

1007 Amphion - CD's (1913)

People

^{- died in 1965}

- 1914 - Hamlet, Horace mach vI Motor Co.
- 1917 - same
- 1921 - same
- 1924 - same.
- 1926 - same
- 1929 - same.
- 1931 - same ~~not there~~
- 1938/39 - same (wife = Mildred EA)
- 1937 - same
- 1939 - same
- 1941 - same
- 1943 - same.
- 1946 - same (JH Hamlet next door at 1009)
- 1949 - same
- 1957 - same
- 1958 - there

WEDDED TO-DAY AT ST. JAMES CHURCH

Mr. Hamlet and Miss Mildred Sweet Joined in Marriage.

A very fashionable wedding took place this afternoon at 2 o'clock in St. James' church, when the Rev. J. H. S. Sweet united in wedlock his youngest daughter, Miss Mildred Alexia Sweet, to Mr. Horace Hamlet, formerly of New Westminster, but now of Victoria. The church was handsomely decorated for the occasion by a number of the bride's friends. There was a large attendance. Mr. R. C. Taylor played the Wedding March at the church.

The bride looked charming in a cream satin princess style gown with a white tulle veil. She carried a bouquet of white roses. Miss Violet Sweet, her sister, acted as bridesmaid and was dressed in a white muslin gown with a hat to match.

The bride was given away by her brother, Mr. John Sweet, of Vancouver. Mr. A. McDonald acted as best man, supporting the groom.

The groom's gift to the bride was a set of beautiful pearl-handled knives, and to the bridesmaid a pearl pin.

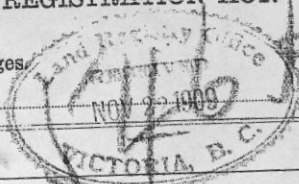
The newly wedded couple are well known in this city, and were the recipients of many beautiful presents.

They left on the Princess Charlotte for Seattle this afternoon, where they will take the steamer President for San Francisco, where they will in future reside.

BIRTHS, DEATHS AND MARRIAGES REGISTRATION ACT.

SCHEDULE C.—Marriages

Registration District of _____



BRIDEGROOM.

No.	
His name.	Horace Hamlet-
Age.	27
Residence when married.	Victoria
Place of birth.	Derby, England-
Condition (Bachelor or Widower.)	Bachelor-
Rank or profession.	Architect
Names of parents.	James and Alice Hamlet-

774
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BRIDE.

Her name.	Mildred Alesia Esm Sweet-
Age.	22
Residence when married.	Victoria-
Place of birth.	Newcastle, N. S.
Spinster or widow.	Spinster-
Names of parents.	John Hales Sweet and Corina Janet Sweet-

Names of witnesses.	John Hales Sweet-	Violet Eralia May Sweet-
Residence of witnesses.	Vancouver - B. C.	Victoria B. C.
Date of marriage.	October 20 th 1909.	
Religious denomination of bridegroom.	Church of England-	
Religious denomination of bride.	Church of England-	
By whom married.	J. H. S. Sweet-	
By licence or by banns.	Licence -	
Place of marriage, church, residence, &c.	S. James' Church, Victoria, B. C.	

I hereby certify the foregoing to be the correct Record of the marriage of *Horace Hamlet*
and *Mildred Alesia Esm Sweet* made in pursuance of the above mentioned Act.

Dated the *20th* day of *October*, A. D. 190*9*.

Signature of Clergyman, Minister, or Registrar, *J. H. S. Sweet*

N. B.—Reports of marriages celebrated are to be delivered, or forwarded by registered post prepaid, to the District Registrar on the last day of March, June, September and December, in each year.

1976
Daily Colonist July 16

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HAMLET — Mrs. Mildred A. E. Hamlet, widow of Horace Hamlet, daughter of the late Archdeacon and Mrs. J. H. S. Sweet. Born in Newcastle, New Brunswick in 1887. Had lived in Victoria since the age of 8 years. Survived by her loving daughter and son-in-law, Dulce and Jack Deane, son and daughter-in-law, Jack and Pat Hamlet, grandchildren, Michael Deane, N. Vancouver, Dianne Craig, Nanaimo, Derek Hamlet, Ottawa, and three great-grandchildren. Predeceased by a granddaughter Sharon Deane.
Funeral service in McCall Bros. Chapel, Johnson and Vancouver Sts. on Friday, July 16 at 11:00 a.m. with the Rev. E. Moulden, officiating. Flowers gratefully declined.)

