

68100 (59)

FORM 2.

PROVINCE OF BRITISH COLUMBIA

CERTIFICATE OF REGISTRATION OF MARRIAGE

20-09-221100

DEC 28 1920  
VANCOUVER, B. C.

REGISTERED Number 86-5  
(For use of Registrar of Vital Statistics.)

City, Town or District Municipality

BRIDEGROOM

1. Full name *Draper Cecil Gilbert*  
(Surname) (Given name)

2. Occupation *Lumberman*

3. Bachelor, Widower or Divorced *Bachelor*

4. Age *33* 5. Religious Denomination *Presbyterian*

6. Residence *St Francis Hotel Vancouver B.C.*  
(If in Canada, province, county and Post Office address. If foreign, state country.)

7. Place of birth *Southcote Post Office Wentworth County*  
(If born in Canada, province, county and Post Office address. If foreign-born, country.)

8. Name of father *Draper Frank* *Ontario*

9. Place of birth of father *Wentworth County Ontario*

10. Maiden name of mother *Ramsay Elizabeth*

11. Place of birth of mother *Ontario*

12. Can bridegroom read? *Yes* Write? *Yes*

BRIDE

13. Full name *Hood May*  
(Surname) (Given name)

14. Occupation *Waitress*

15. Spinster, Widow or Divorced *Spinster*

16. Age *27* 17. Religious Denomination *Presbyterian*

18. Residence *1074 Bender St. West Vancouver B.C.*  
(If in Canada, province, county and Post Office address. If foreign, state country.)

19. Place of birth *Hitcham Northumberland England*  
(If born in Canada, province, county and Post Office address. If foreign-born, country.)

20. Name of father *Hood John*

21. Place of birth of father *Woolston Northumberland England*

22. Maiden name of mother *Graham Annie*

23. Place of birth of mother *Northumberland England*

24. Can bride read? *Yes* Write? *Yes*

25. When married *21st* day of *December* 19 *20*  
(Month) (Year)

26. Place of marriage *1061 Pender St. Vancouver B.C.*  
(Name of church or clergyman's residence or location of dwelling house)

27. By license or banns *License 70557*  
(If by license, give number)

28. Signature of Groom *Cecil Gilbert Draper*  
 Bride *May Hood*

29. Witness Name *Frank Salondy*  
 Address *Metropole Hotel, City*  
 Name *Elizabeth Hood*  
 Address *1061 Pender St. N. City*

I certify the above stated particulars are true to the best of my knowledge and belief.

Clergyman *J. S. Henderson D.D.*  
(Signature)  
 Address *1061 Pender St. City*  
 Religious Denomination *Presbyterian*

Registered Number *1981* Filed at this office *28* day of *December* 19 *20*  
*J. Mahony*  
 District Registrar.

NOTE.—This form must not be mutilated. All information asked for is to be given including full Christian and Surnames of all parties, and if for any reason this is impossible, the reason for the omission must be stated.



*Acids brother  
did accidentally the  
year they lived in  
the house*

This Form, if placed in an envelope marked "Dominion Statistics—Final" and addressed by name and address 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

29516

1 PLACE OF DEATH

If in Municipality

Registered No. *91-D-30*

If in City or Town

*Vancouver*

Name

Street

House No.

If in hospital or institution, give name

*Vancouver General Hospital*

2 NAME OF DECEASED

*Arthur Gordon Draper*

Residence

*650 Seymour Street*

(Usual place of abode)

PERSONAL AND STATISTICAL INFORMATION

3 SEX *Male* 4 RACIAL ORIGIN *English* 5 Single, Married, Widowed or Divorced *Single*

6 BIRTHPLACE (Province or Country) *One Onler. Ont.*

7 DATE OF BIRTH (month, day and year) *Mar 8 - 1889*

8 AGE In 

Years	Months	Days	If less than one day
<i>41</i>	<i>7</i>	<i>6</i>	hrs. or min.

