

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

58-09-010589

**1. PLACE OF DEATH**

Name of city or place VANCOUVER Name of Municipality (if any) \_\_\_\_\_  
 (If outside city or municipal limits add "Rural") \_\_\_\_\_  
 Street or road \_\_\_\_\_ House No. 1990  
 (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) \_\_\_\_\_ 40 YRS. \_\_\_\_\_ 40 YRS. \_\_\_\_\_

**3. PRINT FULL NAME OF DECEASED**

CROSS (Surname or family name) ETHELDEDA (All given or Christian names in full)

**4. PERMANENT RESIDENCE OF DECEASED:**

Name of city or place VANCOUVER Name of Municipality (if any) 43-031-36  
 (If outside city or municipal limits add "Rural") \_\_\_\_\_  
 Street or road \_\_\_\_\_ House No. 1990

**5. SEX**

F.

**6. CITIZENSHIP**

(See marginal note) CANADIAN

**7. RACIAL ORIGIN**

(See marginal note) ENGLISH

**8. Single, Married, Widowed or Divorced**

(Write the word) WIDOWED

**9. BIRTHPLACE:**

(City or Place and Province or Country) ENGLAND

**10. Date of Birth**

NOVEMBER 11th. 1870

**11. AGE (Last Birthday)**

87 YEARS

**if under 1 year**

MONTHS

**if under 1 month**

DAYS

**if under 24 hours**

HOURS

**if under 1 hour**

MIN.

OCCUPATION

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

**13. Date deceased last worked at this occupation** \_\_\_\_\_ **14. Total years spent in this occupation** ADULT LIFE

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

CROSS (Surname or family name) WILLIAM HERBERT (All given or Christian names)

**17. Maiden name of mother**

RUSSELL (Surname or family name) NOT KNOWN (All given or Christian names)

**18. Birthplace -**

Father ENGLAND (City or Place and Province or Country) Mother ENGLAND (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 KELOWNA, this 20th day of SEPT, 1958  
 Signature of informant A. W. Robinson Relationship to deceased Wife  
 (Married woman not to use Husband's initials or given names)  
 Address of informant 552 LAWSON AVE. KELOWNA  
 (House No.) (Name of Street) (Name of City, Municipality or Place) (Province or State)

**20. Burial, Cremation or Removal**

REMOVAL (State which) Date SEPTEMBER 24th 1958  
 (Month by name) (Date) (Year)  
 Place of Burial or Cremation Kelowna, B.C. Name of Cemetery \_\_\_\_\_  
 (Municipality, etc., where Cemetery located)

**21. Undertaker -**

Name Harold Edwards Ltd. Address Vancouver B.C.  
 (Name of City, Municipality or Place) (Province or State)

**MEDICAL CERTIFICATE OF DEATH**

**22. DATE OF DEATH**

Sept. 19th 1958  
 (Month by name) (Date) (Year)

**23. I HEREBY CERTIFY that I attended deceased from** March 19.58  
 to Sept. 19.58, and last saw her alive on Sept. 19th 19.58

**CAUSE OF DEATH**

Disease or condition directly leading to death (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury, or complication which caused death) 163x  
 (a) Coronary thrombosis  
 due to (or as a consequence of) \_\_\_\_\_  
 (b) Carcinoma of both lungs  
 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?** \_\_\_\_\_ (b) Date of operation \_\_\_\_\_ 19\_\_\_\_

(c) State findings \_\_\_\_\_ (d) Was there an autopsy? \_\_\_\_\_

**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** \_\_\_\_\_ Designation \_\_\_\_\_ M.D., Coroner, etc.

Address 225 - 925 W. Georgia St. Date \_\_\_\_\_ 19\_\_\_\_

**28. Print name of M.D., Coroner, etc., whose signature appears above** P. H. S. CHANE

**29. Notations**

**30. I hereby certify that the above return was made to me at** VANCOUVER, B.C. SEP 26 1958

Dated \_\_\_\_\_ 19\_\_\_\_

District Registration No. 3755 \_\_\_\_\_ (Signature of District Registrar)

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  
 23-9-58