DEPARTMENT OF HEALTH
Division of Vital Statistics

REGISTRATION OF
DEATH

Registration No.
(Department use only)
85-09-017041

THIS IS A PERMANENT LEGAL RECORD - TYPE OR WRITE PLAINLY - COMPLETE ALL ITEMS
USE BLUE OR BLACK INK ONLY
See Reverse for Instructions

IMPORTANT: Any change or correction made in the completion of this form must be initialed by the person certifying the original information.

NAME OF DECEASED	1. Surname of deceased (print or type) MONAGHAN			2. SEX Female
	All given names in full (print or type) Emily Florence Kathleen			
PLACE OF DEATH	3. Name of hospital or institution (otherwise give exact location where death occurred) Trail Regional Hospital, 1-801			
	City, town or other place (by name) TRAIL, B.C. 05014		Postal Code V1R 4M1	Inside municipal limits? (State Yes or No) Yes
	4. Complete street address: If rural give exact location (not Post Office or Rural Route address) 2720 Laburnum Drive			
USUAL RESIDENCE	City, town or other place (by name) Trail 05014		Postal Code V1R 2S7	Inside municipal limits? (State Yes or No) yes
MARITAL STATUS	5. Single, married, widowed, or divorced (Specify) Widowed 3		6. If married, widowed, or divorced, give full name of husband or full maiden name of wife Cecil Joseph Monaghan	
OCCUPATION	7. Kind of work done during most of working life Housewife		8. Kind of business or industry in which worked at home	
BIRTHDATE	9. Month (by name), day, year of birth December 5, 1902		10. AGE (years) 58	11. Native Indian? Yes No <input type="checkbox"/> #
BIRTHPLACE	11. City or place Province (or country) of birth Freetown, Prince Edward Island		12. Native Indian? Yes No If "yes" state name of band	
FATHER	13. Surname and given names of father (print or type) Driscoll Michael Patrick		14. BIRTHPLACE - City or place, Province (or country) Prince Edward Island 001	
MOTHER	15. Maiden surname and given names of mother (print or type) McIver Georgiana		16. BIRTHPLACE - City or place, Province (or country) Prince Edward Island 001	
INFORMANT	17. Signature of informant X George Manoy			18. Relationship to deceased none
	19. Address of informant 3881 Woodland Drive, Trail, B.C. V1R 2V6			20. Date signed - Month, day, year Sept. 29, 1985
DISPOSITION	21. Burial, cremation or other disposition (specify) Burial 1		22. Date of burial or disposition (month, day, year) October 1, 1985.	
	23. Name and address of cemetery, crematorium or place of disposition Trail Cemetery, Trail, B.C. Mountain View Cemetery, Trail, B.C.			
FUNERAL DIRECTOR	24. Name and address of funeral director (or person in charge of remains) (print or type) Valley Funeral Home, 3881 Woodland Dr. Trail, B.C.			

DATE OF DEATH	25. Month (by name), day, year of death September 27, 1985			Approx. interval between onset & death
CAUSE OF DEATH	26. Part I Immediate cause of death (a) <u>Respiratory Arrest</u>		2 days	
	Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last (b) <u>Myocardial Infarction</u> (c) <u>Coronary Heart Failure</u>		2 days	
AUTOPSY PARTICULARS	27. Autopsy being held? Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>		28. Does the cause of death stated above take account of autopsy findings? Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	
	29. May further information relating to the cause of death be available later? Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>			
ACCIDENT OR VIOLENCE (If applicable)	30. If accident, suicide, homicide or undetermined (specify)		31. Place of injury (e.g. home, farm, highway, etc.)	
	32. Date of injury (Month (by name), day, year)			
SURGICAL OPERATION	33. How did injury occur? (describe circumstances)		34. If there was a recent surgical operation give date of operation	
	35. State operative findings			
CERTIFICATION (attending physician, coroner, etc.)	36. I certify that to the best of my knowledge and belief the above-named person died on the date and from the causes stated herein: X <u>Simonetta</u>		37. Name of physician or coroner (print or type) L. SIMONETTA	
	Address 901 HELENAST		Date: Month, day, year Sept 27/85	

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

Notations:

CERTIFICATION OF DISTRICT REGISTRAR	I certify this return was accepted by me on this date at - ROSSLAND B.C.	
	District Registration No. 198/85	SEPTEMBER 27, 1985 Date: Month (by name), day, year Signature of District Registrar