Form 6

1021 Cathcart People's

DO NOT USE BALL POINT PEN

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

## REGISTRATION OF DEATH

Reg. No. (Office use only) 56-09-006001

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).

**1. PLACE OF DEATH**
Name of city or place: VANCOUVER B.C. (If outside city or municipal limits add "Rural") Name of Municipality (if any):
Street or road: VANCOUVER GENERAL HOSPITAL (If death occurred in a hospital or institution, give the name instead of street and number) House No.:

| 2. LENGTH OF STAY (in years, months and days) | In Municipality where death occurred | In Province | In Canada (if immigrant) |
|---|---|---|---|
| | 44 years | 44 years | Life |

**3. PRINT FULL NAME OF DECEASED:** AYLESWORTH (Surname or family name) WALTER Lavette (All given or Christian names in full)

**4. PERMANENT RESIDENCE OF DECEASED:**
Name of city or place: ~~VANCOUVER~~ Burnaby (If outside city or municipal limits add "Rural") Name of Municipality (if any):
Street or road: Patterson Avenue 042 040 04 House No. 2555

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

| 10. Date of Birth (Month by name) | (Date) | (Year) | 11. AGE Years | Months | Days | If less than one day |
|---|---|---|---|---|---|---|
| January | 9th | 1882 | 74 | 4 | 15 | hrs. or min. |

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

13. Date deceased last worked at this occupation: 1950 14. Total years spent in this occupation: Life

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased: not known

16. Name of father: not known (Surname or family name) (All given or Christian names)

17. Maiden name of mother: not known (Surname or family name) (All given or Christian names)

18. Birthplace— Father: not known (City or Place and Province or Country) Mother: not known (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 Vancouver, this 26th day of May 19 56
Signature of informant: Hospital Records per: (Married woman not to use Mrs. and to give initials or given names) Relationship to deceased: None
Address of informant: SEE REVERSE SIDE (House No.) (Name of street) (Name of City, Municipality or Place) (Province or State)

20. Burial, Cremation or Removal: Burial (State which) Date: May (Month by name) 28th (Date) 1956 (Year)
Place of Burial or Cremation: Burnaby (Municipality, etc., where Cemetery located) Name of Cemetery: Ocean View

21. Undertaker—Name: Mt Pleasant Undertaking Co; Ltd. Address: Vancouver 10, B.C. (Name of City, Municipality or Place) (Province or State)

## MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH: MAY (Month by name) 24 (Date) 1956 (Year)

23. I HEREBY CERTIFY that I attended deceased from MARCH 9 19 56 to MAY 24 19 56 and last saw h IM alive on MAY 24 19 56

**CAUSE OF DEATH**

| | | Approximate interval between onset and death |
|---|---|---|
| I 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.) | (a) Cerebral vascular accident 321 X due to (or as a consequence of) | 1½ mos. |
| 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) 526 X | |
| II Other significant conditions contributing to the death, but not related to the disease or condition causing it. | Pulmonary tuberculosis R.L. inactive | many yrs. |

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? No (b) Date of operation 19
(c) State findings of operation (d) Was there an autopsy? Yes

26. If death was due to external causes (violence) fill in also the following:—
(a) Accident, suicide or homicide? (State which) (b) Date of injury 19
(c) Manner of injury (How sustained)
(d) Nature of injury
(e) Specify whether injury occurred in industry, in home or in public place

27. Signed by [signature] Designation M. D. M.D., Coroner, etc.
Address VANCOUVER GENERAL HOSPITAL Date MAY 24 19 56

28. Print name of M.D., Coroner, etc., whose signature appears above D. H. O. Murphy M.D.

29. Notations

30. I hereby certify that the above return was made to me at VANCOUVER B.C. MAY 28 1956
Dated 19
District Registration No. 2205 [signature] (Signature of District Registrar)

(SEE REVERSE SIDE FOR INSTRUCTIONS)

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

DO NOT WRITE BELOW DOUBLE LINE OFFICE USE ONLY

9004-3.14: 21-2-53

1903

03-09-011633 4633

# BIRTHS, DEATHS, AND MARRIAGES REGISTRATION ACT.

## SCHEDULE C.—Marriages.

*Registration District of* .....

RECEIVED AT LAND REGISTRY OFFICE
MAR 28 1903
VICTORIA, B.C.

| | | |
|---|---|---|
| BRIDEGROOM. | No. | 19 |
| | His name. | John Ernest Shenck |
| | Age. | 32. |
| | Residence when married. | Victoria |
| | Place of birth. | Erie Pennsylvania |
| | Condition (Bachelor or Widower.) | Bachelor |
| | Rank or profession. | Carpenter |
| | Names of parents. | Christian Shenck and Martha King |
| BRIDE. | Her name. | Emily J. Vatcher |
| | Age. | 34 |
| | Residence when married. | Victoria |
| | Place of birth. | Newfoundland |
| | Spinster or widow. | Widow |
| | Names of parents. | Jordon Gowdy and Eliza Cohen |
| | Names of witnesses. | William Gowdy / Miss Mortimer |
| | Residence of witnesses. | Victoria B.C. / Victoria B.C. |
| | Date of marriage. | March 3rd 1903 |
| | Religious denomination of bridegroom. | Methodist |
| | Religious denomination of bride. | Methodist |
| | By whom married. | J. P. Westman |
| | By licence or by banns. | Licence |
| | Place of marriage, church, residence, &c. | Centennial Methodist Parsonage |

I hereby certify the foregoing to be the correct Record of the marriage of John Ernest Shenck and Emily J. Vatcher (made in pursuance of the above mentioned Act.

