

1784 Adanac St. - CD's

People

~~1913~~ 1912 - 1774 Second - Keighley, Arthur bricklayer

1914 - Adanac not listed; no J.H. Fawcett. → Fawcett Archibald M^d - transfer at 1774 Second St.

1917 - Adanac not listed; James H. Fawcett at 1774 Second St.

1921 - " - (Fawcett at 1774 Second, listed as rancher)

1924 - Fawcett, Ellen wid JH (1774 Second)

1926 - same

1929 - same

1931 - Fawcett, Wilbert S traveller (1774 Second)

1933/34 - same

1937 - same. (Ellen, JH's widow is also here still)

1939 - same

1941 - Second St becomes Adanac^a — 1778 Adanac → Fawcett WS

1943 - 1778 - Adanac - Kirk, JS^{dm} (Eileen F) mgr Un Cigar Stores. 1784 Adanac → Talbot, W^mJ (Kath) retired

1946 - 1778 - Byers, David A (Kathleen) rep At 1512 + Co

1949 - ~~1778~~ 1784 - Talbot, Mrs Cath wid WJ

1951 -

1949 - Elphick, Robt (Christina C) meat ctr. JW Feating

1957 - same

1898 - Clark, WJ farmer Richmond Rd

1900 - Clark, WJ - farmer - Richmond Rd

1903 - Clark, Wm Joseph - farmer Richmond Rd

1905/06 - Clark, Wm Joseph retired Richmond Rd

1908 - Clark, Wm Joseph - rancher

1910 - Clark, Wm Joseph - rancher (no # given)
- Second St.

1896 Clark, WJ \$1200 2 store franchise TR

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

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 (chorc) hand, s, -- --- ----, -, CHN, to Can: -, n/g, Choir (chorc) hand.

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

89995

FORM 6. PROVINCE OF BRITISH COLUMBIA
CERTIFICATE OF REGISTRATION OF DEATH

1 PLACE OF DEATH—

If in Municipality _____ Name _____ Registered No. 36-8-92
(For use of Registrar of Vital Statistics only)

If in City or Town Victoria Name _____ Street Wanecoma House No. 2114

If in hospital or institution, give name _____

2 NAME OF DECEASED Jane Clark

Residence 2114 Wanecoma Street Victoria
(Usual place of abode)

PERSONAL AND STATISTICAL INFORMATION

SEX Female 4 RACIAL ORIGIN Scottish 5 Single, Married, Widowed or Divorced Married
(Write the word)

6 BIRTHPLACE (Province or Country) Quebec

7 DATE OF BIRTH (month, day and year) _____

8 AGE Years 74 Months _____ Days _____
If less than one day, hrs. or min.

9 LAST OCCUPATION OF DECEASED

(a) Housewife (b) _____ (Kind of industry)

(c) From _____ to _____
(Date from which to which so employed)

10 FORMER OCCUPATION OF DECEASED

(a) _____ (b) _____ (Kind of industry)

(c) From _____ to _____
(Date from which to which so employed)

11 LENGTH OF RESIDENCE (In years and months)

(a) At place of death 12 years (b) In province 40 years

(c) In Canada (if an immigrant) _____

12 Name of father Thomas Tait

13 Birthplace of father Scotland
(Province or country)

14 Maiden name of mother Mary Blayne

15 Birthplace of mother Scotland
(Province or country)

16 Informant's name Bob Smith
 Address James Island, B.C.

17 Relationship to deceased Wife

18 Place of burial, cremation or removal Ross Bay Cemetery Date of burial Nov 14 1923

19 Undertaker McCall Bros 257 Johnston
(Name and Address)

MEDICAL CERTIFICATE OF DEATH

20 Date of death Nov 12 1923
(Month, day and year)

21 I HEREBY CERTIFY, that I attended deceased from Nov 12 1923 to Nov 12 1923 that I last saw her alive on Nov 11 1923 and that death occurred on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH was as follows:

Cancer of stomach 46 B
(duration) yrs. 3 mos. 3 dys

CONTRIBUTORY (Secondary)

(duration) yrs. _____ mos. _____ dys

22 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No

(Signed) W. P. ... M.D.

Address Victoria B.C.