9 OCCUPATION OF DECEASED

(a) *Bridge-builder*

(b) *Bridge-builder*

10 LENGTH OF RESIDENCE (In years and months)

(a) At place of death *4 Days* (b) In province *3 years* (c) In Canada (if an immigrant) *Life*

11 Name of father *Frances Draper*

12 Birthplace of father *Ontario*

13 Maiden name of mother *Elizabeth Ramsay*

14 Birthplace of mother *Ontario*

15 Informant's name *Thomas Z. Draper*  
Address *650 Seymour St.*

16 Relationship to deceased *Brother*

17 Place of burial, cremation or removal *Calgary, Alta*  
Date of burial *Oct 16 1930*

18 Undertaker *Wm. Thomson*  
(Name and address) *Vancouver*

MEDICAL CERTIFICATE OF DEATH

19 Date of death *October 14 1930*

20 I HEREBY CERTIFY, that I attended deceased from *HELLED INQUIRY ON* *October 15 1930* and that death occurred on the date stated above, at *2:15 p.m.*

The CAUSE OF DEATH was as follows:  
*Fracture of vertebrae from accidental fall Oct 11 1930 186*  
*fracture of vertebrae*  
*fracture of vertebrae*  
*fracture of vertebrae*  
*fracture of vertebrae*

21 Where was disease contracted if not at place of death?  
*Remembrance with lead. radiation + injury*

Did an operation precede death? *no* Date of operation

Nature of operation

Was there an autopsy? *yes*

(Signed) *W. Sydney Jack* M.D.  
Address *VANCOUVER, B.C.*  
CORONER

Date *Oct 16 1930*

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

22. District Registrar's Record Number *18711*  
23 Filed *16 Oct 1930*  
*A. Blake* District Registrar

N.B.—WRITE PLAINLY WITH UNFAADING 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.

SEC. 45—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)



PROVINCE OF BRITISH COLUMBIA
DEPARTMENT OF HEALTH AND WELFARE - DIVISION OF VITAL STATISTICS
REGISTRATION OF DEATH

49-09-005448

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 is 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).

1. PLACE OF DEATH: Name of city or place: White Rock, Name of Municipality (if any): Surrey, Street or road: Steye Road, House No.: 369

2. LENGTH OF STAY: In Municipality where death occurred: 4 yrs, In Province: 31 yrs, In Canada (if immigrant): 31 yrs

3. PRINT FULL NAME OF DECEASED: DRAPER, May

4. PERMANENT RESIDENCE OF DECEASED: Name of city or place: White Rock, Name of Municipality (if any): Surrey, Street or road: Steye Road, House No.: 369

5. SEX: Male, 6. CITIZENSHIP: Canadian, 7. RACIAL ORIGIN: English, 8. Single, Married, Widowed or Divorced: Widowed, 9. BIRTHPLACE: England

10. Date of Birth: February 7, 1892, 11. AGE: 57 Years, 3 Months, 11 Days

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

13. Date deceased last worked at this occupation: May 14/49, 14. Total years spent in this occupation: 31 yrs

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased: Cecil Gilbert Draper

16. Name of father: Not known, 17. Maiden name of mother: Not known

18. Birthplace: Father: England, Mother: England

19. I certify the foregoing to be true and correct to the best of my knowledge and belief. Given under my hand at White Rock, this 19th day of May, 1949. Signature of informant: C. G. Draper, Relationship to deceased: Husband

20. Burial, Cremation or Removal: Cremation, Date: May 19, 1949, Place of Burial: Municipality, Cemetery: Newton, N.W.

21. Undertaker: Name: Caselman & Co., Address: 755 Victoria Ave White Rock

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH: May 18, 1949

23. I HEREBY CERTIFY that I attended deceased from 19 to 19, and last saw him alive on 19

Table with columns: CAUSE OF DEATH, DURATION (Yrs, Mos, Dys). Cause of death: (a) Second poisoning due to (b) Self administered (c) Volatile temporary mentally decayed

24. If a woman, was the death associated with pregnancy? No, Duration: weeks, Was there a delivery? No

25. Was there a surgical operation? No, Date of operation: 19, State findings: Was there an autopsy? No

26. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Suicide, Date of injury: May 18, 1949, Manner of injury: Second poisoning, Nature of injury: Self administered

Signed by: F. D. Vinslan, Designation: Coroner, M.D., Coroner, etc, Address: Crowdale, Date: May 22, 1949

27. Marginal Notations (Off. ce use only)

28. I hereby certify that the above return was made to me at NEW WESTMINSTER, B.C. Dated: May 25th, 1949, Deputy (Signature of District Registrar)

In case of stillbirth consult reverse side before making out certificate.



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

61-09-014648

1. PLACE OF DEATH

Name of city or place White Rock B.C. Name of Municipality (if any) WHITE ROCK CITY
Street or road White Rock District Hospital House No.