Dated the 3rd day of March, A.D. 1903

*Signature of Clergyman, Minister or Registrar.* J. P. Westman

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

Form 6

33 VICTORIA

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

Reg. No. (Office use only) 1872

**1. PLACE OF DEATH**
Name of city or place: Victoria, B.C. Name of Municipality (if any):
Street or road: 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 years, months and days) | In Municipality where death occurred | In Province | In Canada (if immigrant) |
|---|---|---|---|
| | 43 yrs. | 43 years | |

**3. PRINT FULL NAME OF DECEASED** Shenk, (Surname or last name) John, Ernest (Given or Christian names)

**4. PERMANENT RESIDENCE OF DECEASED:**
Name of city or place: Name of Municipality (if any): Colwood
Street or road: Island Highway House No.

| 5. SEX | 6. CITIZENSHIP (See marginal note) | 7. RACIAL ORIGIN (See marginal note) | 8. Single, Married, Widowed or Divorced (Write the word) | 9. BIRTHPLACE (Province or Country) |
|---|---|---|---|---|
| Male | Canadian | Dutch | Widowed | Erie, Pennyslvania |

**10.** Date of Birth: December (Month by name) 21 (Day) 1870 (Year)

**11. AGE**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 74 | 2 | 12 | hrs. or min. |

**OCCUPATION**
**12.** (a) Trade, profession or kind of work as spinner, grader, clerk, etc.: Contractor
(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: 1941
**14.** Total years spent in this occupation:

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

**16.** Name of father: Shenk (Surname or last name) Christian (Given or Christian names)
**17.** Maiden name of mother: King (Surname or last name) Unknown (Given or Christian names)
**18.** Birthplace:— Father: Pennyslvania, U.S.A. (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 5th day of March 1945.
Signature of informant: [signature] Relationship to deceased: son
Address: Beverley Hotel, 724 Yates St.

**20.** Burial, Cremation or Removal: Burial Date: March (Month by name) 7, (Day) 19 45 (Year)
Place of Burial (Municipality) Cemetery: Colwood

**21.** Undertaker:— Name: S.J. Curry & Son Address: 980 Quadra Street

**22.** Marginal Notations (Office use only)

## MEDICAL CERTIFICATE OF DEATH

**23. DATE OF DEATH** March (Month by name) 4 (Day) 19 45 (Year)

**24.** I HEREBY CERTIFY that I attended deceased from May 1 19 38
to March 4 19 45 and last saw him alive on March 4 19 45

**CAUSE OF DEATH**

| | | | DURATION Yrs. | Mos. | Dys. |
|---|---|---|---|---|---|
| I | 94B | | | | |
| Immediate cause — Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc. | (a) | Cerebral Hemorrhage | | | |
| | due to | | | | |
| Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). | (b) | Cerebral atherosclerosis | | | |
| | due to | | | | |
| | (c) | | | | |
| II Other morbid conditions (if important) contributing to death but **not causally related to immediate cause.** | | Angina Pectoris | | | |

**25.** If a woman, was the death associated with pregnancy? No
**26.** Was there a surgical operation? No Date of operation: 19
State findings: Was there an autopsy? No
**27.** If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide? (State which) Date of injury: 19
Manner of injury (How sustained)
Nature of injury
Specify whether injury occurred in **industry**, in **home** or in **public place**

Signed by [signature] Designation MD M.D., Coroner, etc.
Address Victoria BC Date March 5 19 45

**28.** I hereby certify that the above return was made to me at Victoria, B. C.
Dated March 7th 19 45 [signature] (District Registrar)
District Registration No. 296

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).

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

GR 2951
Volume 600

BRITISH COLUMBIA. DIVISION OF VITAL STATISTICS.
Death registrations 000001 to 000500



VICTORIA

FORM 6

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

# PROVINCE OF BRITISH COLUMBIA—REGISTRATION OF DEATH

Registered No. 293
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 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 years, months and days) (a) In Municipality where death occurred 35Years (b) In Province 40Years (c) In Canada (if immigrant) .....

3. NAME OF DECEASED Shenk (Surname) Emily Jane (Given name or names)

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

| 4. SEX | 5. NATIONALITY (Citizenship) | 6. RACIAL ORIGIN | 7. Single, Married, Widowed or Divorced (Write the word) |
|---|---|---|---|
| Female | Canadian | English | Married. |

8. BIRTHPLACE Twillingate, Newfoundland. (Province or Country)

9. DATE OF BIRTH April 2nd., 1868 (Month) (Day) (Year)

10. AGE in

| Years | Months | Days | If less than one day old |
|---|---|---|---|
| 73 | 8 | 4 | ....hrs. or ....min. |

OCCUPATION

11. Trade, profession or kind of work as spinner, teamster, office clerk etc. Housewife.

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 John Ernest Shenk

FATHER

16. NAME ----------- Goudie.

17. BIRTHPLACE England. (Province or Country)

MOTHER

18. MAIDEN NAME Eliza Jane

19. BIRTHPLACE England. (Province or Country)

20. Signature of informant E. J. Shenk

Address Langford Lake, B.C.

Relationship to deceased Son.

21. Place of Burial, Cremation or Removal Colwood Burial Pk.

Date of burial or removal January 8th., 1942

22. UNDERTAKER S.J. Curry & Son, Victoria, B.C. (Name and address)

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

## MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH January 6th., 1942 (Month) (Day) (Year)

24. I HEREBY CERTIFY that I attended deceased from: Jan 2 1942 to January 6th., 1942 and last saw her alive on 6 day of January 1942

61 I.

## CAUSE OF DEATH

Immediate cause — Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.: (a) Broncho-pneumonia

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause): due to (b) Diabetes Mellitus; due to (c) Arteriosclerosis

1359 II.

Other morbid conditions (if important) contributing to death but not causally related to immediate cause: Hypertension; Cystitis

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

26. Was there a surgical operation? No Date of operation ..... 19.....

State findings ..... Was there an autopsy? No

27. If death was due to external causes (violence) fill in also the following:—

Accident, suicide or homicide? ..... Date of injury ..... 19.....
(State which)

Manner of injury ..... (How sustained)

Nature of injury .....