Times same

Times 1965 Feb 23 p 20

HAMLET—Horace, of 1007 Amphion St., entered into rest on Feb. 20, 1965, in his 84th year, at the Sandringham Private Hospital. Born in Derby, Eng., beloved husband of Mildred A. E. Hamlet; father of Mrs. J. M. Deane (Dulce) and Jack Hamlet, both of Victoria; also three grandchildren Michael Deane, Mrs. Carl Blake (Dianne), Toronto, and Derek Hamlet; also two sisters and nephews and nieces in Eastern Canada and the United States.
Service on Wednesday morning at 10:30 a.m., at St. Mary's Church, Elgin Rd., Rev. Canon Hywel Jones officiating. Cremation, Hayward's

PROVINCE OF BRITISH COLUMBIA
 DEPARTMENT OF HEALTH SERVICES AND HOSPITAL INSURANCE
 DIVISION OF VITAL STATISTICS
REGISTRATION OF DEATH

Reg. No. (Office use only)

65-09-002937

1. PLACE OF DEATH

Name of city, village, town, district municipality or place VICTORIA B.C.

Street or road SANDRINGHAM PRIVATE HOSPITAL (If outside city or municipal limits add "Rural")
 House No. _____

2. LENGTH OF STAY

In Municipality where death occurred 11 days In Province 57 yrs In Canada (if immigrant) 60 yrs

3. PRINT FULL NAME OF DECEASED HAMLET

(Surname)

HORACE

(All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED

Name of city, village, town, district municipality or place VICTORIA B.C.

57-033-04

Street or road Amphion st. (If outside city or municipal limits add "Rural")
 House No. 1007

5. SEX

male

6. CITIZENSHIP

(See marginal note)
canadian

7. RACIAL ORIGIN

(See marginal note)
english

8. Single, Married, Widowed or Divorced

(Write the word)
MARRIED

9. BIRTHPLACE

(City or Place and Province or Country)
DERBY ENGLAND

10. Date of Birth

March 27 1881

11. AGE (Last Birthday)

83 YEARS

If under 1 year 1 month If under 1 month If under 24 hours If under 1 hour

OCCUPATION

12. (a) Trade, profession or kind of work as logger, fisherman, office clerk, etc.

dental technician

(b) Kind of industry or business, as logging, fishing, bank, etc.

13. Date deceased last worked at this occupation

1950

14. Total years spent in this occupation

not known

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

MILDRED SWEET

16. Name of father

HAMLET

(Surname)

JAMES

(All given or Christian names)

17. Maiden name of mother

CLARK

(Surname)

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 Victoria B.C., this 22 day of Feb. 1965

Signature of informant [Signature] Relationship to deceased wife

Address of informant 1007 - Amphion St. Victoria B.C.

20. Burial, Cremation or Removal

cremation

Date February 24 1965

Place of Burial or Cremation

Saanich B.C.

Name of Cemetery

ROYAL OAK

21. Undertaker:

Name HAYWARDS B.C. FUNERAL CO.

Address VICTORIA B.C.

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH

Feb 20

(Date)

1965

23. I HEREBY CERTIFY that I attended deceased from

Jan 15

1965

to Feb 20 1965 and last saw him alive on 18 Feb 1965

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.)

(a) Acute Coronary Thrombosis
 due to (or as a consequence of) _____

Approximate interval between onset and death 3 hrs

Antecedent causes Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.

(b) Coronary Arteriosclerosis
 due to (or as a consequence of) _____

14 yrs

Other significant conditions contributing to the death, but not related to the disease or condition causing it.

(c) Arteriosclerosis
Arteriosclerosis

24. If a woman, did the death occur either during pregnancy or within 90 days following pregnancy?

Yes or No

25. (a) Was there a recent surgical operation?

(b) Date of operation _____

(c) State findings of operation _____

(d) Was there an autopsy? _____

26. If a violent death, fill in also: (a) Accident ; Suicide ; Homicide

(b) Date of injury _____

(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

[Signature]

Designation MD

M.D. or Coroner.

