

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

REGISTRATION OF
DEATH

Registration No.
(Department use only)

77-09-015422

NAME OF DECEASED	1. Surname of deceased (print or type) <u>Forslund</u>		2. SEX	Male
	All given names in full (print or type) <u>Harry Per</u>			
PLACE OF DEATH	3. Name of hospital or institution (otherwise give exact location where death occurred) <u>D. O. A. Nanaimo Regional General Hospital</u>			
	City, town or other place (by name) <u>Nanaimo</u>			Inside municipal limits? (State Yes or No) Yes
USUAL RESIDENCE	4. Complete street address: If rural give exact location (not Post Office or Rural Route address) <u>R. R. # 1, Sabine Road</u>			
	City, town or other place (by name) <u>Parksville</u>		Inside municipal limits? (State Yes or No) No	Province (or country) <u>B. C.</u>
MARITAL STATUS	5. Single, married, widowed, or divorced (Specify) <u>Married</u>		6. If married, widowed, or divorced, give full name of husband or full maiden name of wife <u>Hamel, Dorine</u>	
	OCCUPATION		8. Kind of business or industry in which worked	
BIRTHDATE	7. Kind of work done during most of working life <u>Millworker</u>		8. Kind of business or industry in which worked <u>Mill</u>	
	9. Month (by name), day, year of birth <u>July 31, 1909</u>		10. AGE (years) (Months) (Days) (Hours) (Minutes) <u>68</u> If under 1 year	
BIRTHPLACE	11. City or place Province (or country) of birth <u>U/K Sweden</u>		12. Native Indian? Yes No (If "yes" state name of band) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	FATHER		14. BIRTHPLACE - City or place, Province (or country)	
MOTHER	13. Surname and given names of father (print or type) <u>Forslund, Johannes</u>		14. BIRTHPLACE - City or place, Province (or country) <u>Sweden</u>	
	15. Maiden surname and given names of mother (print or type) <u>Wahlstrom, Christina</u>		16. BIRTHPLACE - City or place, Province (or country) <u>Sweden</u>	
INFORMANT	17. Signature of informant <u>X Maureen R. Beustad</u>		18. Relationship to deceased <u>Daughter</u>	
	19. Address of informant <u>4938 Granville St., Vancouver, B. C.</u>		20. Date signed - Month, day, year <u>October 26, 1977</u>	
DISPOSITION	21. Burial, cremation or other disposition (specify) <u>Cremation</u>		22. Date of burial or disposition (month, day, year) <u>October 28, 1977</u>	
	23. Name and address of cemetery, crematorium or place of disposition <u>Island Crematorium Ltd., Cedar, B. C.</u>			
FUNERAL DIRECTOR	24. Name and address of funeral director (or person in charge of remains) (print or type) <u>First Memorial Services Ltd., P. O. Box 306, Nanaimo, B. C. V9R 5L3</u>			

DATE OF DEATH	25. Month (by name), day, year of death <u>OCTOBER 25, 1977</u>			Approx. interval between onset & death
	CAUSE OF DEATH	26. Part I <u>4109</u> Immediate cause of death (a) <u>Myocardial Infarction</u> 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) <u>Arteriosclerotic Heart Disease</u> due to, or as a consequence of				
Part II 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		28. Does the cause of death stated above take account of autopsy findings? Yes No <input type="checkbox"/> Yes <input type="checkbox"/> No	
	29. May further information relating to the cause of death be available later? Yes No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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)			
SURGICAL OPERATION	33. How did injury occur? (describe circumstances)		34. If there was a recent surgical operation give date of operation <u>AS</u>	
	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: <u>X ML</u>		Signature (Attending physician, coroner, etc.)	
	37. Name of physician or coroner (print or type) <u>Dr. A. BEESTON</u>		Address <u>Box 550 Granicum Hall</u>	
				Physician examining body after death <input type="checkbox"/>
				Coroner <input checked="" type="checkbox"/>
				Date: Month, day, year <u>27-10-77</u>

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

OCT. 27/77

Notations:

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CERTIFICATION OF DISTRICT REGISTRAR	I certify this return was accepted by me on this date at -			NANAIMO	B.C.
	District Registration No. <u>470</u>	Date: Month (by name), day, year <u>OCT 28 1977</u>	Signature of District Registrar		

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.

DR G. WHITE OR

DR LOYER

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