Specify whether injury occurred in industry, in home, or in public place .....

Signed by R.A. Pate M.D.

Address Victoria Date Jan 7 1942

28. District Registrar's Record Number 95

29. Filed January 8, 1942 E. Watt (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.

(SEE REVERSE SIDE FOR INSTRUCTIONS)

1915 A 30372

# ATTESTATION PAPER.

No.

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

| | | (ANSWERS) |
|---|---|---|
| 1. | What is your name? | Frank Plummer |
| 2. | In what Town, Township or Parish, and in what Country were you born? | Queen's Co. N.B. Can. |
| 3. | What is the name of your next-of-kin? | George Plummer |
| 4. | What is the address of your next-of-kin? | Nanaimo B.C. |
| 5. | What is the date of your birth? | 16-6-1885 |
| 6. | What is your Trade or Calling? | Miner |
| 7. | Are you married? | No. |
| 8. | Are you willing to be vaccinated or re-vaccinated? | Yes. |
| 9. | Do you now belong to the Active Militia? | Yes. Nanaimo Sergeant Coy |
| 10. | Have you ever served in any Military Force? If so, state particulars of former Service. | No. |
| 11. | Do you understand the nature and terms of your engagement? | Yes. |
| 12. | Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? | Yes. |

Frank Plummer (Signature of Man).

Neil Mackay (Signature of Witness).

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Frank Plummer, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Frank Plummer (Signature of Recruit)

Date March 8 1915 Neil Mackay (Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Frank Plummer, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Frank Plummer (Signature of Recruit)

Date March 8 1915 Neil Mackay (Signature of Witness)

### CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Victoria this 8 day of March 1915

J.D. Taylor (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

W Beale Major (Approving Officer)

M. F. W. 22.
100 M.—22-14.
H.Q. 1779-99-22.

1955

## Description of J Plummer on Enlistment.

Apparent Age 29 years 8 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 5 ins.

Chest measurement: Girth when fully expanded 42 ins.; Range of expansion 3 ins.

Complexion Fair

Eyes Brown

Hair Brown

Religious denominations.
- Church of England
- Presbyterian 3
- Wesleyan
- Baptist or Congregationalist 5
- Other Protestants (Denomination to be stated.)
- Roman Catholic
- Jewish 5

Distinctive marks, and marks indicating congenital peculiarities or previous disease.
(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Operation Scar right eye.

### CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit for the Canadian Overseas Expeditionary Force.

Date March 8th 1915

Place Victoria B.C.

J. Hoggan Capt A.M.C.
Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

### CERTIFICATE OF OFFICER COMMANDING UNIT.

J. Plummer having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

(Signature of Officer)

Date Mch. 8 1915

18-09-105086 41086

# VITAL STATISTICS ACT.

APR 13 1918
CUMBERLAND, B. C.

## SCHEDULE F.—Marriage Certificate.

*Marriage solemnized in the District of* Comox, *B.C.*

| | |
|---|---|
| No. | 34 City of Cumberland |
| Name and surname of bridegroom. | Frank Plummer |
| Age. | 34 |
| Condition, bachelor or widower. | Bachelor |
| Rank or profession. | Returned Soldier |
| Residence. | Nanaimo |
| Place of birth. | Kincardine Ontario |
| Name and surname of father. | George Plummer |
| Name and maiden surname of mother. | Elizabeth " |
| Rank or profession of father. | Farmer |
| Religious denomination of bridegroom. | Anglican |
| Name and surname of bride. | Ruby Paquette |
| Age. | 26 |
| Condition, spinster or widow. | Spinster |
| Rank or profession. | Nurse |
| Residence. | Nanaimo |
| Place of birth. | Northfield B.C. |
| Name and surname of father. | Joseph Paquette |
| Name and maiden surname of mother. | Elizabeth Holland |
| Rank or profession of father. | Deceased. |
| Religious denomination of bride. | Anglican |
| Date of marriage. | April 12th 1918 |

Married at * Maude Cumberland, B.C., according to the rites and ceremonies of the Presbyterian Church by † Licen

No. 59312

This marriage was solemnized between us { F Plummer / Ruby Paquette

In the presence of { Thos Anderson / Ida Hood

(Signature of Minister or Clergyman) James Hood

* Enter place and situation.
† Banns or licence—give No. of licence.

7,500/6/14.

1021 Cathcart (1918)

CERTIFIED TRUE COPY

Captain
O.C. Detachment C. M. S. C. M. D. No. 1

# ATTESTATION PAPER

No. 1228765
Folio

" C.E.F.A.S.Corps of Canada

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

1. What is your name? — William George Monaghan.
2. In what Township or parish, and in or near what Town and in what County or Country were you born? — In or near the Town of Chatham, in the County of Kent, in England.
3. *What is the name of your next of kin? — (Father) William Monaghan.
4. *What is the address of your next of kin? — North Kingston, Nova Scotia.
5. What is the date of your birth? — 23 years - 8 months.
6. What is your trade or calling? — Clerk
7. Are you an apprentice? — No
8. Are you married? — Yes
9. Are you willing to be vaccinated or re-vaccinated? —
10. Do you now belong to the Active Militia? — No
11. Have you ever served in His Majesty's Regular Army, Royal Marines, Royal Navy, Royal Naval Reserve, Indian or Auxiliary Forces, Territorial Force, Canadian Permanent Force, Canadian Naval Service, or in any Corps of the Active Militia of Canada, or the Royal North-West Mounted Police? †† — Yes, Imperial Army (A30) 0yrs.270 days Discharged Proc.Authority C.68/3074 A.G.2 d/.W.O.London, 14/7/06.