Date Nov 12 23

State the Disease causing Death, or in death from Violent Causes, state (1) Means and Nature of Injury, (2) whether Accidental, suicidal or Homicidal.

23 District Registrar's Record Number HEP-3782

24 Filed NOV 12 1923 District Registrar W. P. ...

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 file the same with the District Registrar who shall issue the burial permit.

REGISTRAR, B. C. & M.
 VICTORIA, B. C.

(OVER)

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT 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 statement of OCCUPATION is very important. RACIAL ORIGIN will be described by stating to what race or people the deceased person belonged whether English, Irish, Scotch, French, German, etc. The terms "American" or "Canadian" must not be used, as they express citizenship but not a Racial origin. See instructions on back of Certificate.

OBITUARY

1784 Adanae Times 15 Nov 1923 P. 11

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.

1784 Adana

VICTORIA DAILY TIMES,

EARLY RESIDENT OF CITY PASSES

W. J. Clark Had Lived in Victoria For Fifty Years

W. J. Clark, a resident of Victoria for nearly fifty years, passed away on Saturday. Mr. Clark came to Victoria from Ottawa and during his early residence here was connected with the Provincial Police.

After severing his connection with the force he opened a dairy business on Rock Bay Avenue, which was later located on Richmond Road. Over twenty years ago Mr. Clark sold his business to E. & T. Raper, and since they have lived a retired life at his home, 2117 Vancouver Street.

Mr. Clark was a member of the I.O. O.F. and also a member of the Loyall Orangemen Association.

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

The funeral will take place tomorrow afternoon at 3.30 o'clock from McCall Bros. Funeral Home. Rev. John Robson will conduct the service, after which interment will be made at Ross Bay Cemetery.

CITY AD

21622

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.

FORM 6.

PROVINCE OF BRITISH COLUMBIA

CERTIFICATE OF REGISTRATION OF DEATH

1 PLACE OF DEATH—

If in Municipality..... Registered No. 310-29
If in City or Town Victoria Name Street House No.
If in hospital or institution, give name.....

2 NAME OF DECEASED William Joseph Clark
Residence 2117 - Vancouver St
(Usual place of abode)

PERSONAL AND STATISTICAL INFORMATION

3 SEX <u>Male</u>	4 RACIAL ORIGIN <u>Irish</u>	5 Single, Married, Widowed or Divorced (Write the Word) <u>Widowed</u>
6 BIRTHPLACE (Province or Country) <u>Ontario</u>		
7 DATE OF BIRTH (month, day and year) <u>July 1, 1860</u>		
8 AGE In <u>68</u> Years <u>11</u> Months <u>-</u> Days	If less than one day hrs. or min.	
9 OCCUPATION OF DECEASED (a) <u>Retired - Dairyman</u> (Trade or occupation or kind of work)		
10 LENGTH OF RESIDENCE (In years and months) (a) At place of death <u>30 years</u> (b) In province <u>46 years</u> (c) In Canada (if an immigrant) <u>—</u>		

MEDICAL CERTIFICATE OF DEATH

19 Date of death June 29th 1929
(Month, day and year)

20 I HEREBY CERTIFY that I attended deceased from January 19 1929 to June 29th 1929 that I last saw him alive on July 25th 1929 and that death occurred on the date stated above, at 5 P. m.
The CAUSE OF DEATH was as follows:
Pericarditis
(duration) ? yrs. ? mos. ? dys.

CONTRIBUTORY Myocarditis
(duration) 6 yrs. 6 mos. ? dys.

21 Where was disease contracted if not at place of death?
—

Did an operation precede death No Date of.....
Nature of operation.....

Was there an autopsy? No
(Signed) Edward King M.D.
Address Edward King Victoria BC
Date July 2nd 1929

State the Disease causing Death, or in death from Violent Cause, state (1) Means and Nature of Injury, (2) whether Accidental, Suicidal or Homicidal.

22 District Registrar's Record Number.....
23 Filed..... 19.....
District Registrar

11 Name of father.....
12 Birthplace of father Ireland
(Province or country)
13 Maiden name of mother.....
14 Birthplace of mother Ireland
(Province or country)

15 Informant's name Sgt. Stanley
Address 316 Edward St
16 Relationship to deceased Nephew

17 Place of burial, cremation or removal Ross Bay Cemetery Date of burial July 3, 1929

18 Undertaker McCormick Victoria BC

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 file the same with the District Registrar who shall issue the burial permit.