2. LENGTH OF STAY

In Municipality where death occurred 15 years In Province 50 years In Canada (if immigrant) Life

3. PRINT FULL NAME OF DECEASED

Draper Cecil Gilbert (Surname or family name) (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED:

Name of city or place White Rock B.C. Name of Municipality (if any) WHITE ROCK CITY
Street or road Marine Dr House No. 15737

5. SEX

Male

6. CITIZENSHIP

Canadian

7. RACIAL GROUP

White

8. Single, Married, Widowed or Divorced

Widower

9. BIRTHPLACE:

Ontario

10. Date of Birth

November 18 1887

11. AGE (Last Birthday)

74 years

if under 1 year 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. Logging-Forman

13. Date deceased last worked at this occupation U/N 14. Total years spent in this occupation 40 years

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased May U/N

16. Name of father Draper Francis (Surname or family name) (All given or Christian names)

17. Maiden name of mother Ramsey Elizabeth (Surname or family name) (All given or Christian names)

18. Birthplace - Father Ontario Mother Ontario (City or Place and Province or Country) (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 White Rock B.C. this 20 day of December 1961

Signature of informant Thomas Francis Draper Relationship to deceased Brother

Address of informant 5290 Portland St. South Burnaby B.C. (House No.) (Name of Street) (Name of City, Municipality or Place) (Province or State)

20. Burial, Cremation or Removal Cremation Date December 22 1961

Place of Burial or Cremation Vancouver B.C. Name of Cemetery Vancouver Crematorium (Municipality, etc., where Cemetery located)

21. Undertaker Name Chanel Hill Funeral Parlour Ltd Address White Rock B.C. (Name of City, Municipality or Place) (Province or State)

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH December 20 1961

23. I HEREBY CERTIFY that I attended deceased from Dec 4 1961 to Dec 20 1961, and last saw him alive on Dec 20 1961

CAUSE OF DEATH
Disease or condition directly leading to death 330 x Cerebral embolism
Antecedent causes 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. Cracked left hip

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 19 (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 19 (c) How did injury occur? (d) Injuries sustained? (e) Where did injury occur? (home, farm, industrial place, highway, etc.)

27. Signed by [Signature] Designation M.D., Coroner, etc. Address [Address] Date Dec 21 1961

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 White Rock B.C. Dec 2 1961

Dated 22 1961 District Registrar No. 2214 [Signature] (Signature of District Registrar)

(SEE REVERSE SIDE FOR INSTRUCTIONS)

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





THIS IS A PERMANENT LEGAL RECORD - TYPE OR WRITE PLAINLY - COMPLETE ALL ITEMS  
USE BLUE OR BLACK INK ONLY  
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.

1. Surname of deceased (print or type) <b>DRAPER</b>		2. SEX <b>MALE</b>	
NAME OF DECEASED All given names in full (print or type) <b>THOMAS FRANCIS</b>			
3. Name of hospital or institution (otherwise give exact location where death occurred) <b>BURNABY HOSPITAL</b>		Date of Death <b>Sept 8/87</b>	
PLACE OF DEATH City, town or other place (by name) <b>BURNABY BC</b>		Postal Code <b>V5G 2X6</b>	Inside municipal limits? (State Yes or No) <b>YES</b>
4. Complete street address: If rural give exact location (not Post Office or Rural Route address) <b>7850 CHAMPLAIN CRESCENT</b>			
USUAL RESIDENCE City, town or other place (by name) <b>VANCOUVER</b>		Postal Code <b>V5G 4C7</b>	Inside municipal limits? (State Yes or No) <b>YES B.C.</b>
5. Single, married, widowed, or divorced (Specify) <b>WIDDED</b>		6. If married, widowed, or divorced, give full name of husband or full maiden name of wife <b>WATSON ALICE</b>	
7. Kind of work done during most of working life <b>STEAM ENGINEER</b>		8. Kind of business or industry in which worked <b>LOGGING</b>	
9. Month (by name), day, year of birth <b>APRIL 27, 1896</b>		10. AGE (years) (Months) (Days) (Hours) (Minutes) <b>91</b> <input checked="" type="checkbox"/> If under 1 year <input type="checkbox"/> If under 1 day	
BIRTHDATE		12. Native Indian? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
11. City or place Province (or country) of birth <b>ANCASTER ONTARIO</b>		12. If "yes" state name of band	
FATHER 13. Surname and given names of father (print or type) <b>DRAPER FRANCIS</b>		14. BIRTHPLACE - City or place, Province (or country) <b>ONTARIO</b>	
MOTHER 15. Maiden surname and given names of mother (print or type) <b>RAMSEY ELIZABETH</b>		16. BIRTHPLACE - City or place, Province (or country) <b>ONTARIO</b>	
INFORMANT 17. Signature of informant <b>X</b>		Postal Code	18. Relationship to deceased <b>STEPSON</b>
19. Address of informant <b>2540 W 45TH AVE VANCOUVER BC V6N 3L1</b>		20. Date signed - Month, day, year <b>SEPTEMBER 10, 1987</b>	
DISPOSITION 21. Burial, cremation or other disposition (specify) <b>CREMATION</b>		22. Date of burial or disposition (month, day, year) <b>SEPT 14 1987</b>	
23. Name and address of cemetery, crematorium or place of disposition <b>NORTH SHORE CREM NORTH VAN BC V7J2J1</b>			
FUNERAL DIRECTOR 24. Name and address of funeral director (or person in charge of remains) (print or type) <b>FIRST MEMORIAL SERVICES LTD 602 KINGSWAY VANCOUVER B.C.</b>			