†† If so, state particulars of former Service, and produce Certificate of Discharge, or transfer to Army Reserve.

12. Do you understand that enlistment into the Permanent Force does not involve your discharge from the Army Reserve, but that if required for duty as an Army Reservist you will be discharged from the Permanent Force? —
13. Have you ever been rejected as unfit for His Majesty's Regular Army, Royal Marines, Royal Navy, Royal Naval Reserve, Indian or Auxiliary Forces, Territorial Force, Canadian Permanent Force, Canadian Naval Service, or in any Corps of the Active Militia of Canada, or the Royal North-West Mounted Police? — No
14. Do you understand the nature and terms of your engagement? — Yes
15. Are you willing to be attested to serve in the Canadian Permanent Army Service Corps — Yes

or for General Service for the term of three (3) years.

(Signature of Man) (sgd) W.G.Monaghan

(Witness) (sgd) G.Simms, S.Q.M.S.

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William George Monaghan, do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers to the foregoing questions made and signed by me are true; and that I am willing to be attested for the term of three years, provided His Majesty should so long require my services, or until legally discharged.

(sgd) W.G.Monaghan (Signature of Man.) (sgd) G.Simms, S.Q.M.S. (Signature of Witness.)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William George Monaghan, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to his Majesty.

Witness my hand.

(Signature of Man) (sgd) W.G.Monaghan

(Witness Present) (sgd) G.Simms, S.Q.M.S.

The above questions were asked of the said William George Monaghan and answered by him in my presence, as herein recorded; and the said William George Monaghan made the above Declaration and Oath before me at Halifax, N.S. this 25th day of October One Thousand Nine Hundred and six at 11.25 o'clock a.m.

† Signature of Commanding Officer of Squadron, Battery or Company, or Justice of the Peace. (sgd) G.H.Dodge Major. Comdg.No.6 Dets., C.E.F.A.S.C.

* To be verified in the month of January in each year.
† But only at the Headquarters of the Corps for Permanent Units, and in cases where the Commanding Officer has taken the same oath before a Justice of the Peace. (See R. & O. for the C. M., and the Militia Act.)

M. F. B. 235.

Converted from P.S. to C.E.F. under A.O. 795 A.A.G. No 86 dated 21-3-19

85M.—9-17.
H. Q. 1778-39-87.

[OVER]

## Description of William George Monaghan. on Enlistment.

Apparent Age 25 years 8 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 8½ ins.

Weight ..... lbs.

Chest measurement: Girth when fully expanded 36½ ins.; Range of expansion 3½ ins.

Complexion Fresh

Eyes Blue

Hair Brown

Religious denomination:
- Church of England .....
- Presbyterian .....
- Methodist ..... Yes.
- Baptist and Congregationalist .....
- Roman Catholic .....
- Jewish .....
- Other Protestants (Denomination to be stated.) .....

Distinctive marks, and marks indicating congenital peculiarities or previous disease.
(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

BIRTH MARK - RIGHT ELBOW.

## CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit for the Permanent Force,

Date 15th October 1916. (sgd) T.F.Murphy, Capt.,P.A.M.C.

Place Halifax, Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the following Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

.....

.....

.....

.....

## CERTIFICATE OF OFFICER COMMANDING OR ADMINISTERING THE CORPS

William George Monaghan having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

(sgd) C.H.Dodge ----- Major (Signature of Officer)
Comdg.No.6 Det.,C.P.A.M.C.

Date 19-2-07. 191 .

GR 2951
Volume 604
BRITISH COLUMBIA. DIVISION OF VITAL STATISTICS.
Death registrations 002001 to 002500

33 VICTORIA

FORM 6

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

# PROVINCE OF BRITISH COLUMBIA—REGISTRATION OF DEATH

Registered No. 2458
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 Vancouver House No. 326
(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 23 years (b) In Province 25 yrs. (c) In Canada (if immigrant) 35 yrs.

3. NAME OF DECEASED MONAGHAN, (Surname) WILLIAM GEORGE (Given name or names)

RESIDENCE No. 326 Street Vancouver 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) | 6. RACIAL ORIGIN | 7. Single, Married, Widowed or Divorced (Write the word) |
|---|---|---|---|
| Male | Canadian | Irish | Married |

8. BIRTHPLACE Chatham, Kent, England (Province or Country)

9. DATE OF BIRTH June 9, 1883 (Month) (Day) (Year)

10. AGE in

| Years | Months | Days | If less than one day old |
|---|---|---|---|
| 58 | 10 | 16 | ....hrs. or....min. |

OCCUPATION

11. Trade, profession or kind of work as spinner, teamster, office clerk etc. Accountant

12. Kind of industry or business, as paper mill, lumbering, bank, etc.

13. Date deceased last worked at this occupation 8 years ago

14. Total years spent in this occupation 30 years

15. If married give name of wife or husband of deceased Matilda Margaret Monaghan

FATHER

16. NAME William Monaghan,

17. BIRTHPLACE Ireland (Province or Country)

MOTHER

18. MAIDEN NAME Elizabeth Stewart,

19. BIRTHPLACE Ireland (Province or Country)

20. Signature of informant W. J. Monaghan
Address 326 Vancouver St. Victoria, B.C.
Relationship to deceased Son

21. Place of Burial, ~~Cemetery or Mausoleum~~ Royal Oak Burial Park
Date of burial ~~Interred~~ April 28, 1942

22. UNDERTAKER HAYWARD'S B.C. FUNERAL CO. LTD.,
734 Broughton St., (Name and address) Victoria, B.C.

## MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH April 25, (Month) (Day) 19 42 (Year)

24. I HEREBY CERTIFY that I ~~attended deceased from~~ last
saw him alive on April 25, 19 42
and last saw h...im ...alive on ...19...

