

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

73 140
Reg. No. (Office use only)
61-09-013881

1. PLACE OF DEATH

Name of city or place Powell River, B.C. Name of Municipality (if any) Powell River
(If outside city or municipal limits add "Rural")
Street or road 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 years, months and days) In Municipality where death occurred 10 Years In Province 39 Years In Canada (if immigrant) Life

3. PRINT FULL NAME OF DECEASED Love Joseph Herbert
(Surname or family name) (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED:
Name of city or place Powell River, B.C. Name of Municipality (if any) Powell River
(If outside city or municipal limits add "Rural")
Street or road Robson Street House No. 689I

5. SEX Male 6. CITIZENSHIP (See marginal note) Canadian 7. RACIAL ORIGIN (See marginal note) Irish 8. Single, Married, Widowed or Divorced (Write the word) Married 9. BIRTHPLACE: (City or Place and Province or Country) Vancouver B.C.

10. Date of Birth April 17th. 1922 11. AGE (Last Birthday) 39 YEARS
(Month by name) (Date) (Year) MONTHS DAYS HOURS MIN.

12. (a) Trade, profession or kind of work as logger, fisherman, office clerk, etc. Laundry & Dry Cleaning Operator
(b) Kind of industry or business, as logging, fishing, bank, etc. Laundry & Dry Cleaners
(If labourer specify kind of work above) (If housewife in own home answer "At Home")

13. Date deceased last worked at this occupation December 2nd. 1961 14. Total years spent in this occupation 22 Years

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

16. Name of father Love David
(Surname or family name) (All given or Christian names)

17. Maiden name of mother Bodie Hazel
(Surname or family name) (All given or Christian names)

18. Birthplace - Ireland Mother U.S.A.
(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 Powell River, B.C., this 5th day of December 1961
Signature of informant Mrs. Dorine L. Love Relationship to deceased Wife
(Married woman not to give husband's initials or given names)
Address of informant 689I Robson Street Powell River, B.C.
(House No.) (Name of Street) (Name of City, Municipality or Place) (Province or State)

20. Burial, Cremation or Removal Burial Date December 6th. 1961
(State which) (Month by name) (Date) (Year)
Place of Burial or Cremation Powell River, B.C. Name of Cemetery Powell River
(Municipality, etc., where Cemetery located)

21. Undertaker: Bird's Funeral Home Address Powell River, B.C.
Name (Name of City, Municipality or Place) (Province or State)

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH December 5 1961
(Month by name) (Date) (Year)

23. I HEREBY CERTIFY that I attended deceased from May 1961, and last saw him alive on Dec 3 1961
to Dec 3 1961

CAUSE OF DEATH
Disease or condition directly leading to death (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.) 120.1
(a) Coronary Thrombosis due to (or as a consequence of) 4 hours
(b) Coronary arteriosclerosis due to (or as a consequence of) _____
(c) _____
Antecedent causes
Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last. _____
Other significant conditions contributing to the death, but not related to the disease or condition causing it. _____

24. If a woman, was the death (a) Associated with pregnancy? _____ (b) Duration _____ weeks. (c) Was there a delivery? _____

25. (a) Was there a recent surgical operation? No (b) Date of operation _____ 19____
(c) State findings of operation _____ (d) Was there an autopsy? Yes

26. If a violent death, fill in also: (a) Accident ; Suicide ; Homicide (b) Date of injury _____ 19____
(c) How did injury occur? _____
(d) Injuries sustained? _____ (e.g., fracture of skull, left leg, etc., dislocation of, burn to, etc.)
(e) Where did injury occur? (home, farm, industrial place, highway, etc.) _____

27. Signed by J. Macleod Designation M.D., Coroner, etc.
Address Powell River B.C. Date Dec 5 1961

28. Print name of M.D., Coroner, etc., whose signature appears above J. L. Macleod

29. Notations _____

30. I hereby certify that the above return was made to me at Powell River, B.C.
Dated December 6th 1961
District Registration No. 82.61
(Signature of District Registrar) J. V. Gaspard

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).

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