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH <b>SEPT 08 1987</b>		Approx. interval between onset & death	
26. Part I Immediate cause of death <b>3320 539</b>		(a) <b>Heart Attack</b>	
CAUSE OF DEATH Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last		(b) <b>Heart operation</b>	
Part II Other significant conditions contributing to the death but not causally related to the immediate cause (a) above		(c) <b>PERIPHERAL</b>	
AUTOPSY PARTI-CULARS 27. Autopsy seen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		28. Does the cause of death stated above take account of autopsy findings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
29. May further information relating to the cause of death be available later? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
ACCIDENT OR VIOLENCE (If applicable) 30. If accident, suicide, homicide or undetermined (specify)		31. Place of injury (e.g. home, farm, highway, etc.)	
32. Date of injury (Month (by name), day, year)			
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	
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: <b>X</b>		Signature (attending physician, coroner, etc.) <b>Dr. [Signature]</b>	
37. Name of physician or coroner (print or type) <b>B G Stewart</b>		Address <b>201 6th Avenue Burnaby BC</b>	
		Date: Month, day, year <b>Sept 14/87</b>	

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

Notations:

I certify this return was accepted by me on this date at \_\_\_\_\_

District Registration No. \_\_\_\_\_

Date: Month (by name), day, year \_\_\_\_\_

Signature of District Registrar \_\_\_\_\_



# CERTIFICATE OF REGISTRATION OF MARRIAGE

1017 Kathleen People 2

1017 CAT

REGISTERED Number 10. S. 26  
(For use of Registrar of Vital Statistics.)

City, Town or District \_\_\_\_\_ Municipality \_\_\_\_\_

## BRIDEGROOM

1. Full name Speers Alexander  
(Surname) (Given name)

2. Occupation Soldier

3. Bachelor, Widower or Divorced Bachelor

4. Age 26 5. Religious Denomination Anglican

6. Residence Esquimalt B.C.  
(If in Canada, province, county and Post Office address. If foreign, state country.)

7. Place of birth Scotland  
(If born in Canada, province, county and Post Office address. If foreign-born—country.)

8. Name of father Alexander Speers

9. Place of birth of father Scotland

10. Maiden name of mother Margaret McVie

11. Place of birth of mother Scotland

12. Can bridegroom read? Yes Write? Yes.

## BRIDE

13. Full name Frith Kathleen Irene  
(Surname) (Given name)

14. Occupation \_\_\_\_\_

15. Spinster, Widow or Divorced Spinster

16. Age 24 17. Religious Denomination Anglican

18. Residence Victoria B.C.  
(If in Canada, province, county and Post Office address. If foreign, state country.)

19. Place of birth England  
(If born in Canada, province, county and Post Office address. If foreign-born—country.)

20. Name of father Edward Frith

21. Place of birth of father England

22. Maiden name of mother Marion Douglas

23. Place of birth of mother Scotland

24. Can bride read? Yes Write? Yes.

name 1921  
same 1923  
same 1925  
CD 1929 - Louise  
Frith Milling  
1619 Douglas

25. When married 22nd day of July 1926  
(Month) (Year)

26. Place of marriage St. John's Church, Victoria B.C.  
(Name of church or clergyman's residence or location of dwelling house)

27. By license or banns Banns.  
(If by license, give number)

28. Signature of Groom Alexander Speers  
Bride Kathleen Irene Frith

29. Witnesses  
Name Doris Chambers  
Address Victoria  
Name Effie Lindsay  
Address Victoria

NOTE.—This form must not be mutilated. All information asked for is to be given including full Christian and Surnames of all parties, and if for any reason this is impossible, the reason for the omission must be stated.

I certify the above stated particulars are true to the best of my knowledge and belief.

Clergyman F. A. Chadwick  
(Signature)  
Victoria B.C.