93 E

CAUSE OF DEATH

I. Immediate cause — Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.
(a) Natural Causes

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).
due to (b) Hypocardia
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?

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 also the following:—
Accident, suicide or homicide? (State which) Date of injury 19
Manner of injury (How sustained)
Nature of injury
Specify whether injury occurred in Industry, in home, or in public place

Signed by Edward C. Hart, M.D.
Address Victoria, B.C. Date April 27, 19 42

28. District Registrar's Record Number 356

29. Filed April 28, 19 42 C. D. Watt (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.

(SEE REVERSE SIDE FOR INSTRUCTIONS)

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

FORM 6

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

REGISTRATION OF
# DEATH

Registration No. (Department use only)
83-09-019883

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.

**NAME OF DECEASED**
1. Surname of deceased (print or type): Monaghan
All given names in full (print or type): Margaret Matilda
2. SEX: female

**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
Postal Code: V9A 1L2
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): 63 Gorge Road East
City, town or other place (by name): Victoria
Postal Code: V9A 1L2
Inside municipal limits? (State Yes or No): yes
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: William George Monaghan

**OCCUPATION**
7. Kind of work done during most of working life: at home
8. Kind of business or industry in which worked:

**BIRTHDATE**
9. Month (by name), day, year of birth: December 9th 1886
10. AGE (years): 97 (Months) (Days) If under 1 year: (Hours) (Minutes) If under 1 day:

**BIRTHPLACE**
11. City or place: Omagh Province (or country) of birth: Ireland
12. Native Indian? Yes ☐ No ☒ If "yes" state name of band:

**FATHER**
13. Surname and given names of father (print or type): Hamilton James
14. BIRTHPLACE – City or place, Province (or country): Ireland

**MOTHER**
15. Maiden surname and given names of mother (print or type): Hamilton N/K
16. BIRTHPLACE – City or place, Province (or country): Ireland

**INFORMANT**
17. Signature of informant: X Gladys Portingale
18. Relationship to deceased: daughter
19. Address of informant: 215 Suzanne Place, View Royal, B.C.
20. Date signed – Month, day, year: December 27th 1983

**DISPOSITION**
21. Burial, cremation or other disposition (specify): Cremation
22. Date of burial or disposition (month, day, year): December 29 /83
23. Name and address of cemetery, crematorium or place of disposition: Hatley Crematorium, Colwood, B.C.

**FUNERAL DIRECTOR**
24. Name and address of funeral director (or person in charge of remains) (print or type): Sands Mortuary Limited, Victoria, B.C.

## MEDICAL CERTIFICATE OF DEATH

**DATE OF DEATH**
25. Month (by name), day, year of death: December 26th, 1983

**CAUSE OF DEATH**
26. Part I
Immediate cause of death: (a) 4368 Cardiovascular collapse. 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) Cerebrovascular accident. due to, or as a consequence of (c)
Part II
Other significant conditions contributing to the death but not causally related to the immediate cause (a) above:
Approx. interval between onset & death

**AUTOPSY PARTICULARS**
27. Autopsy being held? Yes ☐ No ☒
28. Does the cause of death stated above take account of autopsy findings? Yes ☐ No ☐
29. May further information relating to the cause of death be available later? Yes ☐ 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: Signature (attending physician, coroner, etc.) X R.H. Mulloy
Attending physician ☐ Physician examining body after death ☐ Coroner ☐
37. Name of physician or coroner (print or type): R.H. Mulloy Address: ~~23~~ 203-1711 Cook St. Date: Month, day, year: 12, 28, 83

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.: 2425
JAN - 3 1984
Date: Month (by name), day, year
Signature of District Registrar: L. Scott

8-2300-39: 15-9-81

25-09-284267 85267

This form if placed in an unsealed envelope marked "Dominion Statistics Free," and properly addressed, will pass through the mails "FREE."

**FORM 2.**

PROVINCE OF BRITISH COLUMBIA

# CERTIFICATE OF REGISTRATION OF MARRIAGE

REGISTERED Number 13.7.25
(For use of Registrar of Vital Statistics)

City, Town or District Victoria B.C. Municipality

**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.**

## BRIDEGROOM

1. Full name Frampton (Surname) John Raymond (Given name)
2. Occupation Steam Fitter
3. Bachelor, Widower or Divorced Bachelor
4. Age 26 yrs. 5. Religious Denomination Church of England.
6. Residence 912 Catherine St. Victoria B.C. (If in Canada, province, county and post office address. If foreign, state country)
7. Place of birth Newcastle on Tyne England. (If born in Canada, province, county and post office address. If foreign-born—country)
8. Name of father John Henry Hampton.
9. Place of birth of father Newcastle on Tyne England.
10. Maiden name of mother Flora Felicia Guy.
11. Place of birth of mother Harrogate England
12. Can bridegroom read? Yes Write? Yes

## BRIDE

13. Full name Catching (Surname) Dorothy Constance Ruth (Given name)
14. Occupation Marker and Tailoress
15. Spinster, Widow or Divorced Spinster
16. Age 19 17. Religious Denomination Church of England
18. Residence 1021 Catherine St. Victoria B.C. (If in Canada, province, county and post office address. If foreign, state country)
19. Place of birth Chichester Sussex England (If born in Canada, province, county and post office address. If foreign-born—country)
20. Name of father William Albert Catching.
21. Place of birth of father Heyford Northamptonshire Eng.
22. Maiden name of mother Theresa Ruth Jewell.
23. Place of birth of mother Ecclesworth Herts England
24. Can bride read? Yes Write? Yes

25. When married 8th day of July (Month) 1925 (Year)
26. Place of marriage Christ Church Cathedral Victoria B.C. (Name of church or clergyman's residence or location of dwelling house)
27. By license or banns Licence 55856 (If by license, give number)
28. Signature of Groom John Raymond Frampton
Bride Dorothy Constance Ruth Catching
29. Witnesses Name N. Catching
Address 1021 Catherine St Victoria B.C.
Name Muriel Catching
Address 1021 Catherine St Victoria B.C.

