Pego 6 1. 1784 Adanac St. - CD's 1913-1912- 1729 Seeand-Keighley, Arthur bricklayer 1914 - Abanac not listed; no J.H. fawcett 7. Futeter Archibald Me teans by 1917 - Abanac nottista; James H. Fawlett at 1774 Second St. 1921 11 - (fawcett at 1774 second, listed as vancher) 1924-fawcett, Ellen wid JH (1774 Second) 1926 - Same 1929 - same 1931- Fawcett, Wilbert S traveller (1774 Second) 1933/34- Sane 1937- same (Ellen, TH's widas is also here Still) 1939 - same 1939 - Same.
1941- Second St becomes Adams _ 1778 Adams - Fawett WS
on 1784 Adams - Talkot, WIT (Kath) retired 1943-1778-Adanac-XKirk, JS (Eileen F) mgr Un Cigar Stones 1946-1778-Byers, David A (Kathlen) rep Airolle+Co. 19811-1949-Ælphick, Robb (Christinac) meat dr. The Feating 1957- same

1900 - Clare, wt farmer Richmondied 1900 - Clare, wt farmer Richmondied 1903 - Clare, win roseph ferner Richmond Rd. 1905/06 - Clare, wm tough retired Richmond Rd. 1908 - Clare, win Joseph rancher 1910 - Clare, win Joseph rancher (no # given) - Selondst.

1896 Chince, WT \$1200. 2storey franch se TE.

Lot 21, blk, 45/8, sec. 25

Div 10 of 1 desday, 1 agast 21, 2001

1784 adamae St

16/05/03 Clark, William J., m, head, m, 6 Jul 1861, 39, ON, Meth, Dairyman.

16/05/04 Clark, June, f, wife, m, -- ---, n/g, QC, Psb, Domestic.

16/05/05 Tait, Isabella M., f, niece, s, 30 Apr 1883, 15, MB, Psb.

......Rems: Age & yr born as entered. MR: James Davey Richards, (d.13, p.8, l.15) 21, r.Victoria, b.Denver, CO, USA, milk rancher, CE, s.o.James & Alena mar Isabella Murray Tait, 21, r.Victoria, b.MB, Psb, d.o.James Tait & Amanda McKenzie, 6 Sep 1905, Victoria. RBCR: Richards, Isabel M., 79 y, 29 Oct 1964 at Vancouver, b.MB.

16/05/06 Johnson, George, m, driver, s, 3 Oct 1869, 31, NB, Meth, Teamster.

16/05/07 Bernett, George, m, milk wagon driver, s, 20 Aug 1873, 27, BC, Psb, Teamster.

...... Rems: BRI: George Burnett, 20 Aug 1873, Victoria. RBCR: Burnett, George, 68 y 11 m, 5 Aug 1942 at Chilliwack, BC, b. Victoria.

16/05/08 Yow, Jim, m, choir (chore) hand, s, -- --- ,-, CHN, to Can: -, n/g, Choir (chore) hand.

Lot 9, 1/2 ac., sec. 25

	09990
FORM 6. PROVINCE OF BRI	TISH COLUMBIA
CERTIFICATE OF REC	SISTRATION OF DEATH
1 PLACE OF DEATH—	2/ 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1
If in Municipality	Registered No. 70
If in City or Town Matter Street	(For use of Registrar of Vital Statistics only)
Name	
If in hospital or institution, give name	
	- 1/ finish
Residence 2114 Wancoura M	all place of abode)
PERSONAL AND STATISTICAL INFORMATION	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 RACIAL ORIGIN 5 Single, Married, Widowed or	70. 10. 10. 10.
Terrale Scott - Revold (Write the mord)	20 Date of death. (Month, day and year)
6 BIRTHPLACE (Province or Country)	21 I HEREBY CERTIFY, that I attended deceased from
7 DATE OF BIRTH (month, day and year) ,	(Apr) 184 1923 to Word 17 1923 that I
8 AGE Years Months Days If less than one day,	last saw her alive on how . 11th 1923 and
9 LAST OCCUPATION OF DECEASED	that death occurred on the date stated above, at 9.30 Am.
(a)	The CAUSE OF DEATH was as follows:
The state of the s	
(C) From. to	ancer of Stomoch 4673
(a)	(duration) yrs. 3 - mos. dys
	CONTRIBUTORY
(c) From to	(Secon lary)
(a) At place of death. 12 744 (b) In province 40 744	22 Where was disease contracted if not at place of death?
(c) In Canada (if an immigrapi).	10.574
12 Name of father Office Vail	Did an operation precede death? W Date of
13 Birthplace of father (Proving or country)	Was there an autopsy?
a 14 Maiden name of mother Man Chaylon	I would award
15 Birthplace of mother Province or country)	(Signed) M.D
16 Informant's name	Address DOGO NOC
Address John Stand, 100	Date Stars the Disease coupling Death or in death from Violent Causes, state (1) Mean
17 Relationship to deceased	State the Disease causing Death, or in death from Violent Causes, state (1) Mean and Nagare of Injury, (2) whether Accidental, suicidal or Homiglal.
Ron Bay Cunetry nov 14th 1923	23 District Registriar's Record Number
19 Undertaker McCall Bers 952 Johnson St	24 Filed 19 5 B 0/1 DV Curl
Nome and Address	Alfan District Registrar
SEC. 40—Vital Statistics Act makes it the duty of the Undertaker of "Certificate of Registration of Death" and to fyle the same with the District.	rict Resiles who shall issue the burial permit. (OVER)
	person acting as Understall 20 obtain all the particulars required in the circ REGI without shall issue the burial permit. (OVER)
•	RIA B Q

