

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.

1. Surname of deceased (print or type) <b>EMES</b>		2. SEX <b>Female</b>	
NAME OF DECEASED All given names in full (print or type) <b>Elizabeth Ruth</b>			
3. Name of hospital or institution (otherwise give exact location where death occurred) <b>Victoria General Hospital</b>			
PLACE OF DEATH City, town or other place (by name) <b>Victoria, B. C.</b>		Inside municipal limits? (State Yes or No) <b>Yes</b>	
4. Complete street address: If rural give exact location (not Post Office or Rural Route address) <b>2962 Leigh Road</b>			
USUAL RESIDENCE City, town or other place (by name) <b>Langford</b>		Province (or country) <b>B. C.</b>	
5. Single, married, widowed, or divorced (Specify) <b>Widow</b>		6. If married, widowed, or divorced, give full name of husband or full maiden name of wife <b>Thomas Emes</b>	
7. Kind of work done during most of working life <b>At home</b>			
8. Kind of business or industry in which worked			
9. Month (by name), day, year of birth <b>July 11, 1903.</b>		10. AGE (years) (Months) (Days) (Hours) (Minutes) <b>74</b>	
11. City or place Province (or country) of birth <b>Reinbeck, Iowa, U.S.A.</b>			
12. Native Indian? Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>		If "yes" state name of band	
13. Surname and given names of father (print or type) <b>McCormack, Neil</b>		14. BIRTHPLACE - City or place, Province (or country) <b>Canada</b>	
15. Maiden surname and given names of mother (print or type) <b>Mitchell, Mary</b>		16. BIRTHPLACE - City or place, Province (or country) <b>United States of America</b>	
17. Signature of informant <b>X</b>		18. Relationship to deceased <b>Daughter</b>	
19. Address of informant <b>3955 Beach Drive, Victoria, B. C.</b>		20. Date signed - Month, day, year <b>July 4, 1978.</b>	
21. Burial, cremation or other disposition (specify) <b>Cremation</b>		22. Date of burial or disposition (month, day, year) <b>July 5 1978</b>	
23. Name and address of cemetery, crematorium or place of disposition <b>Royal Oak Crematorium, Victoria, B. C.</b>			
24. Name and address of funeral director (or person in charge of remains) (print or type) <b>Hayward's Thomson and Irving, Victoria, B. C.</b>			

**MEDICAL CERTIFICATE OF DEATH**

25. Month (by name), day, year of death <b>July 3, 1978.</b>		Approx. interval between onset & death <b>Several years</b>
26. Part I <b>209X</b> Immediate cause of death (a) <b>Myocardiosclerosis</b> due to, or as a consequence of		
Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last: (b) _____ (c) _____		
Part II Other significant conditions contributing to the death but not causally related to the immediate cause (a) above <b>II</b>		
27. Autopsy 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"/>
30. If accident, suicide, homicide or undetermined (specify)		32. Date of injury (Month (by name), day, year)
33. How did injury occur? (describe circumstances)		
34. If there was a recent surgical operation give date of operation		35. State operative findings
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: <b>X</b> Signature (attending physician, coroner, etc.) <b>P. W. Dutton</b> Attending physician examining body after death <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
37. Name of physician or coroner (print or type) Address Date: Month, day, year <b>Dr. P.W. Dutton 582 Goldstream Ave., Victoria, B.C. July 4 1978.</b>		

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

Notations:

I certify this return was accepted by me on this date at - District Registration No. <b>1134</b>	<b>VICTORIA, B. C.</b>	B. C.
Date: Month (by name), day, year <b>JUL 12 1978</b>	Signature of District Registrar <b>P. W. Dutton</b>	