REGISTERED



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

71-09-002778

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 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: 52 years In Province: 52 years In Canada (if immigrant): 52 years

3. PRINT FULL NAME OF DECEASED

SPEIRS

KATHLEEN IRENE

4. PERMANENT RESIDENCE OF DECEASED:

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

Street or road: Nelson Street House No.: 471

5. SEX

Female

6. CITIZENSHIP

Canadian

7. RACIAL ORIGIN

White

8. Single, Married, Widowed or Divorced

Married

9. BIRTHPLACE

England

10. Date of Birth

June 5 1902

11. AGE (Last Birthday)

68

if under 1 year 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. Home duties

(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

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

Alexander Speirs

16. Name of father

Frith

Edward

17. Maiden name of mother

Douglas

Marion Helen

18. Birthplace -

England

England

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 February 19 71

Signature of informant: Alexander S. Speirs Relationship to deceased: Son

Address of informant: 923 Kingmill Rd Victoria B.C.

20. Burial, Cremation or Removal

Cremation

Date: February 22 19 71

Place of Burial or Cremation: Saanich, V.I.

Name of Cemetery: Royal Oak Crematorium

21. Undertaker:

McCall Bros.

Address: Victoria B.C.

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH

February 18 19 71

23. I HEREBY CERTIFY that I attended deceased from 2 Feb 1971 to 18 Feb 1971, and last saw her alive on 18 Feb 1971

CAUSE OF DEATH

Disease or condition directly leading to death (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.)

(a) 493x Coronary occlusion 5 days

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

(b) Cardiac Asthma 1 year

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

(c) Pulmonary Asthma 25 years

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

27. Signed by R. S. Conn Designation M.D. or Coroner

Address Victoria B.C. Date 19 Feb 19 71

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

29. Notations

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

Dated Feb 22 19 71

District Registration No. -33

(Signature of District Registrar)

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.

1017 CATHERINE

61

963

DO NOT WRITE BELOW THIS LINE OFFICE USE ONLY



74-09-014787

2 pgs  
2ccs to informant

NAME OF DECEASED	1. Surname of deceased (print or type) <b>SPEIRS</b>		2. SEX <b>male</b>
	All given names in full (print or type) <b>Alexander</b>		
PLACE OF DEATH	3. Name of hospital or institution (otherwise give exact location where death occurred) <b>Lions Gate Hospital</b>		
	City, town or other place (by name) <del>Vancouver</del> <b>NORTH VANCOUVER</b> B.C.		Inside municipal limits? (State Yes or No) <b>NO</b>
USUAL RESIDENCE	4. Complete street address: If rural give exact location (not Post Office or Rural Route address) <b>Ste. 312 1007 Esquimalt Road</b>		
	City, town or other place (by name) <b>Victoria</b>		Inside municipal limits? (State Yes or No) <b>yes</b> Province (or country) <b>B.C.</b>
MARRITAL STATUS	5. Single, married, widowed, or divorced (Specify) <b>Married</b>	6. If married, widowed, or divorced, give full name of husband or full maiden name of wife <b>Ada Maud Lock</b>	
	7. Kind of work done during most of working life <b>Professional Soldier (retired)</b>		
OCCUPATION	8. Kind of business or industry in which worked		
	9. Month (by name), day, year of birth <b>December 9 1899</b>		
BIRTHDATE	10. AGE (years) <b>74</b>		(Months) (Days) (Hours) (Minutes) If under 1 year If under 1 day
	11. City or place Province (or country) of birth <b>Scotland</b>		
BIRTHPLACE	12. Native Indian? Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>		If "yes" state name of band
	13. Surname and given names of father (print or type) <b>Speirs Alexander</b>		14. BIRTHPLACE - City or place, Province (or country) <b>Scotland</b>
FATHER	15. Maiden surname and given names of mother (print or type) <b>McVey Margaret</b>		16. BIRTHPLACE - City or place, Province (or country) <b>Scotland</b>
	17. Signature of informant <i>X Margaret Speirs</i>		18. Relationship to deceased <i>Daughter</i>
MOTHER	19. Address of informant <i>4837 East Burnside Ave 11 PORTLAND ORE 97115</i>		20. Date signed - Month, day, year <b>Sept. 22/74</b>
	21. Burial, cremation or other disposition (specify) <b>Cremation</b>		22. Date of burial or disposition (month, day, year) <b>September 24, 1974</b>
DISPOSITION	23. Name and address of cemetery, crematorium or place of disposition <b>Royal Oak Crematorium Saanich, V.I.</b>		
	24. Name and address of funeral director (or person in charge of remains) (print or type) <b>McCall Bros. 1400 Vancouver St. Victoria</b>		
FUNERAL DIRECTOR			

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.