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

Clergyman Cecil J. Quainton (Signature)
Address Victoria B.C.
Religious Denomination Ch. of England

Registered Number ... Filed at this office ... day of ... 19...

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

J.B. Brooks
District Registrar.

(SEE OTHER SIDE)

98841

28-09-331341

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."

**FORM 2.**

# PROVINCE OF BRITISH COLUMBIA

# CERTIFICATE OF REGISTRATION OF MARRIAGE

REGISTERED Number 10-8-28
(For use of Registrar of Vital Statistics)

~~City, Town or District~~ Oak Bay — Municipality —

**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.**

## BRIDEGROOM

1. Full name Shand — Herbert (Surname) (Given name)
2. Occupation Meat packer
3. Bachelor, Widower or Divorced Bachelor
4. Age 22 5. Religious Denomination C. of Eng.
6. Residence Victoria, B.C. (If in Canada, province, county and post office address. If foreign, state country)
7. Place of birth Manitoba — Can. (If born in Canada, province, county and post office address. If foreign-born, country)
8. Name of father Harold Shand
9. Place of birth of father Scotland
10. Maiden name of mother Agnes
11. Place of birth of mother Scotland
12. Can bridegroom read? yes Write? yes

## BRIDE

13. Full name Catching — Muriel (Surname) (Given name)
14. Occupation Clerk
15. Spinster, Widow or Divorced Spinster
16. Age 21 17. Religious Denomination C. of Eng.
18. Residence Victoria, B.C. (If in Canada, province, county and post office address. If foreign, state country)
19. Place of birth Eng. (If born in Canada, province, county and post office address. If foreign-born, country)
20. Name of father Frederick Copping
21. Place of birth of father Eng.
22. Maiden name of mother Martha
23. Place of birth of mother Eng.
24. Can bride read? Yes. Write? Yes

25. When married 11 day of July (Month) 1928 (Year)
26. Place of marriage "Bradalbane" Oak Bay (Name of church or clergyman's residence or location of dwelling house)
27. By license or banns License 13810 A. (If by license, give number)
28. Signature of Groom Herbert Shand
Bride Muriel Catching
29. Witnesses Name Dorothy Frampton
Address Victoria
Name John Raymond Frampton
Address Victoria B.C.

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

Clergyman J. Campbell (Signature)
Address Victoria, B.C.
Religious Denomination M.C.C.

Registered Number — Filed at this office — day of — 19

A.B. Smith
District Registrar.

REGISTERED JUL 13 1928 REGISTRAR VICTORIA B.C.

(SEE OTHER SIDE)

Form 6

51 Reg. No. 45 (Office use only)

59-09-011974

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

**1. PLACE OF DEATH**

Name of city or place: Esquimalt B. C. (If outside city or municipal limits add "Rural") Name of Municipality (if any): Esquimalt

Street or road: Colville Road (If death occurred in a hospital or institution, give the name instead of street and number) House No.: 1215

| 2. LENGTH OF STAY (in years, months and days) | In Municipality where death occurred | In Province | In Canada (if immigrant) |
|---|---|---|---|
| | 2 months | 40 years | 52 years |

**3. PRINT FULL NAME OF DECEASED:** Cotching (Surname or family name) Theresa Ruth (All given or Christian names in full)

**4. PERMANENT RESIDENCE OF DECEASED:**

Name of city or place: Esquimalt B.C. (If outside city or municipal limits add "Rural") Name of Municipality (if any): Esquimalt

Street or road: Colville Road House No.: 1215

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

| 10. Date of Birth (Month by name) (Date) (Year) | 11. AGE (Last Birthday) YEARS | if under 1 year MONTHS | if under 1 month DAYS | if under 24 hours HOURS | if under 1 hour MIN. |
|---|---|---|---|---|---|
| July 26th. 1883 | 76 | | | | |

**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: William Albert Cotching

16. Name of father: Newell (Surname or family name) Walter (All given or Christian names)

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

18. Birthplace — Father: England (City or Place and Province or Country) Mother: England (City or Place and Province or Country)

19. I certify the foregoing to be true and correct to the best of my knowledge and belief.

Given under my hand at Victoria, B.C., this 21st. day of October 1959

Signature of informant: (Married woman not to use Husband's initials or given names) Relationship to deceased: Husband

Address of informant: 1215 (House No.) Colville Road (Name of Street) Esquimalt B.C. (Name of City, Municipality or Place) (Province or State)

20. Burial (State which): Burial Date: October (Month by name) 23rd. (Date) 1959 (Year)

Place of Burial: Colwood District (Municipality, etc., where Cemetery located) Name of Cemetery: Colwood Burial Park

21. Undertaker: — Name: McCall Bros. Address: 1400 Vancouver Street (Name of City, Municipality or Place) (Province or State)

**MEDICAL CERTIFICATE OF DEATH**

22. DATE OF DEATH: October (Month by name) 21st. (Date) 1959 (Year)

23. I HEREBY CERTIFY that I attended deceased from Oct 16 1959 to Oct 21 1959, and last saw h.er alive on Oct 20 1959

**CAUSE OF DEATH**

| | | Approximate interval between onset and death |
|---|---|---|
| I 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.) | (a) Coronary Occlusion | 10 day |
| Antecedent causes Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last. | due to (or as a consequence of) (b) Arteriosclerosis | years |
| | due to (or as a consequence of) (c) | |
| II Other significant conditions contributing to the death, but not related to the disease or condition causing it. | Diabetes Heart disease | years |

24. If a woman, was the death (a) Associated with pregnancy? No (b) Duration ..... weeks. (c) Was there a delivery? .....