1784 Adarac BITUARY ISNOVI923 P.

The death occurred yesterday of a pioneer resident, Mrs. Jane Clark, wife of H. W. Clark, of 2117 Vancouver Street. The late Mrs. Clark was born in Quebec seventy-four years ago and had been a resident of this city for forty years. She is survived by her husband, one sister and one brother, Mrs. Annie Holland and Alex. Tait, of this city; and one brother, Robert Tait, in Vancouver. The remains are reposing at the McCall Funeral Chapel, Pandora Avenue, where the funeral will be held on Wednesday at 2.30. Interment will be made in Ross Bay Cemetery.

184 Adanac

1. Clark Had Lived in Victoria For Fifty Years

on or

nearly fifty years, passed away on Sat-urday Mr. Clark came to Victoria W. J. Clark, a resident of Victoria for from Ottawa and during his early re-After severing his connection with a dairy business on sidence here was con the force he opened Provincial Police.

to E. & T. Raper, and since they has lived a retired life at his home, 2117 Mr. Clark was a member of the I.O. P. and also a member of the Loyal Orangemen Association. Vancouver Street,

cated on Richmond Road. Over twenty years ago Mr. Clark sold his business

Rock Bay Avenue, which was later lo-

layes a brother and sister-in-law in nephews in the east, a sister-in-law, Mrs. Holland of Victoria, a brother-inlaw, Mr. Alec Tait of Victoria, as well as nieces and nephews in Viictoria and His wife predeceased him in 1923. of nieces Ontario, a number

morrew afternoon at 3.30 o'clock from made John Robson will conduct the service, take place pe after which interment will Bros.' Funeral The funeral will San Francisco. McCall

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21622

DITTI A DV

This Form, if placed in an envelope marked "Dominion Statistics—Free, penalty for improper use \$300," and addressed by name and title to the Registrar of the Registration Division in which the death occurred, will pass through the mail free. N.B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMAITENT RECORD. Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact seatement of OCCUPATION is very important. RACIAL ORIGIN will be discribed by stating to what race or people the deceased person longed, whether English. Itial, Scotch, French, German, etc. The terms "American" or "Canadian" should not be used as they express eltisenship but not a Racial origin. See instructions on back of Certificate. FORM 6. PROVINCE OF BRITISH COLUMBIA CERTIFICATE OF REGISTRATION OF DEATH 1 PLACE OF DEATH-If in Municipality If in City or Town Victoria If in hospital or institution, give name Residence.... PERSONAL AND STATISTICAL INFORMATION MEDICAL CERTIFICATE OF DEATH 4 RACIAL ORIGIN 5 Single, Married, Widowed or Divorged (Write the Word) Mrs. 29th (Month, day and year) 19. 2.9 6 BIRTHPLACE (Province or Country)... ...19.29. that I 7 DATE OF BIRTH (month, day and year) July, 1860. .19**29** and If less than one day The CAUSE OF DEATH was as follows: ON OF DECEASED myocarditio CONTRIBUTORY 10 LENGTH OF RESIDENCE (In years and months) (a) At place of death 20 years (b) In province 46
(c) In Canada (if an immigrant) 21 Where was disease contracted if not at place of death? Did an operation precede death. 12 Birthplace of father Sul 31 16 Relationship to dec Date of burial 1929 22. District Registrar's Re

46—Vital Statistics Act makes it the duty of the Undertaker or person acting as Undertaker to obtain all the particulars required in the Certificate of Registration of Death" and to file the same with the District Registrar who shall issue the burial permit.

A. P. Chadwick officiating. Interment will be made at Ross Bay Cemetery.

James Henry Fawcett, a resident of this city for the past fourteen years, died this morning at the Jubilee Hospital after an illness of five weeks. He was born at Peterboro, Ont., 57 years ago and leaves his widow, one son, W. S. Fawcett, two daughters, the Misses V. F. and Bertha B. Fawcett to mourn their loss. The funeral will take place from the B. C. Funeral Chapel on Saturday at 1 o'clock, Rev. Dr. Sipprell officiating. It is requested that no flowers he sent.