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH	25. Month (by name), day, year of death <b>Sept 21, 1974.</b>		Approx. interval between onset & death
CAUSE OF DEATH	26. Part I 4109 Immediate cause of death (a) <i>Acute myocardial infarct</i>		20 years
	(b) <i>Coronary atherosclerosis</i>		
	(c) <i>Post-gastrostomy state</i>		
CAUSE OF DEATH	Part II 1739 Other significant conditions contributing to the death but not causally related to the immediate cause (a) above		20 years
	<i>Chronic Bronchitis</i>		
	<i>Basal cell carcinoma</i>		
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 type="checkbox"/>	29. May further information relating to the cause of death be available later? Yes No <input type="checkbox"/> <input type="checkbox"/>
	30. If accident, suicide, homicide or undetermined (specify)		31. Place of injury (e.g. home, farm, highway, etc.)
ACCIDENT OR VIOLENCE (if applicable)	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 in the causes stated herein: <i>X D. E. CARLOW</i>		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) <b>D. E. CARLOW</b>		Address <b>1175 COOK ST</b> Date: Month, day, year <b>Sept 23/74</b>

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

Notations: \* No. 3 "NORTH VANCOUVER" as per City Directory September 26, 1974

BPI - Victoria

CERTIFICATION OF DISTRICT REGISTRAR	I certify this return was accepted by me on this date at -		DISTRICT REGISTRAR <b>VANCOUVER, B.C. SEP 28 1974</b>
	District Registration No. <b>657</b>	Date: Month (by name), day, year <b>OCT 1 1974</b>	Signature of District Registrar <i>Philip J. Fawcett</i>



PROVINCE OF BRITISH COLUMBIA  
DEPARTMENT OF HEALTH AND WELFARE — DIVISION OF VITAL STATISTICS  
REGISTRATION OF DEATH

57-09-009911

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 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 5 years In Province 11 years In Canada (if immigrant) 57 years  
(in years, months and days)

3. PRINT FULL NAME OF DECEASED

Towns Ernest Alfred  
(Surname or family name) (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED:

Name of city or place Oak Bay, B.C. Name of Municipality (if any) \_\_\_\_\_  
(If outside city or municipal limits add "Rural")  
Street or road Cabaro Bay Road House No. 2251

5. SEX Male 6. CITIZENSHIP Canadian 7. RACIAL ORIGIN English 8. Single, Married, Widowed or Divorced Widowed 9. BIRTHPLACE: England  
(See marginal note) (See marginal note) (City or Place and Province or Country)

10. Date of Birth May 2nd 1868 11. AGE (Last Birthday) 89  
(Month by name) (Date) (Year) YEARS MONTHS DAYS HOURS MIN.

12. (a) Trade, profession or kind of work as logger, fisherman, office clerk, etc. Retired Farmer  
(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 1930 14. Total years spent in this occupation 30 years

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

16. Name of father Edward (All given or Christian names)  
17. Maiden name of mother Emma (All given or Christian names)  
18. Birthplace — England Mother England  
Father (City or Place and Province or Country) (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 September day of 1957  
Signature of informant Arthur Towns Relationship to deceased Son  
(Married woman not to sign Husband's initials or living names) Victoria, B.C.  
Address of informant (House No.) (Name of Street) (Name of City, Municipality or Place) (Province or State)

20. Burial, Cremation or Removal Cremation Date September 24th 1957  
(State which) (Month by name) (Date) (Year)  
Place of Burial Saanich, B.C. Name of Cemetery Royal Oak Burial Park  
(Municipality, etc., where Cemetery located) (Crematorium)

21. Undertaker: Sands Mortuary Limited Address Victoria, B.C.  
Name (Name of City, Municipality or Place) (Province or State)

22. DATE OF DEATH September 21st 1957  
(Month by name) (Date) (Year)

23. I HEREBY CERTIFY that I attended deceased from July 1956 to September 1957, and last seen alive on Sept. 20 1957

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.) 153X Metastatic carcinoma of liver  
Antecedent causes (a) due to (or as a consequence of) Adenocarcinoma of sigmoid colon 4 years  
Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last. (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. (c) \_\_\_\_\_  
713X Acute cholecystitis Approximate interval between onset and death 2 months

24. If a woman, was the death (a) Associated with pregnancy? \_\_\_\_\_ (b) Duration \_\_\_\_\_ weeks. (c) Was there a delivery? \_\_\_\_\_