(OVER)

N.B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT 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 statement of OCCUPATION is very important. RACIAL ORIGIN will be described by stating to what race or people the deceased person belonged, whether English, Irish, Scotch, French, German, etc. The terms "American" or "Canadian" should not be used as they express citizenship but not a Racial origin. See instructions on back of Certificate.

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

1784 Adanc 16 Mar 1922 P.O.9

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 be sent.

ind. Donald Mulcahy, J. Christian, A.

Cownden and James Grant

1784 Adanc 03 Mar 1938 P.11
RACHEL ELLEN FAWCETT

Mrs. Rachel Ellen Fawcett, widow of James F. Fawcett, passed away yesterday at her home, 1774 Second Street, aged 66 years. She was a native of Peter-

boro, Ontario, and is survived by two daughters, Vina F. Newton and Bertha B. Fawcett, and one son, Wilbert, all at home; six brothers, M. A. Fletcher, Vancouver; 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.

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in which he is alleged to have had

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FORM 6. PROVINCE OF BRITISH COLUMBIA
CERTIFICATE OF REGISTRATION OF DEATH

1 PLACE OF DEATH—

If in Municipality Registered No. 3-7-22
(For use of Registrar of Vital Statistics only)

If in City or Town Victoria Street House No.
Name

If in hospital or institution, give name Jubilee Hospital

2 NAME OF DECEASED James Henry Fawcett
Residence 1774 Second Street Victoria B.C.
(Usual place of abode)

PERSONAL AND STATISTICAL INFORMATION

3 SEX male 4 RACIAL ORIGIN Irish 5 Single, Married, Widowed or Divorced Married
(Write the word)

6 BIRTHPLACE (Province or Country) Paterboro Ont.

7 DATE OF BIRTH (month, day and year) Feb. 4th. 1865

8 AGE Years Months Days If less than one day, hrs. or min.
57

9 LAST OCCUPATION OF DECEASED

(a) Rancher (b)
(Trade or occupation or kind of work) (Kind of industry)

(c) From to
(Date from which to which so employed)

10 FORMER OCCUPATION OF DECEASED

(a) Wagon (b)
(Trade or occupation or kind of work) (Kind of industry)

(c) From to
(Date from which to which so employed)

11 LENGTH OF RESIDENCE (In years and months)

(a) At place of death 5 weeks (b) In province 4 years
(c) In Canada (if an immigrant) 57 years

12 Name of father Andrew Fawcett

13 Birthplace of father Ireland
(Province or country)

14 Maiden name of mother Ann Jane Garvin

15 Birthplace of mother Ontario
(Province or country)

16 Informant's name W. J. Fawcett
Address 1174 Second St.

17 Relationship to deceased Son

18 Place of burial, cremation or removal Ross Bay Cemetery Date of burial March. 18th. 1922

19 Undertaker BC Funeral Co (Haywards Ltd)
Victoria BC
(Name and Address)

MEDICAL CERTIFICATE OF DEATH

20 Date of death March. 16th. 1922
(Month, day and year)

21 I HEREBY CERTIFY, that I attended deceased from 1912 to March 16, 1922 that I last saw him alive on March 16th. 1922 and that death occurred on the date stated above, at 9 A.M.

The CAUSE OF DEATH was as follows:
Cyclo Sepsis 133
(duration) 14 yrs. — mos. — dys

CONTRIBUTORY Pneumonia
(Secondary)
(duration) yrs. mos. 10 dys.

22 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Feb/1922

Was there an autopsy? no

(Signed) H. J. Pearson M.D.

Address 711 4th St

Date March 17/22

State the Disease causing Death or in death from Violent Causes, state (1) Means and Nature of Injury; (2) whether accidental, suicidal or homicidal.