4413. Donald Mulcahy, J. Christian, A. ind Cownden and James Grant 7844danc Sharas Pyl RACHEL ELLEN FAWCETT an-Ou Mrs. Rachel Ellen Fawcett, widow of James F. Fawcett, und 'ou passed away yesterday at her the home, 1774 Second Street, aged 66. nyyears. She was a native of Peterboro, Ontario, and is survived by 1'S two daughters, Vina F. Newton and Bertha B. Fawcett, and one a son, Wilbert, all at home; six brothers, M. A. Fletcher, Van-10 6 9. couver; W. D. and Gordon Fletcher, New Westminster; Alex. Fletcher, Winnipeg, and Cecil Fletcher, Moose Jaw; Ernest Fletcher, Hamilton; two grandchildren and nephews and nieces. Funeral arrangements will be announced later. 1e b. in which he is alleged to have had

19 Undertaker BC. Fluneral. Co (Ha.ywards Ltd)

24 Filed. 19

Victoria BC (Name and Address)

SEC. 46—Vital Statistics Act makes it the duty of the Undertaker or person acting as Undertaker to obtain all the particulars required in the "Certificate of Registration of Death" and to fyle the same with the District Registrar who shall issue the burial permit. (OVER)

THIS IS A PERMANENT RECORD. Every item of information ash
STATE CAUSE OF DEATH in plain terms, so that it may be
ORIGINE be described by stating to what sace or people the decest
American. "or "Canadian" must not be used as they express citizen WEITE PLAINLY WITH UNFADING I d be stated EXACTLY. PHYSICIANS of OCCUPATION is very important. Ra sh, Scotch, French, German, etc. The ten statement of English, Irish,

PRO	DVINCE OF BE	RITISH COLUMI	65-Free, penalty for Improper use \$300," and properly addressed	83 VICTORIA will pass through the mail "FRE
1. PLACE	If in Rural Municipa		THE STATE OF BEATH	Registered No.
DEATH	If in City, Town or 1	buctori.	a (Name) Second C7	Deaths and Marriages o
2. LENGTH (a) In I	OF STAY (in years, m Junicipality where death	nonths and days) 30	(if death occurred in a hospital or institution, give t	House No.
3. NAME OF	F DECEASED	(Surname)	(Given and September 2) (City, town, likes or surel municipality of shode. Post Office Address for residents in surel parts not surely	pada (if immigrant)
4. SEX 5.	NATIONALITY 6. R.	ACIAL 7. Single, Mar RIGIN Widowed or Di	Tried MEDICAL OFFICE	ricient)
Temalo (Canadian En	glish widoe	23. DATE OF DEATH	Sed (Day)
8. BIRTHPLA		e Antas	24. I HEREBY CERTIFY that I attended decease	ed from:
9. DATE OF I	- 01	vince or Country)	19.33to	march 3
	(Month)	(Day)	(Year) and last saw h	march 19
10. AGE in	66 4	Days If less than one d	ay old	Mr. Jakeran Ing
11. Trade	profession or kind	hrs. or	min. Give disease, injury or complica-	
OI WORK	as spinner, teamster.	, , , , .	mode of dying, such as heart failure, asphyxia, asthenia, etc.	yes purpy
Omice cla	rk etc	ousehold de	- A P B M MULLIU CONDITIONS IT ANY CIVING PICO PA (/1)	her lensen
business,	of industry or as cotton mill,		Immediate cause (stated in order proceeding backwards from im-	
B lumberin	ng, bank, etc		mediate cause).	rdeo Kenso
S 13. Date de	eceased last worked at this		Other morbid conditions (if important) (Cha	102
				Je s
14. Total ye	ears spent in this occupation	on	causally related to immediate cause.	
15. If married gi or husband	ive name of wife d of deceased		25. If a woman, was the death associated with pregnan	ey? 120
H 16. NAME	Sulleam	aleman NI	26 Was there a surgical operation?	operation
			State findings	Was a second and a second and
E 17. BIRTHPLA		Province or Country)	II death was due to external courses (salabases) Cut	also the following
E 40	01	. 0 000	Applicant ministral 1 111 p	of injury
18. MAIDEN I	NAME LUUR	as voul		A Commission of the Commission
18. MAIDEN I	a Onto	rio	Masner of injury(How su	stained)
	(F	Province or Country)	Nature of injury	1 14 2 2000
20. Signature of i	mormant levelle	ysl. a	Specify whether injury occurred in	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	1	The contract of the	Bee Condustry, in home, or in public place	
Address	11 14 se	pond stu	et Signed by 18 The	
	to deceased	Con	The state of the s	2224
Relationship		000	Address 7/2 Fr or Date	march ?
	1 Chamber	1 17		
21. Place of Buris Date of buris	N. A.	al bos	23 28. District Registrar's Record Number	150
21. Place of Buris	m: Call	Bean Dictoria	23 % fistrict Registrar's Record Number	Sparse

(SEE REVERSE SIDE FOR INSTRUCTIONS)

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PROVICE OF BRITISH COLUMBIA MENT OF HEALTH SERVICES AND HOSPITAL INSURANCE