Address _____

Date

22 Feb 1965

28. Print name of Doctor or Coroner, whose signature appears above

D. T. A. Roy

29. Notations

30. I hereby certify that the above return was made to me at

VICTORIA B.C.

Dated _____

MAR 2 1965

19 _____

District Registration No.

327

(Signature of District Registrar)

IMPORTANT: Any change or correction made in the completion of this form must be initialled by the person certifying the information. 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 - State the racial origin, traced through the father, in terms of the people or race to which the person belongs such as: English, Scottish, German, etc. or in terms of one of the following racial groups: - White, native Indian, Negro, Chinese, Japanese or other.

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DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

03-033

NAME OF DECEASED	1. Surname of deceased (print or type) HAMLET		2. SEX female
	All given names in full (print or type) Mildred Alexia Ensor		
PLACE OF DEATH	3. Name of hospital or institution (otherwise give exact location where death occurred) Royal Jubilee Hospital		
	City, town or other place (by name) Victoria, B.C.		
USUAL RESIDENCE	4. Complete street address: If rural give exact location (not Post Office or Rural Route address) 977 Foul Bay Rd.		
	City, town or other place (by name) Victoria		
MARITAL STATUS	5. Single, married, widowed, or divorced (Specify) widowed	6. If married, widowed, or divorced, give full name of husband or full maiden name of wife Horace Hamlet	
	7. Kind of work done during most of working life Home duties		
OCCUPATION	8. Kind of business or industry in which worked		
	9. Month (by name), day, year of birth May 16, 1887		
BIRTHDATE	10. AGE (years) (Months) (Days) (Hours) (Minutes) 89		
	11. City or place Province (or country) of birth Newcastle, N.B.		
BIRTHPLACE	12. Native Indian? Yes No <input checked="" type="checkbox"/> <input type="checkbox"/> If "yes" state name of band		
	13. Surname and given names of father (print or type) Sweet John Hales		
FATHER	14. BIRTHPLACE - City or place, Province (or country) England		
	15. Maiden surname and given names of mother (print or type) Vial Evelina		
MOTHER	16. BIRTHPLACE - City or place, Province (or country) England		
	17. Signature of informant X J. H. Hamlet		18. Relationship to deceased son
INFORMANT	19. Address of informant 2331 Dalhousie St. Victoria, B.C.		20. Date signed - Month, day, year July 14/76
	21. Burial, cremation or other disposition (specify) Cremation		22. Date of burial or disposition (month, day, year) July 16, 1976
DISPOSITION	23. Name and address of cemetery, crematorium or place of disposition Royal Oak Crematorium Saanich, V.I.		
	24. Name and address of funeral director (or person in charge of remains) (print or type) McCall Bros. Victoria, B.C.		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	25. Month (by name), day, year of death July 13, 1976		Approx. interval between onset & death
CAUSE OF DEATH	26. Part I 1890 Immediate cause of death (a) Bronchopneumonia due to, or as a consequence of (b) C. R. Kidney due to, or as a consequence of (c) metastatic carcinoma		
	Part II Other significant conditions contributing to the death but not causally related to the immediate cause (a) above		
AUTOPSY PARTI- CULARS	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.)
	33. How did injury occur? (describe circumstances)		32. Date of injury (Month (by name), day, year)
SURGICAL OPERATION	34. If there was a recent surgical operation give date of operation		35. State operative findings
	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: Signature (attending physician, coroner, etc.) X J. Roe Attending physician <input checked="" type="checkbox"/> Physician examining body after death <input type="checkbox"/> Coroner <input type="checkbox"/>		
CERTIFICATION (attending physician, coroner, etc.)	37. Name of physician or coroner (print or type) J. Roe, 1710 Richmond Rd. Victoria, B.C.		Date: Month, day, year July 15, 1976

NOTATIONS:
DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

CERTIFICATION OF DISTRICT REGISTRAR	I certify this return was accepted by me on this date at - VICTORIA, B. C.	
	District Registration No. 1345	Date: Month (by name), day, year JUL 21 1976
		Signature of District Registrar <i>[Signature]</i>

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

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