23 District Registrar's Record Number
REGISTRAR E. D. M.

24 Filed 19
REGISTRAR E. D. M. District Registrar

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 file the same with the District Registrar who shall issue the burial permit. (OVER)

N.B.—WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be EXACTLY. PHYSICIANS should STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. RACIAL ORIGIN will be described by stating to what race or people the deceased person belonged whether English, Irish, Scotch, French, German, etc. The terms "American" or "Canadian" must not be used as they express citizenship but not a Racial origin. See instructions on back of Certificate.

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"

33 VICTORIA

PROVINCE OF BRITISH COLUMBIA—REGISTRATION OF DEATH

Registered No. 1427
For use of the Registrar of Births, Deaths and Marriages only

1. PLACE OF DEATH { If in Rural Municipality _____ (Name) _____
If in City, Town or Village Victoria (Name) _____ Street Second Street House No. 1774
(If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days)
(a) In Municipality where death occurred 30 years (b) In Province 30 years (c) In Canada (if immigrant) None

3. NAME OF DECEASED Thurcott (Surname) _____ Rachel Ellen (Given name or names)

RESIDENCE No. 1774 Street Second City, town, village or rural municipality Victoria Province B.C.
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. SEX _____ 5. NATIONALITY (Citizenship) Female Canadian 6. RACIAL ORIGIN English 7. Single, Married, Widowed or Divorced (Write in words) Widow

MEDICAL CERTIFICATE OF DEATH
23. DATE OF DEATH March 3rd 1938
(Month) (Day) (Year)

8. BIRTHPLACE Peterboro Ontario
(Province or Country)

24. I HEREBY CERTIFY that I attended deceased from: _____ 1933 to March 3rd 1938
and last saw him alive on March 1st 1938

9. DATE OF BIRTH Oct 25th 1871
(Month) (Day) (Year)

10. AGE in Years 66 Months 4 Days 5 If less than one day old _____ hrs. or _____ min.

CAUSE OF DEATH
I. Immediate cause (a) Cerebral apoplexy
Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthma, etc. due to Hypertension
II. Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). due to Cardio Renal
Other morbid conditions (if important) contributing to death but not causally related to immediate cause. Change 102

11. Trade, profession or kind of work as spinner, teamster, office clerk etc. _____
12. Kind of industry or business, as cotton mill, lumbering, bank, etc. _____
13. Date deceased last worked at this occupation _____
14. Total years spent in this occupation _____

15. If married give name of wife or husband of deceased _____

25. If a woman, was the death associated with pregnancy? No

16. NAME William Charles Fletcher

26. Was there a surgical operation? No Date of operation _____
State findings _____ Was there an autopsy? No

17. BIRTHPLACE Ontario
(Province or Country)

27. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? _____ Date of injury _____ 10 _____
(State which)

18. MAIDEN NAME Abigail Bell

Manner of injury _____ (How sustained)
Nature of injury _____

19. BIRTHPLACE Ontario
(Province or Country)

Specify whether injury occurred in _____
Industry, in home, or in public place

20. Signature of informant William Charles Fletcher (Signature)
Address 1774 Second Street
Relationship to deceased Son

Signed by H. Harrison M.D.
Address 715 4th Ave Date March 3, 1938

21. Place of Burial, Cremation or Removal Road Bay Cemetery
Date of burial or removal March 15, 1938

28. District Registrar's Record Number _____
Filed 5th March 1938

22. UNDERTAKER D. C. Call (B.C. Victoria B.C.)
(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 file the 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

OCCUPATION
FATHER
MOTHER

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

45
 Reg. No. (Office use only)
 60-09-014594

1. PLACE OF DEATH

Name of city or place Victoria, B. C. Name of Municipality (if any) _____
(If outside city or municipal limits add "Rural")
 Street or road Fraser Street House No. 4 90
(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 (if immigrant) _____
(in years, months and days) Since 1907 1907 67 Years

3. PRINT FULL NAME OF DECEASED Fawcett Wilbert Sherman
(Surname or family name) (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED:
 Name of city or place Victoria, B. C. Name of Municipality (if any) Esquimalt
(If outside city or municipal limits add "Rural")
 Street or road Fraser Street House No. 490

5. SEX Male **6. CITIZENSHIP** Canadian **7. RACIAL GROUP** English **8. Single, Married, Widowed or Divorced** Single **9. BIRTHPLACE:** Peterborough, Ontario
(See marginal note) (See marginal note) (Write the word)

10. Date of Birth December 12th 1933 **11. AGE (Last Birthday)** 67 Years
(Month by name) (Date) (Year) If under 1 year _____ If under 1 month _____ If under 24 hours _____ If under 1 hour _____
YEARS MONTHS DAYS HOURS MIN.