Reg. No. (Office use only) 60-09-014594

DIVISION OF VITAL STATISTICS
REGISTRATION OF DEATH

H	
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R	
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H	1.
11	

PLACE OF I	DEATH					
Name of city or place	Victoria,				Name of Munici pality (if any)	
	(If outside city or m	unic	ipal limits add	"Rural")	,, (,,	

House No. 4 90 Street or road Fraser Street

If death occurred in a heapitel or institution, give the name instead of street

LENGTH OF STY In Municipality where death occurred In Province In Municipality where death occurred Since 1907 In Province In Canada (if immigrant) 67 Years (in years, months and days)

3. PRINT FULL NAME OF DECEASED Fawcett 4. PERMANENT RESIDENCE OF DECEASED:

Wilbert Sherman (All given or Christian names in full) 5104501

Esquimalt

of District Rematrar)

Viotoria, B. C. Name of Munici-nutaide city or municipal limits add "Rurel", pality (if any) Name of city or place (If outside city or municipal Fraser Street .. House No. 6. CITIZENSHIP | 7. RACIAL GROUP 8. Single, Married, Widowed or Divorced (Single word) 9. BIRTHPLACE:
(City or Place and Province or Country) 5. SEX (See marginal note)
Canadian English Peterborough, Ontario

10. Date of Birth 11. AGE (Last Birthday) 67 Years if under if under 1 month 24 hours 12th 1893 December (Month by name) (Date)

12. (a) Trade, profession or kind of work as logger, fisherman, office MONTHS DAYS HOURS MIN. (Year) "YEARS Retired Contracting Builder

work as logger, uses clerk, etc.

(b) Kind of industry or business, as logging, fishing, bank, etc. (If isbourer specify 2:nd of work above) (If Housewife in own home answer "At Home")

Date deceased last worked

14. Total years spent in Many Years
this occupation

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

16. Name of father Fawcett James Henry (Surname or family name) Rachael Helen 17. Maiden name of mother (Surname or family name) (All given or Christian nam 18. Birthplace -Father..... entario City or Place and Province or Country) Mother (City or Place and Province or Country)

Given under my hand at Victoria, B. 9, this 12th day of December

Signature of informant (Married woman not to use Hasband's infilials or given names)

Relationship to deceased Mone. 60

Victoria, B. C.
(Name of City, Municipality or Place) (Province or State) Address of informant 734 - Broughton Street, (House No.) (Name of Street) 20. Burial, Cremation or Removal Burial

Place of Burial Ross Bay Cemetery

or Cremation

(Municipality, stc., where Cemetery located)

Name of Ross Bay Cemetery

21. Undertaker: B. C. Buneral Co. (Bayward's) Ltd.

Name

(Name of City, Municipality or Place) (Province or State) 60 19 (Year)

MEDICAL CERTIFICATE OF DEATH

7th December 22. DATE OF DEATH Inquiry ... 19 (Year) (Month by name) 23, I HEREBY CERTIFY that I attended deceased from Coronurs 19.

alive on Dae 12 ... 19, and last saw h..... 1960 Approximate interval between onset and death CAUSE OF DEATH

Disease or condition directly leading to death
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. it means the
disease, injury, or complication which caused
death.)
Antecedent couses
Morbid conditions, if any, giving rise to
the above cause, stating the underlying
condition last.

Other simplificant conditions contribution to (a) ormany thrombos due to (or as a consequence of)

(b) due to (or as a consequence of) Other significant conditions contributing to the death, but not related to the disease or condition causing it.

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

(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? Shome, farm, industrial place, highway, etc.) . 27. Signed by .

ose signature appears above 28. Print name of M.D., Coroner, etc., 29. Notations

VICTORIA/R 30. I hereby certify that the above return was made to me at .. (SEE REVERSE SIDE FOR INSTRUCTIONS) Dated DEC 1.4.1960

District Registration No.

DO NOT WRITE BELOW THIS LINE OFFICE USE ONLY

infant son of Mr. and Mrs. Stokes. Private service. (No flowers, by TALBOT-At the Jubilee Hospital on February 12, William John Talbot, aged 74 rears; born in Woolwich, England, and had been a resident of Victoria for the past eight years, late residence being 1784 Adanac Street. He was a member of the Canadian Branch of the Canadian Legion. Survived by his wife; three sons, Walter, Edward and David, all at home, and two daughters, Dorothy at home and Mrs. J. Brown at Gordon in Head; one granddaughter; one brother in England; and one sister in Victoria; ph ty one niece at Prince Rupert; nieces and nephews in England. Puneral services will be held in the chapel of Sands Mortuary, Ltd., on Thursday, February 14, at 3 o'clock, Rev. D. W. in Tal Scott will officiate and interment will be th in Royal Oak Burial Park. B¢ er, 317 Goldstream Avenue, Colwood, B.C. SANDS—COLWOOD TALBOT - In Victoria, B.C., on November 23, 1980, Mrs. Catherine Talbot, aged 94 years, born in Edenwold, Saskatchewan and resident of Victoria for many years, late residence, 85 Hampton Road. Predeceased by her husband, Wil-lim J. Talbot in 1946 and her son, Edward Talbot in 1974. She leaves her sons: Walter and David Talbot, Victoria, B.C.; daughters: Mrs. Ken (Dorothy) McGowan, Port Alberni, Victoria, B.C. and Mrs. Violet E. Brown, Victoria, B.C.; six grandchildren; five great-grandchildren. Service in the Sands Mortuary Limited, "Memorial Chapel of Chimes," 1803 Quadra Street, Victoria, B.C. on Wednesday, November 26, at 1:00 p.m. Mr. Paul Sharp officiating, Interment at the Royal Oak Burial Park: SANDS-VICTORIA