25. (a) Was there a recent surgical operation? Yes (b) Date of operation July 21 1957  
(c) State findings of operation metastatic carcinoma of liver (d) Was there an autopsy? no

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 William Bell Designation M.D. M.D., Coroner, etc.  
Address 1029 Douglas St., Victoria, B.C. Date Sept. 23 1957

28. Print name of M.D., Coroner, etc., whose signature appears above WILLIAM J. BELL

29. Notations \_\_\_\_\_

30. I hereby certify that the above return was made to me at VICTORIA, B.C.  
Dated SEP 24 1957 1957  
District Registration No. \_\_\_\_\_ (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 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).

DO NOT WRITE BELOW DOUBLE LINE OFFICE USE ONLY



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

Victoria  
 Reg. No. (Office use only)  
 008444

1. PLACE OF DEATH  
 Name of city or place Victoria, B. C. Name of Municipality (if any)  
 Street or road Bonds Beach, Gorge Waters 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 4 years In Province 4 years In Canada (if immigrant) 4 years  
 (in years, months and days)

3. PRINT FULL NAME OF DECEASED TOWNS ERNEST ORVILLE  
 (Surname or last name) (Given or Christian name)

4. PERMANENT RESIDENCE OF DECEASED:  
 Name of city or place Victoria, B. C. Name of Municipality (if any)  
 Street or road Catherine Street House No. 1017

5. SEX Male 6. CITIZENSHIP (See marginal note) Canadian 7. RACIAL ORIGIN (See marginal note) English 8. Single, Married, Widowed or Divorced Single 9. BIRTHPLACE (Province or Country) Victoria, B. C.

10. Date of Birth September 22 19 41 ALL AGE } 4 Years 8 Months 7 Days If less than one day hrs. or min.

11. Date deceased last worked at this occupation \_\_\_\_\_ 14. Total years spent in this occupation \_\_\_\_\_  
 (If labourer specify kind of work above)

12. (a) Trade, profession or kind of work as spinner, grader, clerk, etc.  
 (b) Kind of industry or business, as paper mill, lumber, bank, etc.  
 13. Date deceased last worked at this occupation \_\_\_\_\_

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

16. Name of father Towns Arthur (Surname or last name) (Given or Christian name)  
 17. Maiden name of mother Harris Ida Grace (Surname or last name) (Given or Christian name)  
 18. Birthplace: Manitoba Manitoba (Province or Country) (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 30th day of May 19 46  
 Signature of informant Arthur Towns Relationship to deceased father  
 Address 1017 Catherine Street, Victoria, B. C.

20. Burial, Cremation or Removal Burial Date June 1 19 46  
 (Month by name) (Day) (Year)  
 Place of Burial Saanich Cemetery Royal Oak Burial Park  
 (Municipality)

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

22. Marginal Notations (Office use only)

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).

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH May 29 19 46  
 (Month by name) (Day) (Year)

24. I HEREBY CERTIFY that I did not hold an inquest  
 to as to cause of death of deceased is h alive on \_\_\_\_\_ 19 \_\_\_\_\_

CAUSE OF DEATH

Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, ashenia, etc.	(a)	DURATION		
		Yrs.	Mon.	Dys.
<u>Louise Downer</u>	due to			
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	(b)			
Other morbid conditions (if important) contributing to death but not causally related to immediate cause.	(c)			

25. If a woman, was the death associated with pregnancy? \_\_\_\_\_

26. Was there a surgical operation? \_\_\_\_\_ Date of operation \_\_\_\_\_ 19 \_\_\_\_\_  
 State findings \_\_\_\_\_ Was there an autopsy? no

27. If death was due to external causes (violence) fill in the following  
 Accident, suicide or homicide? Louise Downer Date of injury May 27 19 46  
 Manner of injury Downer (State which) (How sustained)  
 Nature of injury \_\_\_\_\_  
 Specify whether injury occurred in home or in public place in Harbour

Signed by Arthur Towns Designation Coroner M.D., Coroner, etc.  
 Address Victoria Date May 29 19 46  
 VICTORIA, B. C.

28. I hereby certify that the above return was made to me at \_\_\_\_\_  
 Dated MAY 31st 19 46 Ernest Orville (District Registrar)

District Registration No. 519

See back of form for instructions as to how to fill out this certificate.



