

FORM 6

This form if placed in an envelope, marked "Dominion Statistics - Free, penalty for improper use \$300," and properly addressed will pass through the mail "FREE"

PROVINCE OF BRITISH COLUMBIA - REGISTRATION OF DEATH

Registered No. 5002  
For use of the Registrar of Births,  
Deaths and Marriages only

1. PLACE OF DEATH: If in Rural Municipality \_\_\_\_\_ If in City, Town or Village Grand Forks (Name) Street 3rd Street House No. \_\_\_\_\_  
 2. LENGTH OF STAY (in years, months and days) (a) In Municipality where death occurred over 10 years (b) In Province over 10 years (c) In Canada (if immigrant) over 15 years  
 3. NAME OF DECEASED Muzicka John (Surname) (Given name or names) William  
 RESIDENCE No. 3rd Street \_\_\_\_\_ City, town, village or rural municipality Grand Forks Province B.C.  
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. SEX male 5. NATIONALITY Canada 6. RACIAL ORIGIN Czech 7. Single, Married, Widowed or Divorced Widowed  
 8. BIRTHPLACE Ceska (Province or Country) Slavon  
 9. DATE OF BIRTH Aug. 28 1854 (Month) (Day) (Year)  
 10. AGE in Years 85 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day old \_\_\_\_\_ hrs. or min. \_\_\_\_\_  
 11. Trade, profession or kind of work as appliance, teamster, office clerk etc. mason  
 12. Kind of industry or business, as cotton mill, lumbering, bank, etc.  
 13. Date deceased last worked at this occupation Retired some years ago  
 14. Total years spent in this occupation life

MEDICAL CERTIFICATE OF DEATH  
 23. DATE OF DEATH NOV 26 1939 (Month) (Day) (Year)  
 24. I HEREBY CERTIFY that I attended deceased from: Nov 15 to 39 Nov 26 to 39 (Month) (Day) (Year)  
 and last saw him im alive on Nov 26 1939 (Month) (Day) (Year)

CAUSE OF DEATH  
 Immediate cause MVOCARDITIS  
 (a) \_\_\_\_\_ due to \_\_\_\_\_  
 (b) \_\_\_\_\_ due to \_\_\_\_\_  
 (c) \_\_\_\_\_ due to \_\_\_\_\_  
 Other morbid conditions (if important) contributing to death but not causally related to immediate cause: senility

15. If married give name of wife or husband of deceased widowers  
 16. NAME John M. Muzicka  
 17. BIRTHPLACE Ceska (Province or Country) Slavon  
 18. MAIDEN NAME Jatleschob  
 19. BIRTHPLACE Sarajevo (Province or Country) CHECOSLOVAKIA  
 20. Signature of Informant John Muzicka  
 Address Grand Forks  
 Relationship to deceased Son  
 21. Place of Burial, Cremation or Removal Grand Forks B.C.  
 Date of burial or removal Nov 29 1939

25. If a woman, was the death associated with pregnancy? \_\_\_\_\_  
 26. Was there a surgical operation? NO Date of operation \_\_\_\_\_  
 State findings \_\_\_\_\_ Was there an autopsy? NO  
 27. If death was due to external causes (violence) fill in also the following -  
 Accident, suicide or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ (State which)  
 Manner of injury \_\_\_\_\_ (How sustained)  
 Nature of injury \_\_\_\_\_  
 Specify whether injury occurred in \_\_\_\_\_  
Industry, in home, or in public place.  
 Signed by W. P. May M.D.  
 Address Grand Forks B.C. Date Nov 27 1939

28. District Registrar's Record Number 770  
 29. Filed 27 100 19 39 Ernest Harrison (District Registrar)

Sec. 66 - Vital Statistics Act makes it the duty of an undertaker to permit acting as Undertaker to obtain all the particulars required in the "Certificate of Registration of Death" and to conform same with the District Registrar who shall issue the burial permit.

(SEE REVERSE SIDE FOR INSTRUCTIONS)

WRITE PLAINLY WITH UNFADING INK  
THIS IS A PERMANENT RECORD  
Every item of information should be carefully supplied