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 is defined in terms of the people or race to which the person—traced through the father—belongs, whether English, Irish Scottlish, French, German, Russian, Ukrainian, etc. The terms "Canadian" or "American" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (RATIONALITY):

District Registration No.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. (HIS IS A PERMANENT RECORD.

PROVINCIAL BOARD OF HEALTH—DIVISION OF VITAL STA

Reg. No. (Office use only)

for case

	REGIS	STRATION OF	DEATH			1 0	0317	J
1. PLACE Name	OF DEATH V	ictoria, B. C	. N	ame of Mu	unici-			
Street				lity (if any	y)		3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2. LENGT	H OF STAY In Mu	Jubilee Hospit (If death occurred in a he unicipality where death oc	spital or institu	ution, give	the name in	House N	oet and num	iber)
		8 years			Antec	In Car	iada (ii imn	ugrant)
		CEASED TAL		o you		41.	0 year	CS
			SUT st name)	((WILL.	LAM J	OHN	··········
Nome	NENT RESIDENCE (of city or place	of Deceased: Lctoria, B. C.	Na	me of Mu				
			ра	lity (if any	у)			
5. SEX	or road Adanac	7 RACIAL ORIGI	N 8. Single, M			House N	178	
Male	(See marginal note)	7. RACIAL ORIGI (See marginal note)	Widowed or (Write the	Divorced	WOO!	IPLACE (Province or Engla	Country
10. Date of	Canadian	English	Marri	led		T YA	13181	1110
June		1871	11. AGE	Years	Months	Days	If less than	one da
	onth by name) (Da		2015	74	8	7	brs. or	mi
20 12 (a) work a (b) as pap	Trade, profession or kings spinner, grader, clerk,	nd of Re	tired F	armer				6.4
as pap	s spinner, grader, clerk, Kind of industry or busi er mill, lumber, bank,	iness,		***************************************	***************************************		••••••	
13. Ds	te decessed last worked		(If labourer spe					
	this occupationed, widowed or divorced		t	his occupa	rs spent in tion			
of husbs	and or maiden name of	wife of deceased Cat	herine	Av. Carlotte and the second				
6. Name of	father Tal		ohn					
7. Maiden	Swa Swa	(Surname or last name)	nnie	((Given or Chris	tian names)		
B. Birthpla	((Surname or last name)			Given or Chris	tian names)		
Fathe	England (Province or	Country)	Mother	Fno	land	ovince or C		
9. I certify		e and correct to the best	of my knowle	odgo and h	(P)	ovince or C	ountry)	August 1
Given	under my hand at	Victoria, B.	C.	this 13	thans	Febr	שיר פנו	10- 6
Signat	ure of informant 2	ver talles	us)a	elet Re	lationshin t	o decesso	wife	197
	Address 178	84 Adamsc Str	eet			o decection	*	
Burial, (Burial	Dat	e Febr	by name)	14		. 19. 4
Place of	Burial Royal Oa	ak nicipality)	Cen	neterv	Royal	Oak B	urial	Park
L Undertal								
Name.	l Notations (Office use	ortuary Ltd.	Address	180	3 Quad	ra St	reet	
	Trousions (Once det (omy)						
		MEDICAL CERTIF	CATE OF I	DEATH				
. DATE O	F DEATH F	ebruary	12	PEAIN				
		(Month by name)						. 46
I HERE	DV CEDTIEV AL		4 -	1		(Day)		19 46 (Year)
	di Christiatiat	tended deceased from	23,4	lan.	1946	(Day)		.19
to	el 12	tended deceased from 19.4% an		lan.	1946 ve on Fr	(Day)		.19
to	eb. 12.	19. 46 an			1946 ve on Fr	b. 12.	DURATIO	(Year) 19
Give disease	el de	13 (\$ C)	nd last saw h		1940 ve on Fr	b. 12.	DURATIO	(Year) 19
Give disease caused death	eb. 12.	13 (\$ C)	nd last saw h		1946 ve on Fra Nulse	b. 12.		(Year) 19
Give disease caused death as heart failur orbid condition	, injury or complication wh, mot the mode of dying, so, asphyxia, asthenia, etc.	19 # an	nd last saw h		1946 ve on Fis	b. 12.		(Year) 19
Give disease caused death as heart failur orbid condition diate cause (injury or complication who mot the mode of dying, so, asphyxia, asthenia, etc.	19 # an Columbia (a) due to due to (b) due to	nd last saw h		1946 ve on Fis	b. 12.		(Year) 19
Give disease caused death as heart failur orbid condition diate cause (backwards i	injury or complication who, most the mode of dying, so, asphyxia, asthenia, etc. as, if any, giving rise to imm stated in order proceedifrom immediate cause).	(a) (b) due to (c) (c)	nd last saw h		1940 ve on Die	b. 12.		(Year) 19
Give disease caused death as heart failur orbid condition distriction district	injury or complication who into the mode of dying, so, asphysia, asthenia, etc. s, if any, giving rise to immustated in order proceedirom immediate cause).	10 # an 10 f an 10	nd last saw h		1940 ve on Fi	b. 12.		(Year) 19
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PROVINCE OF

