

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

REGISTRATION OF
DEATH

Registration No.
(Department use only)
77-09-018999

587
548

See Reverse for Instructions

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

NAME OF DECEASED	1. Surname of deceased (print or type) SLOMAN		2. SEX Male
	All given names in full (print or type) WILBERT GEORGE		
PLACE OF DEATH	3. Name of hospital or institution (otherwise give exact location where death occurred) Penticton Regional Hospital 048		Inside municipal limits? (State Yes or No) Yes
	City, town or other place (by name) Penticton, B.C.		
USUAL RESIDENCE	4. Complete street address: If rural give exact location (not Post Office or Rural Route address) # 23 - 471 Winnipeg Street 22-057		Province (or country) B.C.
	City, town or other place (by name) Penticton		
MARITAL STATUS	5. Single, married, widowed, or divorced (Specify) Married	6. If married, widowed, or divorced, give full name of husband or full maiden name of wife Ludwig, Emilie	
OCCUPATION	7. Kind of work done during most of working life Postman	8. Kind of business or industry in which worked Civil service	
	9. Month (by name), day, year of birth April 12, 1896	10. AGE (years) (Months) (Days) (Hours) (Minutes) 81	If under 1 year If under 1 day
BIRTHPLACE	11. City or place Province (or country) of birth London, Ontario		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) Sloman, John		14. BIRTHPLACE - City or place, Province (or country) England
MOTHER Day, Mary		16. BIRTHPLACE - City or place, Province (or country) Ontario	
INFORMANT	17. Signature of informant X Emilie Sloman		18. Relationship to deceased Wife
	19. Address of informant # 23 - 471 Winnipeg St., Penticton, B.C.		20. Date signed - Month, day, year December 30, 1977
DISPOSITION	21. Burial, cremation or other disposition (specify) Cremation		22. Date of burial or disposition (month, day, year) January 2, 1978
	23. Name and address of cemetery, crematorium or place of disposition Penticton Crematorium, Penticton, B.C.		
FUNERAL DIRECTOR	24. Name and address of funeral director (or person in charge of remains) (print or type) Penticton Funeral Chapel, 501 Winnipeg St., Penticton, B.C.		

DATE OF DEATH	25. Month (by name), day, year of death December 30, 1977		Approx. interval between onset & death 19 days		
CAUSE OF DEATH	26. Part I 5193 Immediate cause of death (a) <i>Myocardial infarction</i> due to, or as a consequence of (b) <i>Chronic obstructive lung disease</i> due to, or as a consequence of (c) Part II 8319 Other significant conditions contributing to the death but not causally related to the immediate cause (a) above				
	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 type="checkbox"/>	29. May further information relating to the cause of death be available later? Yes No <input type="checkbox"/> <input 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)	
	33. How did injury occur? (describe circumstances)				
SURGICAL OPERATION	34. If there was a recent surgical operation give date of operation		35. State operative findings Dec 15/77 Gastric ulcer		
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 M. Selwood		Attending physician <input checked="" type="checkbox"/>	Physician examining body after death <input type="checkbox"/>	Coroner <input type="checkbox"/>
	37. Name of physician or coroner (print or type) M. SELWOOD		Address Penticton B.C.	Date: Month, day, year 30 Dec 1977	

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 - Penticton B.C.	
	District Registration No. 274/77	Date: Month (by name), day, year December 30, 1977 Signature of District Registrar <i>[Signature]</i> Deputy