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

REGISTRATION OF  
**DEATH**

Registration No.  
(Department use only)  
82-09-019494

1017 Catherine  
1949  
Is this the right one?

1. Surname of deceased (print or type) <b>BAKER</b>		2. SEX <b>MALE</b>	
NAME OF DECEASED All given names in full (print or type) <b>FRANCIS EDWARD</b>			
3. Name of hospital or institution (otherwise give exact location where death occurred) <b>GLENWARREN PRIVATE HOSPITAL</b>			
PLACE OF DEATH City, town or other place (by name) <b>VICTORIA, B.C.</b>		Postal Code <b>V8T 1B3</b>	Inside municipal limits? (State Yes or No) <b>YES</b>
4. Complete street address: If rural give exact location (not Post Office or Rural Route address) <b>4333 - RIDGEWOOD CRESCENT</b>			
USUAL RESIDENCE City, town or other place (by name) <b>VICTORIA</b>		Postal Code <b>V8Z 4Z6</b>	Province (or country) <b>B.C.</b>
5. Single, married, widowed, or divorced (Specify) <input checked="" type="checkbox"/> <b>MARRIED</b>		6. If married, widowed, or divorced, give full name of husband or full maiden name of wife <b>SCARDIFIELD MARY LOUISE</b>	
7. Kind of work done during most of working life <b>PHOTO-ENGRAVER</b>		8. Kind of business or industry in which worked	
OCCUPATION			
9. Month (by name), day, year of birth <b>MAY 17 1896</b>		10. AGE (years) (Months) (Days) (Hours) (Minutes) <b>86</b>	
BIRTHDATE			
11. City or place Province (or country) of birth <b>BOURNEMOUTH, HAMPSHIRE, ENGLAND</b>		12. Native Indian? Yes No If "yes" state name of band <input type="checkbox"/> <input checked="" type="checkbox"/> <b>XX</b>	
BIRTHPLACE			
13. Surname and given names of father (print or type) <b>BAKER WILLIAM EDWARD</b>		14. BIRTHPLACE - City or place, Province (or country) <b>HASTINGS, ENGLAND</b>	
FATHER			
15. Maiden surname and given names of mother (print or type) <b>DAUBNEY MARY ELIZABETH</b>		16. BIRTHPLACE - City or place, Province (or country) <b>BOURNEMOUTH, ENGLAND</b>	
MOTHER			
17. Signature of informant <i>Rosemary McMillan</i>		18. Relationship to deceased <b>DAUGHTER</b>	
INFORMANT			
19. Address of informant <b>Mrs. R. McMillan, 4333-Ridgewood Crescent, Victoria, B.C.</b>		20. Date signed - Month, day, year <b>December 9, 1982</b>	
DISPOSITION			
21. Burial, cremation or other disposition (specify) <b>CREMATION</b>		22. Date of burial or disposition (month, day, year) <b>DECEMBER 9 1982</b>	
23. Name and address of cemetery, crematorium or place of disposition <b>ROYAL OAK CREMATORIUM VICTORIA, B.C.</b>			
FUNERAL DIRECTOR			
24. Name and address of funeral director (or person in charge of remains) (print or type) <b>FIRST MEMORIAL SERVICES LTD. VICTORIA, B.C.</b>			

MEDICAL CERTIFICATE OF DEATH

25. Month (by name), day, year of death <b>DECEMBER 8 1982</b>		Approx. interval between onset & death
26. Cause of Death		
Part I Immediate cause of death (a) <i>Myocardial infarction</i> due to, or as a consequence of (b) <i>hypertensive heart disease</i> (c) <i>Chronic obstructive pulmonary disease</i>		
Part II Other significant conditions contributing to the death but not causally related to the immediate cause (a) above <i>Paget's Disease</i>		
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"/>		
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)		
33. How did injury occur? (describe circumstances)		
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.) <i>F. C. Raven</i>		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) <b>F. C. RAVEN</b>		Address <b>Box 102 1020 Mckenzie</b>
		Date: Month, day, year <b>Dec. 9/82</b>

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

Notations: \*5 to read "Married" per info. from Funeral Director, Dec 13/82  
CD 83-08459 Sept. 19/83. *McPater*

I certify this return was accepted by me on this date at - <b>VICTORIA, B. C.</b>		B. C.
District Registration No. <b>2410</b>		Date: Month (by name), day, year <b>DEC 14 1982</b>
CERTIFICATION OF DISTRICT REGISTRAR		Signature of District Registrar <i>[Signature]</i>

THIS IS A PERMANENT LEGAL RECORD - TYPE OR WRITE PLAINLY - COMPLETE ALL ITEMS  
USE BLUE OR BLACK INK ONLY  
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.