BRITISH COLUMBIA (Canada)

DEPARTMENT OF HEALTH

REGISTRATION OF

DEATH

1. Surname of decrease (print or type) 2. ERF Penale	DIVISIO	on of Vital Statistics				
All Symposium and (former or page) Name of hospital or institution (subservies give seast location where death occurred) Orpog Road Hospital City, town or other place (by mann) Vactorial Location of the place (by mann) Vactorial Sannich City, town or other place (by mann) Vactorial BUSIAL RESIDENCE City, town or other place (by mann) Vactorial BARTIAL Sannich Sannich Sannich City, town or other place (by mann) Finance (by mann)	NAME OF	1. Surname of deceased (print or type) TALBOT				
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### SP Hampton Road ### Sp Ha	PLACE OF DEATH				Inside municipality	ripal re
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CAUSE OF DEATH CAUSE OF DEATH		25. Month (by name), day, year of death				interval be-
AUTOPSY PARTI- CULARS 27. Autopsy Yes No 38 Does the cause of death stated above take account content to the cause of autopsy findings? 38. If secident, suicide, homicide or undetermined (apecify) 39. If secident, suicide, homicide or undetermined (apecify) 31. Place of, injury (e.g., home, lam, highway, etc.) 32. Date of injury (Month (by name), day, year) 33. How did injury occur? (describe circumstances) SURGICAL OPERATION 36. I certify that to the best of my knowledge and ballef the above-indege and ballef the above-independent of the date and from the causes stated and from the causes stated herein: 37. Name of physician or coroner (print or type) DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY Date: Month, day, year District Registration No.		Port 1 1 4 2 Immediate cause of death Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last Port II 200 (c) (c) Other significant 2500 (c) Conditions contributing to the death but not causally related to the	ence of	, , ,	Lear	
ACCIDENT OR VIOLENCE (If opplicable) SURGICAL OPERATION CERTIFI- CATION (attending physician, coroner, etc.) Notations: ON NOT WRITE BELOW THIS LINE - OFFICE USE ONLY DEC = 3 1980 30. If accident, suicide, homicide or undetermined (apecily) Is a lift there was a recent surgical operation of the shower and from the causes stated and from the causes stated be and from the causes stated be and operation. CERTIFI- CATION CERTIFI- CATION CERTIFI- COPERATION CERTIFI- CATION DISTRICT REGISTRAR ON OZ DEC = 3 1980 31. Place of injury (Month (by name), day, year) 32. Date of injury (Month (by name), day, year) 32. Date of injury (Month (by name), day, year) Attending physician Physician Attending physician Physician Attending physician Attending physician Attending physician Physician Attending physi	PARTI-	27. Autopsy Yes No 28 Does the cause of death being stated above take account	nt Tes Mo	relating to the cau	se of	
SURGICAL OPERATION CERTIFI- CATION Plottions: Certify this return was accepted by me on this date at — District Registran Certification of District Registration No.				death be available	later?	
SURGICAL OPERATION CERTIFICATION 1 St. If there was a recent surgical operation operation of the date of operation operation give date of operation operation operation give date of ope	VIOLENCE					
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physicion, coroner, etc.) The physicion of physician or coroner (print or type) The physician or coroner (print		36. I certify that to the best of my Signature (attendit		(oner, etc.)		
Notations: Certify this return was accepted by me on this date at — District Registration No. District Registrator No. District Registrator No. District Registrator No. District Registrator No. DEC = 3 1980	CATION	knowledge and belief the above- named person died on the date and from the causes stated	NY >	Attend physic	ing examining b	ody h Coroner
CERTIFI- CATION OF DISTRICT REGISTRAR 2007 DEC = 3 1980	CATION (attending physician,	knowledge and belief the above- named person died on the date and from the causes stated herein: 37. Name of physician or coroner (print or type)	MY	Attend physic	Date: Mor	ody h Coroner
was accepted by me on this date at — VICTORIA, B. C. District Registration No. District Registration No. DEC = 3 1980	CATION (attending physician,	knowledge and belief the above- named person died on the date and from the causes stated herein: 37. Name of physician or coroner (print or type)	Address 520	Attend physic	Date: Mor	th, day, year
CATION OF DISTRICT REGISTRAR 2007 DEC = 3 1980	CATION (attending physician, coroner, etc.)	knowledge and belief the above- named person died on the date and from the causes stated herein: 37. Name of physician or coroner (print or type)	Address 520	Attend physic	Date: Mor	th, day, year
	CATION (attending physician, coroner, etc.)	knowledge and belief the above- named person died on the date and from the causes stated A nerein: 37. Name of physician or coroner (print or type) DO NOT WRITE BELOW THIS I certify this return was accepted by me on this date at—	Address 520 ELINE - OFF	Attend physic	Date: Mor	ody Coroner

