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NAME OF DECEASED	1. Surname of deceased (print or type) BUCHANAN		2. SEX MALE
	All given names in full (print or type) HAROLD CARSON		
PLACE OF DEATH	3. Name of hospital or institution (otherwise give exact location where death occurred) SOUTH GRANVILLE PARK LODGE		inside municipal limits? (State Yes or No) YES
	City, town or other place (by name) VANCOUVER		
USUAL RESIDENCE	4. Complete street address: If rural give exact location (not Post Office or Rural Route address) 1645 WEST 14TH		Province (or country) B.C.
	City, town or other place (by name) VANCOUVER		
MARITAL STATUS	5. Single, married, widowed, or divorced (Specify) WIDOWER	6. If married, widowed, or divorced, give full name of husband or full maiden name of wife DAVISON, WILLA ELIZABETH	
OCCUPATION	7. Kind of work done during most of working life RADIO STATION OWNER	8. Kind of business or industry in which worked RADIO BROADCASTING	
BIRTHDATE	9. Month (by name), day, year of birth MAY 2, 1895	10. AGE (years) (Months) (Days) (Hours) (Minutes) 86	If under 1 year If under 1 day
BIRTHPLACE	11. City or place Province (or country) of birth ONTARIO, CANADA	12. Native Indian? Yes No If 'yes' state name of band <input type="checkbox"/> <input checked="" type="checkbox"/>	
FATHER	13. Surname and given names of father (print or type) BUCHANAN, JOHN	14. BIRTHPLACE - City or place, Province (or country) ONTARIO, CANADA	
MOTHER	15. Maiden surname and given names of mother (print or type) WILKINS, NOT KNOWN	16. BIRTHPLACE - City or place, Province (or country) ONTARIO, CANADA	
INFORMANT	17. Signature of informant X <i>Maudie Nelson Heddie</i>		18. Relationship to deceased DAUGHTER
	19. Address of informant 2326 WEST 14 TH, VANCOUVER, B.C.		
DISPOSITION	21. Burial, cremation or other disposition (specify) CREMATION		22. Date of burial or disposition (month, day, year) JULY 23, 1981
	23. Name and address of cemetery, crematorium or place of disposition GARDEN CHAPEL, OCEAN VIEW BURIAL PARK, BURNABY, B.C.		
FUNERAL DIRECTOR	24. Name and address of funeral director (or person in charge of remains) (print or type) MOUNT PLEASANT CHAPEL, 306 EAST 11TH, VANCOUVER, B.C.		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	25. Month (by name), day, year of death July 15 th 1981		Approx. interval between onset & death
CAUSE OF DEATH	26. Part I H109 Immediate cause of death (a) <i>Acute Myocardial Infarction</i> due to, or as a consequence of (b) <i>Atherosclerosis</i> due to, or as a consequence of (c) <i>Leg. oedema</i>		
	Part II 2449 Other significant conditions contributing to the death but not causally related to the immediate cause (a) above <i>Hypothyroidism</i> <i>Alzheimer's</i>		
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 checked="" 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, lam, 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 <i>2 A.A. Kanji</i>		37. Name of physician or coroner (print or type) DR. 2. A. A. KANJI
	Address # 410 - 2184 W. Broadway		Date: Month, day, year June 17/81

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 - VANCOUVER, B. C. JUL 17 1981		B.C.
	District Registration No. 2772	Date: Month (by name), day, year DEPUTY	Signature of District Registrar

Coroner satisfied
"L. Campbell"
11:25

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