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

27. Signed by R.S. Conn Designation M.D. M.D., Coroner, etc.
Address Victoria Date 23 Oct 1959

28. Print name of M.D., Coroner, etc., whose signature appears above R. S. CONN

29. Notations

30. I hereby certify that the above return was made to me at VICTORIA, B.C.
Dated OCT 26 1959 19.....
District Registration No. 1403 (Signature of District Registrar)

(SEE REVERSE SIDE FOR INSTRUCTIONS)

DO NOT WRITE BELOW DOUBLE LINE 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).

9004—3.14: 28-8-56

61 51 60

Form 6

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

Reg. No. (Office use only) 68-09-011960

**1. PLACE OF DEATH**
Name of city, village, town, district municipality or place: Victoria, B.C. (If outside city or municipal limits add "Rural")
Street or road: Richmond Road (If death occurred in a hospital or institution, give the name instead of street and number) House No. 2355

| 2. LENGTH OF STAY (In years, months and days) | In Municipality where death occurred | In Province | In Canada (if immigrant) |
|---|---|---|---|
| | 16 months | 45 yrs. | 50 yrs. |

**3. PRINT FULL NAME OF DECEASED** COTCHING, WILLIAM ALBERT (Surname) (All given or Christian names in full)

**4. PERMANENT RESIDENCE OF DECEASED**
Name of city, village, town, district municipality or place: 2355 Richmond Ave. Victoria, B.C. 57-060-11 (If outside city or municipal limits add "Rural")
Street or road: Richmond Ave. House No. 2355

| 5. SEX | 6. CITIZENSHIP (See marginal note) | 7. RACIAL ORIGIN (See marginal note) | 8. Single, Married, Widowed or Divorced (Write the word) | 9. BIRTHPLACE (City or Place and Province or Country) |
|---|---|---|---|---|
| M | English | Caucasian | Widowed | England |

| 10. Date of Birth (Month by name) (Date) (Year) | 11. AGE (Last Birthday) YEARS | If under 1 year MONTHS | If under 1 month DAYS | If under 24 hours HOURS | If under 1 hour MIN. |
|---|---|---|---|---|---|
| August 15th, 1883 | 85 yrs. | | | | |

OCCUPATION
12. (a) Trade, profession or kind of work as logger, fisherman, office clerk, etc. B.C. Electric
(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 1953 14. Total years spent in this occupation **

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

16. Name of father Cotching (Surname) Thomas (All given or Christian names)
17. Maiden name of mother Not known (Surname) (All given or Christian names)
18. Birthplace – Father England (City or Place and Province or Country) Mother Not known (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 9th day of September 19 68
Signature of informant Ruth B. Brown (Married woman not to use Husband's initials or given names) Relationship to deceased Daughter
Address of informant 11769 – 82nd Ave., North Surrey, B.C. (House No.) (Name of Street) (Name of City, Municipality or Place) (Province)

20. Burial, Cremation or Removal Burial (State which) Date September 10th (Month by name) (Date) 1968 (Year)
Place of Burial or Cremation Victoria, B.C. (Municipality, etc., where Cemetery located) Name of Cemetery Hatley Memorial Gardens
21. Undertaker: – Name Chaplin's Funeral Chapel Address 1155 Fort St., Victoria, B.C. (Name of City, Municipality or Place) (Province)

## MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH September 6th (Month by name) (Date) 1968 (Year)

23. I HEREBY CERTIFY that I attended deceased from August 18th 1967 to September 6th 1968, and last saw h im alive on Sept. 6th 1968

I 526X

| CAUSE OF DEATH | Approximate Interval between onset and 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.) (a) Bronchopneumonia | 3 days |
| Antecedent causes Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last. due to (or as a consequence of) (b) Pulm. fibrosis | Years |
| due to (or as a consequence of) (c) Bronchiectasis | Years |
| II 4222. Other significant conditions contributing to the death, but not related to the disease or condition causing it. Myocardial Atrophy | 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? Yes
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 – burn to –, etc.)
(e) Where did injury occur? (home, farm, industrial place, highway, etc.)
27. Signed by R.R. Forgie Designation M.D. M.D. or Coroner.
Address Veterans' Hospital, Victoria, B.C. Date September 9th 19 68
28. Print name of Doctor or Coroner, whose signature appears above R.R. Forgie, M.D.
29. Notations

DO NOT WRITE BELOW THIS LINE → OFFICE USE ONLY

30. I hereby certify that the above return was made to me at VICTORIA, B. C.
Dated SEP 17 1968 19
District Registration No. 1570 E. W. Barlow (Signature of District Registrar)

(SEE REVERSE SIDE FOR INSTRUCTIONS)

IMPORTANT: Any change or correction made in the completion of this form must be initialled by the person certifying the information.
CITIZENSHIP (NATIONALITY) is defined in terms of the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of a person who was born in Canada or who has rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country.
RACIAL ORIGIN – State the racial origin, traced through the father, in terms of the people or race to which the person belongs such as: English, Scottish, German, etc. or in terms of one of the following racial groups: – White, native Indian, Negro, Chinese, Japanese or other.

9004–3.14: 23-12-63

GR 2951 BRITISH COLUMBIA. DIVISION OF VITAL STATISTICS.
Volume 497 Death registrations 000501 to 001000

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VICTORIA

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 ..... (Name) Registered No. 658 (For use of Registrar of Vital Statistics only)

If in City or Town Victoria. (Name) Street Belmont Ave. House No. 2572

If in hospital or institution, give name .....