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

aby decuis gratefully declined.) Adana C ELPHICK - Suddenly at the residence, 1604 Bay St., on January 19th, 1966, Mrs., Christina Cranston Elphick, aged 58 years. Born in Glasgow, Scotland, and a resident of Victoria, B.C., for the past 21 years. She leaves her husband, Robert, at home; her sons, Robert, in England, Jack, Roy and Allan, Victoria, B.C., and Don. Bagotville, Que.; eight grandchildren; her sister, Mrs. Jean Victoria, B.C.; several King. nieces and nephews. Services will be held in the Sands Mortuary Limited, "Memorial & Chapel of Chimes," on January 22nd, 1966 at 1 p.m. Rev. John Vickers officiating. Interment in the Colwood Burial Park. on Wednesday. laview Avenue, Sidney, D.C. SANDS-VICTORIA April ELPHICK - In Victoria on April 19, 1975, Mr. Robert Elphick in his 83rd year of 1604 Bay St., resident here for 31 years, formerly of Banff, Alberta. Predeceased by his wife "Tina" in 1966, he is survived by 5 sons, Jack, Roy and Allan of Victoria, Donald of Ottawa and Robert in England; several grandchildren; also his sister, Mrs. Sarah K. Wilson of Victoria. He served with the C. E. F. in the First World War and was a member of Britannia Branch No. 7 R.C.L. Funeral service in McCall Bros. FLORAL CHAPEL, Johnson and Vancouver Sts. on Thursday, April 24 at 1:00 p.m. with Tony Roberts

officiating. Interment at Colwood

Burial Park.

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Scottish, ased as description

s: English, other,

as: F

should be used

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certifying

Reg. No. (Office use only) 66-09-001429

REGISTRATION OF DEATH

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80	828 L		CE	n	1.00	-	g a	Th	æ

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

Street or road (If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY In Municipality where death occurred In Province In Canada

In Canada (if immigrant) In Province 21 Years (in years, months and days) 21 Years 50 Years

3. PRINT FULL NAME OF DECEASED [Surgers]

Christina Cranston (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED

51

Bay Street House No. 1604 6. CITIZENSHIP 7. RACIAL ORIGIN 8. Single, Married, Widowed or Divorced 9. BIRTHPLACE (See marginal note) Canadian (See marginal note) (City or Place and Province or Country) Female (Write the word) Married

Glasgow, Scotland 10, Date of Birth 11. AGE (Last Birthday) 1. Date of Disc.

On the profession or kind of work as logger, fisherman, office clerk, etc.

(b) Kind of industry or business, as logging, fishing, bank, etc. If under If under 1 month If under 58 YEARS 7th 1907 (Date) (Year) MONTHS DAYS HOURS

OCCUPATION 13. Date deceased last worked at this occupation 计 告 計 英 县

If married, widowed or divorced give name of husband or maiden name of wife of deceased Robert Elphick

(All given or Christian names) N.K. 17. Maiden name of mother

(All given or Christian names) 18. Birthplace -Father N.K.

Father (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 Victoris B.C.

Signature of informant Victoria Given Charried woman not to use Husbend's inhtials or given ..., this 19th. day of January Relationship to deceasedSon

Address of informant 372 (House No.)

Lagoon Road Colwood B.C. (Name of City, Municipality or Piace) (Provi (Name of Street)

20. Burial, Cremation or Removal Burial .

Place of Burial (State which) Date January 22nd.
Name of (Month by name) (Date)
Cemetery Colwood Burial Park Place of Burial

Place of Burial or Cremation Colwood B.C.

21. Undertaker: Camicipality, etc., where Cemetery located Sands Nortuary Limited

Address Victoria B.C.
(Name of City, Municipality or Piece)

MEDICAL CERTIFICATE OF DEATH

* January 22. DATE OF DEATH.....

21st. 19. 66 (Year)

23. I HEREBY CERTIFY that I attended deceased from 19. 19 .6.6., and last saw h Acce alive on ... teres, 19.606

CAUSE OF DEATH 4.2 Approximate interval between onset and death defacaction (a) Or or as a gonsequence of)
(b) Aller Selection (f)
(due to (or as a consequence of)

Disease or condition directly leading to death (This does not mean the mode of dying, e.g., disease, jolyn, or complication which caused Antecedent courses Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.