12. (a) Trade, profession or kind of work as logger, fisherman, office clerk, etc. Retired Contracting Builder
(b) Kind of industry or business, as logging, fishing, bank, etc.
(If labourer specify kind of work above) (If Housewife in own home answer "At Home")

13. Date deceased last worked at this occupation --- **14. Total years spent in this occupation** Many Years

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) (All given or Christian names)

17. Maiden name of mother Fletcher Rachael Helen
(Surname or family name) (All given or Christian names)

18. Birthplace - Ontario Ontario
Father (City or Place and Province or Country) Mother (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 12th day of December 19 60

Signature of informant Ruth E. Jones Relationship to deceased None
(Married woman not to use husband's initials or given names)

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

20. Burial, Cremation or Removal Burial Date December 14th 19 60
(State which) (Month by name) (Date) (Year)
 Place of Burial Ross Bay Cemetery Name of Cemetery Ross Bay Cemetery
(Municipality, etc., where Cemetery located)

21. Undertaker: B. C. Funeral Co. (Hayward's) Ltd. Address 734 - Broughton St., Victoria
Name (Name of City, Municipality or Place) (Province or State)

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH December 7th 19 60
(Month by name) (Date) (Year)

23. I HEREBY CERTIFY that I attended deceased from Crown Inquiry to _____, and last saw him _____ alive on Dec. 12 1960.

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.) Coronary thrombosis Approximate interval between onset and death _____
 (a) _____ due to (or as a consequence of) _____
 Antecedent causes Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last. (b) _____ due to (or as a consequence of) _____
 (c) _____
 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? no Yes or No

25. (a) Was there a recent surgical operation? no (b) Date of operation _____ 19 _____
 (c) State findings of operation _____ (d) Was there an autopsy? no

26. If a violent death, fill in also: (a) Accident ; Suicide ; Homicide (b) Date of injury _____ 19 _____

(c) How did injury occur? _____
 (d) Injuries sustained? _____
(e.g., fracture of skull, left leg, etc., dislocation of, bum to, etc.)

(e) Where did injury occur? home, farm, industrial place, highway, etc.

27. Signed by J. H. Jones Designation Coroner M.D., Coroner, etc.
 Address 7405 Douglas St Date Dec 12 1960

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

30. I hereby certify that the above return was made to me at VICTORIA, B. C.
 Dated DEC 14 1960 19 _____
 District Registration No. 1826

J. H. Jones
 (Signature of District Registrar)

MARGIN RESERVED FOR BINDING, WRITE PLAINLY, WITH UNFADING INK, THIS IS A PERMANENT RECORD.
 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 GROUP: For purposes of this registration it is necessary to specify only to which of the following broad racial groups the person belongs, as traced through the father: - White, native Indian, Negro, Chinese, Japanese, or other.

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

infant son of Mr. and Mrs. J. Stokes. Private service. (No flowers, by request). Adanac Col 14 Feb 1946

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TALBOT—At the Jubilee Hospital on February 12, William John Talbot, aged 74 years; 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 Head; one granddaughter; one brother in England; and one sister in Victoria; one niece at Prince Rupert; nieces and nephews in England.

Funeral services will be held in the chapel of Sands Mortuary, Ltd., on Thursday, February 14, at 3 o'clock. Rev. D. W. Scott will officiate and interment will be in Royal Oak Burial Park.

er, 317 Goldstream Avenue,
Colwood, B.C.
SANDS—COLWOOD

1784 Adanac Col 25 Nov 1980

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, William 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

VICTORIA

PROVINCE OF BRITISH COLUMBIA
PROVINCIAL BOARD OF HEALTH—DIVISION OF VITAL STATISTICS
REGISTRATION OF DEATH

Reg. No. (Office use only)