2 NAME OF DECEASED John Henry Frampton

Residence 2572 Belmont Ave. (Usual place of abode)

## PERSONAL AND STATISTICAL INFORMATION

| 3 SEX | 4 RACIAL ORIGIN | 5 Single, Married, Widowed or Divorced (*Write the Word*) |
|---|---|---|
| male | English. | married |

6 BIRTHPLACE (Province or Country) England

7 DATE OF BIRTH (month, day and year) Feb 26 1871

| 8 AGE In | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 64 | | | hrs. or min. |

9 OCCUPATION OF DECEASED
(a) Shoemaker (Trade or occupation or kind of work)
(b) ..... (Kind of industry)

10 LENGTH OF RESIDENCE (In years and months)
(a) At place of death 3months (b) In province 23 years
(c) In Canada (if an immigrant) 23 years

Parents
11 Name of father George S Frampton
12 Birthplace of father England (Province or country)
13 Maiden name of mother .....
14 Birthplace of mother England. (Province or country)

15 Informant's name Mrs Frampton
Address 2572 Belmont Ave,

16 Relationship to deceased Widow

17 Place of burial, cremation or removal: Colwood Burial Park — Date of burial: Feb, 28 1935

18 Undertaker Thomson Funeral Home (Name and address)

## MEDICAL CERTIFICATE OF DEATH

19 Date of death Febuary 26th 1935 (Month, day and year)

20 I HEREBY CERTIFY that I attended deceased from Oct 20 1934 to Feb 26 1935 that I last saw h[illegible] alive on Feb. 26th 1935 and that death occurred on the date stated above, at ..... m.

The CAUSE OF DEATH was as follows: 46A

Carcinoma oesophagus.
(duration) 1 yrs. mos. dys.

CONTRIBUTORY .....
(duration) yrs. mos. dys.

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

Did an operation precede death? yes Date of Oct. 20. 1934
Nature of operation gastrostomy

Was there an autopsy? no.

(Signed) J. H. Moore M.D.
Address 1405 Douglas st
Date Feb 27/35

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 .....

23 Filed FEB. 27th 1935 [signature] 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)

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" should not be used as they express citizenship but not a Racial origin. See instructions on back of Certificate.

Form 6

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

Reg. No. (Office use only) 49-09- 005805

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).

**1. PLACE OF DEATH**
Name of city or place: Victoria, B. C. (If outside city or municipal limits add "Rural") 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 years, months and days) | In Municipality where death occurred | In Province | In Canada (if immigrant) |
|---|---|---|---|
| | 21 years | 21 years | 21 years |

**3. PRINT FULL NAME OF DECEASED** Frampton (Surname or family name) Flora Felicia (All given or Christian names in full)

**4. PERMANENT RESIDENCE OF DECEASED:**
Name of city or place: Victoria, B. C. (If outside city or municipal limits add "Rural") Name of Municipality (if any):
Street or road: Ascuith House No.: 2740

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

**10.** Date of Birth: November (Month by name) 24th (Date) 1864 (Year) **11.** AGE: Years 84 | Months 5 | Days 21 | If less than one day: hrs. or min.

OCCUPATION
**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.
(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: John Henry Frampton

**16.** Name of father: Guy (Surname or family name) Thomas (All given or Christian names)
**17.** Maiden name of mother: Vipond (Surname or family name) Sarah (All given or Christian names)
**18.** Birthplace:— Father: England (City or Place and Province or Country) Mother: England (City or Place and Province or Country)

**19.** I certify the foregoing to be true and correct to the best of my knowledge and belief.
Given under my hand at Victoria, B. C. this 16th day of May 19 49
Signature of informant: W. G. Frampton Relationship to deceased: Son
Address: 2740 Asquith St. Victoria B.C.

**20.** Burial, Cremation or Removal: Burial Date: May (Month by name) 18th (Date) 19 49 (Year)
Place of Burial: Colwood, B. C. (Municipality) Cemetery: Colwood Burial Park
**21.** Undertaker:— Name: Thomson Funeral Home Address: 1625 Quadra Street. Victoria, B. C.

## MEDICAL CERTIFICATE OF DEATH

**22. DATE OF DEATH** May (Month by name) 15th (Date) 19 49 (Year)

**23.** I HEREBY CERTIFY that I attended deceased from April 19 48 to May 15 19 49 and last saw h ER alive on May 14 19 49

| CAUSE OF DEATH | DURATION Yrs. | Mos. | Dys. |
|---|---|---|---|
| I 18A | | | |
| Immediate cause — Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. (a) Bronchio-pneumonia due to | | | 4 |
| Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b) Arteria-sclerotic Heart due to | 3 | | |
| (c) | | | |
| II 62 Other morbid conditions (if important) contributing to death but not causally related to immediate cause. Fractured left femur | | 1 | |

**24.** If a woman, was the death associated with pregnancy? Duration weeks. Was there a delivery?
**25.** Was there a surgical operation? Yes Date of operation May 19 49
State findings fractured left femur Was there an autopsy? No.
**26.** If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide? (State which) Date of injury 19
Manner of injury (How sustained)
Nature of injury
Specify whether injury occurred in **industry**, in **home** or in **public place**
**Signed by** [illegible] **Designation** M.D.C.M., M.D., Coroner, etc
**Address** 625 Fort St. Victoria **Date** 19 May 19 49

**27.** Marginal Notations (Office use only)

**28.** I hereby certify that the above return was made to me at Victoria, B.C.
Dated May 23rd 19 49 (Signature of District Registrar)
District Registration No. 3350

(SEE REVERSE SIDE FOR INSTRUCTIONS)

In case of Stillbirth see reverse side before making out certificate.

On April 22nd, 1949 at her home, she fell while getting out of a chair. (File No. S.D. 759 - June 11th/49).