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

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

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?

(e.g. fracture of skull, left leg, etc., dislocation of -, burn to -, etc.) (e) Where did injury occur (home, farm, industrial place, highway, etc.)

Designation 27. Signed by Address .. 7.0 20

TORT IN Victorials 28. Print name of Docto ID.E

29. Notations ##22 amended to read: January 19, 1966. S.D. #16743. Feb.

Victoria 30. I hereby certify that the above return was made to me at Landery Sul de

belongs such a se, Japanese or "Canadian" a person belo, Chinese, J to which the p h allegiance, 7 of race t 90 owes s people o person o form å! to which the pe ip in Canada, u t, in terms of t racial groups: the father, i the country to the through in terms of that has rights o traced the s of one origin, t defined i (TIZENSHIP (NATIONALITY) is d a person who was born in Canada ercial etc. or i Stare the German, ORIGIN CITIZENSHIP RACIAL

DO NOT WRITE BELOW THIS LINE -OFFICE USE ONLY

9004-3.14: 23-12-63

District Registration No.

(Signature of District Registrar)

REGISTRATION OF

Registration No.
(Department use only)

75-09-006938

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

NAME OF	EL PHICK				1	
DECEASED	All given names in full ((print or type)			T	2. SEX
	3. Name of hospital or inst	Itution (otherwise give ex	ect location where	death occurred)		male
PLACE OF DEATH	D.O.A. RO	yal Jubilee Hos	pital		Inside	municipa)
>	Victoria 4. Complete street address	limits	(State yes			
USUAL	1004 Day	oriest	03-033	-10		
	Victoria			Inside municipa limits? (State Yes or No)	yes B.	C.
MARITAL STATUS	5. Single, married, widowed or divorced (Specify) Widowe	c Chr	wed, or divorced, istina Glas	give full name of I	nusband or ful	l maiden name of
OCCUPATION	10000	Butcher	8. Kind of busin	ness or industry in	which worked	1
BIRTHDATE	9. Month (by name), day, ye July 29	ar of birth 1892	10. AGE (years)	If under	(Days)	(Hours) (Min
BIRTHPLACE	11. City or place Prov	vince (or country) of birth	Indian		1 da state name o	y
FATHER	13. Sumame and given name	s of father (print or type)		THPLACE - City	or place, Prov	ince (or country)
MOTHER	Elphick	Edmond on names of mother (print	or type) 16, BIR1	England		
> TOTHER	17. Signature of Tolornant	as Victori	a	England	death and	ip to deceased
INFORMANT	X Address of informant	heep.			Son	
>	1193 Munro S			3.3	April 2	d-Month, day, y 2/75
DISPOSITION	Buria1			of burial or dispo	sition (<i>month,</i> 975	day, year)
		urial Park	Colwood, V.	.I.		1000
FUNERAL DIRECTOR	24, Name and address of fun McCall Br	eral director (or person in	charge of remains	y (print or type)		
	25. Month (by name), day, ye	MEDICAL CERTIF				
DATE OF DEATH	Found A	pril 21, 1975		1000	7 37 17 77	Approx interval I tween on
	Part 1 3959 Immediate cause of death	(a) Congles	cardia	Carero		& death
	Antecedent causes, if any, giving rise to	(C-1)-=	. 1	tem		Suga.
CAUSE OF DEATH	if any, giving rise to the immediate cause (a) above, stating the under- lying cause last	due to, pr as a consequ	ence of	war.		لانهور
	Port II	ſ	11		<u> </u>	1.5
	Other significant conditions contributing to the death but not causally related to the				••••••	
AUTOPSY PARTI- CULARS	immediate cause (a) above	stated above take accou	Yes No 39.	May further inform	nation	s No
ACCIDENT	30. If accident, suicide, homi undetermined (specify)	or autopsy findings?	injury (e.g. home, hway, etc.)	relating to the car death be available 2. Date of	later?	by name), day, ye
OR VIOLENCE	33. How did injury occur? (de		uway, etc.)			-/, uay, ye
t applicable)	34. If there was a recent surv	ical las o	erative findings			
PERATION	operation give date of ope	f my Signature (attend)				
CERTIFI- CATION (attending	knowledge and belief the inamed person died on the and from the causes state herein:	above- date d X	ng physician, coro	Attend physic	Physi ing examinin ian after o	ig body leath Coroner
physician, oroner, etc.)	DR. J. B. Mc CAN	er (print or type) -1494 LA	Address		Date:	Month, day, year
Notations:	DO NOT	WRITE BELOW THIS		ST E USE ONLY		7 23 7
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						AT SETTINGS

See Reverse for Instructions

("Blovel watered

CERTIFI-CATION OF DISTRICT REGISTRAR

District Registration No.

778

APR 3 0 1075

Date: Month (by name), day, year

B,C