003173

1. PLACE OF DEATH
Name of city or place Victoria, B. C. Name of Municipality (if any) _____
Street or road Royal Jubilee Hospital House No. _____
(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 (if immigrant)
(in years, months and days) 8 years 8 years 50 years

3. PRINT FULL NAME OF DECEASED TALBOT WILLIAM JOHN
(Surname or last name) (Given or Christian names)

4. PERMANENT RESIDENCE OF DECEASED:
Name of city or place Victoria, B. C. Name of Municipality (if any) _____
Street or road Adanac Street House No. 1784

5. SEX Male 6. CITIZENSHIP Canadian 7. RACIAL ORIGIN English 8. Single, Married, Widowed or Divorced Married 9. BIRTHPLACE (Province or Country) Woolwick, England
(See marginal note) (See marginal note) (Write the word)

10. Date of Birth June 5 1871 11. AGE Years Months Days If less than one day
(Month by name) (Day) (Year) 74 8 7 hrs. or min.
12. (a) Trade, profession or kind of work as spinner, grader, clerk, etc. Retired Farmer
(b) Kind of industry or business, as paper mill, lumber, bank, etc. _____
(If labourer specify kind of work above)

13. Date deceased last worked at this occupation _____ 14. Total years spent in this occupation _____

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

16. Name of father Talbot John (Surname or last name) (Given or Christian names)
17. Maiden name of mother Swan Annie (Surname or last name) (Given or Christian names)

18. Birthplace:— England (Province or Country) Father England (Province or Country) Mother England (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 13th day of February 19 46
Signature of informant Mrs Catherine Talbot Relationship to deceased wife
Address 1784 Adanac Street

20. Burial, Cremation or Removal Burial Date February 14 19 46
(Month by name) (Day) (Year)
Place of Burial Royal Oak Cemetery Royal Oak Burial Park
(Municipality)

21. Undertaker:— Sands Mortuary Ltd. Address 1803 Quadra Street
Name

22. Marginal Notations (Office use only)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH February 12 19 46
(Month by name) (Day) (Year)

24. I HEREBY CERTIFY that I attended deceased from 23 Jan. 1946 to Feb. 12 19 46 and last saw him alive on Feb. 12 19 46.

CAUSE OF DEATH	DURATION		
	Yrs.	Mos.	Dys.
I Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, assthenia, etc. <u>136 Pulmonary Tuberculosis</u> (a) due to _____			
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b) due to _____ (c) _____			
II Other morbid conditions (if important) contributing to death but not causally related to immediate cause.			

25. If a woman, was the death associated with pregnancy? N/A.

26. Was there a surgical operation? no Date of operation N/A.
State findings N/A. Was there an autopsy? No.

27. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide? N/A. Date of injury N/A.
Manner of injury N/A. (State which) (How sustained)
Nature of injury N/A.
Specify whether injury occurred in industry, in home or in public place N/A.

Signed by G. H. Hart Designation M. D., Coroner, etc.
Address Dist. Victoria's Affairs Bldg. Date 13 Feb. 19 46

28. I hereby certify that the above return was made to me at VICTORIA, B.C.
Dated FEBRUARY 14th 19 46 Clare G. Scott
180 (District Registrar)

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

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, Scottish, French, German, Russian, Ukrainian, etc. The terms "Canadian" or "American" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

NAME OF DECEASED	1. Surname of deceased (print or type) TALBOT		2. SEX Female
	All given names in full (print or type) Catherine		
PLACE OF DEATH	3. Name of hospital or institution (otherwise give exact location where death occurred) Gorge Road Hospital		
	City, town or other place (by name) Victoria		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) 85 Hampton Road		
	City, town or other place (by name) Saanich		Province (or country) B.C.
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 TALBOT, William John	
OCCUPATION	7. Kind of work done during most of working life Housewife		8. Kind of business or industry in which worked Home
BIRTHDATE	9. Month (by name), day, year of birth October 26, 1886		10. AGE (years) (Months) (Days) (Hours) (Minutes) 94
	11. City or place Province (or country) of birth Edenwold, Saskatchewan		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) SEIBOLD, Christian		14. BIRTHPLACE - City or place, Province (or county) Austria
MOTHER	15. Maiden surname and given names of mother (print or type) SEITZ, Dorothy		16. BIRTHPLACE - City or place, Province (or county) Romania
INFORMANT	17. Signature of informant X [Signature]		18. Relationship to deceased Daughter
	19. Address of informant #203-1005 Pakington St., Victoria, B.C.		20. Date signed - Month, day, year November 24, 1980
DISPOSITION	21. Burial, cremation or other disposition (specify) Burial		22. Date of burial or disposition (month, day, year) November 26, 1980
	23. Name and address of cemetery, crematorium or place of disposition Royal Oak Burial Park, Saanich, B.C.		
FUNERAL DIRECTOR	24. Name and address of funeral director (or person in charge of remains) (print or type) SANDS MORTUARY LIMITED, 1803 Quadra St., Victoria, B.C.		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	25. Month (by name), day, year of death November 23, 1980		Approx. interval between onset & death
CAUSE OF DEATH	26. Part I #142 Immediate cause of death (a) Cardiac Failure 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) Advanced arteriosclerotic heart disease (c) _____		
	Part II #2500 Other significant conditions contributing to the death but not causally related to the immediate cause (a) above (b) Diabetes		
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 checked="" type="checkbox"/>	29. May further information relating to the cause of death be available later? Yes No <input type="checkbox"/> <input checked="" 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.)
	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 [Signature]		Attending physician <input checked="" type="checkbox"/> Physician examining body after death <input type="checkbox"/> Coroner <input type="checkbox"/>
	37. Name of physician or coroner (print or type) R MATIKO		Address Date: Month, day, year 3520 Quadra St 25/11/80

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 -		VICTORIA, B. C.
	District Registration No. 2094	Date: Month (by name), day, year DEC - 3 1980	Signature of District Registrar [Signature]

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.

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ably directors gratefully declined.)

1784 Adanae

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 King, Victoria, B.C.; several nieces and nephews.

Services will be held in the Sands Mortuary Limited, "Memorial Chapel of Chimes," on Saturday, January 22nd, 1966 at 1 p.m. Rev. John Vickers officiating. Interment in the Colwood Burial Park.

... on Wednesday.

laview Avenue, Sidney, B.C.
SANDS—VICTORIA

1784 Adanae Col 23 April 1975

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.

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

Reg. No. (Office use only)

66-09-001429

1. PLACE OF DEATH

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

Street or road D.O.A. Royal Jubilee Hospital (If outside city or municipal limits add "Rural")

2. LENGTH OF STAY

In Municipality where death occurred 21 Years In Province 21 Years In Canada (if immigrant) 50 Years

3. PRINT FULL NAME OF DECEASED

Elphick Christina Cranston

4. PERMANENT RESIDENCE OF DECEASED

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

Street or road Bay Street

House No. 1604

5. SEX Female 6. CITIZENSHIP Canadian 7. RACIAL ORIGIN White 8. Single, Married, Widowed or Divorced Married 9. BIRTHPLACE Glasgow, Scotland

10. Date of Birth October 7th, 1907 11. AGE (Last Birthday) 58 YEARS

12. (a) Trade, profession or kind of work as logger, fisherman, office clerk, etc. At Home
(b) Kind of industry or business, as logging, fishing, bank, etc.

13. Date deceased last worked at this occupation ***** 14. Total years spent in this occupation *****

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

16. Name of father Gless John
17. Maiden name of mother N.K.
18. Birthplace - N.K. Father N.K. Mother N.K.

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 19th. day of January 1966
Signature of informant A. L. Elphick Relationship to deceased Son
Address of informant 372 Lasoon Road Colwood B.C.

20. Burial, Cremation or Removal Burial Date January 22nd, 1966
Place of Burial Colwood B.C. Name of Cemetery Colwood Burial Park
21. Undertaker: Sands Mortuary Limited Address Victoria B.C.

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH January 21st, 1966
23. I HEREBY CERTIFY that I attended deceased from 19 Jan 1966 to 19 Jan 1966, and last saw him alive on Jan 19 1966

CAUSE OF DEATH
(a) Coronary Arteriosclerosis
(b) arteriosclerosis (hypertension)
(c) due to (or as a consequence of)
Approximate interval between onset and death 5 years

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? Yes (b) Date of operation 19
(c) State findings of operation ha (d) Was there an autopsy? ha

26. If a violent death, fill in also: (a) Accident ; Suicide ; Homicide (b) Date of injury 19
(c) How did injury occur?
(d) Injuries sustained?
(e) Where did injury occur? (home, farm, industrial place, highway, etc.)

27. Signed by R. J. W. [Signature] Designation M.D. M.D. or Coroner.
Address 414-645 Date 20 Jan 1966

28. Print name of Doctor or Coroner, whose signature appears above R. J. W. [Signature]
29. Notations #22 amended to read: January 19, 1966. S.D. #16743. Feb. 7, 1966.

30. I hereby certify that the above return was made to me at Victoria B.C.
Dated January 31, 1966
District Registration No. 750 E. M. [Signature] (Signature of District Registrar)

(SEE REVERSE SIDE FOR INSTRUCTIONS)

IMPORTANT: Any change or correction made in the completion of this form must be initialed 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.

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

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PROVINCE OF
BRITISH COLUMBIA (Canada)

REGISTRATION OF

DEPARTMENT OF HEALTH
Division of Vital Statistics

DEATH

03-033
Registration No.
(Department use only)

75-09-006938

NAME OF DECEASED	1. Surname of deceased (print or type) ELPHICK		2. SEX male
	All given names in full (print or type) Robert		
PLACE OF DEATH	3. Name of hospital or institution (otherwise give exact location where death occurred) D.O.A. Royal Jubilee Hospital		
	City, town or other place (by name) Victoria		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) 1604 Bay Street		
	City, town or other place (by name) Victoria		Province (or country) B.C.
MARRITAL 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 Christina Glass	
	7. Kind of work done during most of working life Retired Butcher		8. Kind of business or industry in which worked
BIRTHDATE	9. Month (by name), day, year of birth July 29 1892		10. AGE (years) (Months) (Days) (Hours) (Minutes) 82
	11. City or place Province (or country) of birth Sussex, England		12. Native Indian? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If "yes" state name of band
FATHER	13. Surname and given names of father (print or type) Elphick Edmond		14. BIRTHPLACE - City or place, Province (or country) England
	15. Maiden surname and given names of mother (print or type) Christmas Victoria		16. BIRTHPLACE - City or place, Province (or country) England
INFORMANT	17. Signature of informant <i>X R. S. Elphick</i>		18. Relationship to deceased Son
	19. Address of informant 1193 Munro St. Victoria, B.C.		20. Date signed - Month, day, year April 22/75
DISPOSITION	21. Burial, cremation or other disposition (specify) Burial		22. Date of burial or disposition (month, day, year) April 24, 1975
	23. Name and address of cemetery, crematorium or place of disposition Colwood Burial Park Colwood, V.I.		
FUNERAL DIRECTOR	24. Name and address of funeral director (or person in charge of remains) (print or type) McCall Bros. 1400 Vancouver St. Victoria		

MEDICAL CERTIFICATE OF DEATH			
DATE OF DEATH	25. Month (by name), day, year of death Found April 21, 1975		Approx. interval between onset & death
CAUSE OF DEATH	26. Part I 3959 Immediate cause of death <i>Congestive cardiac failure</i>		<i>Sussex</i>
	(a) due to, or as a consequence of <i>Cardiac arrhythmia</i>		
	(b) due to, or as a consequence of <i>acute myocardial infarction</i>		
Part II Other significant conditions contributing to the death but not causally related to the immediate cause (a) above		II	
AUTOPSY PARTICULARS	27. Autopsy being held? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	28. Does the cause of death stated above take account of autopsy findings? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	29. May further information relating to the cause of death be available later? Yes <input type="checkbox"/> No <input checked="" 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)		
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: <i>X [Signature]</i>		
CERTIFICATION (attending physician, coroner, etc.)	37. Name of physician or coroner (print or type) DR. J. B. McCaw		Date: Month, day, year 4 23 75
	Address 1494 FAIRFIELD ST.		

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 - VICTORIA, B. C.		B.C.
	District Registration No. 778	Date: Month (by name), day, year APR 30 1975	
		Signature of District Registrar <i>H. Anderson</i>	

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
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 4-18-75