

Assessments

1116 Catherine People ¹³ JOHN +
Block 33
City Lot 1129 ¹³ GOSNELL

NOTE PAPER

1116 Catherine (was 1017 Burdett (9 Bellot) 1885??

1883	Beaven, Robt	150	-
1884	Heyland, R.	150	-
1885	John, B.H.	350	1200
1886 187	"	"	"
1888	John, B.H.	350	1200.
1889	"	600	1500
1890	"	"	"
1891	"	1200	2200
1892	"	"	1100
1893	" (9 Bellot)	"	"
1894	"	1100	550
1895	"	1050	"
1896	"	850	1100
1897	"	"	1700
1898	"	"	"
1899	BC L+I Agency John, B.H.	"	"
1900	"	"	"
1901	"	"	"
1902 B	"	"	"
1904 15	"	"	"
1906	Hall, Robt E. (Wobley, Sask)	"	"
1907	"	1000	"
1908	Baird, S.A.	1000	"
1909	"	1200	"
1910	Williams, WT	1500	"
1911	Brown, John (Landsburg, Emma (ca))	2000	"
1912	"	2700	"
1913 14	"	3260	"
1915	"	3120	"
1916	"	2520	1536

Personal.

1116 Catherine
St.

D

June 30, 1994

MEMORANDUM

TO: Steve Barber

FROM: Carey Pallister
Archives Assistant

SUBJECT: 1017 Burdett Avenue

ADDRESS: (present) 1017 Burdett Avenue

ADDRESS: (old) 9 Bellot Street

LEGAL DESCRIPTION (old): City lot 1129 Block 33

DATE OF CONSTRUCTION:

¹⁸⁸⁴
1885₄

ORIGINAL OWNER:

B.H. John

ARCHITECT:

BCVL 1898 - Bedlington Harold John,
Spide Bellot St, bet Vancouver & Cook
Clerk, Vic.

HISTORY:

In 1884 Mr. B.H. John purchased lots 1128 and 1129 from Mr. R. Hepland and built a house on lot 1129 for \$ 1200 which appeared in the tax assessments the following year.

B. H. John is listed in the City Directories in 1887 as being an assistant draughtsman and by 1895 was chief clerk in the Lands and Works Department. Mr. John owned the property until 1900 when it was purchased by the B.C. Land and Investment Agency. BCLIA owned the property for a six years before selling to R.J. Hall. Other subsequent owners included W.J. Williams and John Brown.

Plumbing plans dated December 12, 1895 are signed by J.C.M. Keith. There is no indication that a new house was built

10/18/41 **John, Bedlington H.**, m, head, m, 25 Nov 1861, 39, USA, to Can: -, CE, Gov. employee.

..... **Rems:** 1898 voters: John, Bedlington Harold, S. side Bellot St, bet Vancouver & Cook, clerk. 1900 DIR: John, B.H., chief draughtsman lands & works dept, h.9 Bellot. RBCR: John, Bedlington Harold, 81 yrs 8mos, 2 Aug 1943 at Victoria, b.CO, USA.

10/18/42 **John, Catherine J.**, f, wife, m, 9 Nov 1862, 38, ENG, to Can: -, CE.

..... **Rems:** RBCR: John, Catherine Janet, 76 y, 25 Jan 1939, b. & d. Victoria.

10/18/43 **Greenwood, Catherine A.**, f, mo-in-law, w, 17 Dec 1827, 73, SCT, to Can: 1861, Psb.

..... **Rems:** RBCR: Greenwood, Catherine, 84 y, 28 Jan 1912 at New Westminster.

10/18/44 **John, Matilda G.**, f, dau, s, 1 Apr 1883, 18, BC, CE.

10/18/45 **John, Edith A.**, f, dau, s, 12 Mar 1889, 12, BC, CE.

10/18/46 **John, Harold G.P.**, m, son, s, 16 Mar 1890, 11, BC, CE.

10/18/47 **John, Allan B.**, m, son, s, 29 Jun 1891, 9, BC, CE.

10/18/48 **John, Kenneth K.F.**, m, son, s, 9 Oct 1897, 3, BC, CE.

q Bellot 1901 Census Victoria

06/04/01 **Gosnell, Edward**, m, head, w, 14 Aug 1860, 40, QC, Psb, *Stableman, Statistician*

06/04/02 **Gosnell, Vera**, f, dau, s, 31 Jul 1888, 13, ON, RC.

06/04/03 **Ross, Henry A.**, m, lodger, m, 11 May 1848, 52, IND, to Can: 1879, CE, Retired.

06/04/04 **Ross, Helena**, f, lodger, m, 22 Aug 1860, 40, IRL, to Can: 1878, CE.

1116 Catherine

107

82-57-002621

621

39

REGISTRATION OF BIRTHS, DEATHS, AND MARRIAGES ACT, 1872.

SCHEDULE B—Marriages.

Registration District No. 1 Victoria District

169

Bridegroom.	No.	638	
	His name.	Bealington Ford John.	
	Age	(21) Twenty-one	
	Residence when married	Victoria City - 1	
	Place of birth.	Marysville California	
	Condition.	Bachelor	
	Rank or profession.	Carpenter & Joiner	
	Name of parents.	Edwin Edward John Matilda William & John	
Bride.	Her name.	Catherine Janet Greenwood.	
	Age.	20 (Twenty)	
	Residence when married	Gandora St. Victoria City.	
	Place of birth.	Victoria B. C.	
	Spinster or widow.	Spinster	
	Name of parents.	John Kirk Greenwood	Catherine (Thompson) or Green
	Name of witnesses.	Alice M. Russell.	Thomas Pittingor
Residence of witnesses.	Victoria	Victoria	
Date of Marriage.	July 12 th 1882.		
Religious denomination of bridegroom.	Episcopalian		
Religious denomination of bride.	Presbyterian		
By whom married.	Rev. Robert Stephens A. M.		
By licence.	By Licence.		
By banns.			
Remarks.			

I hereby certify the particulars given in the above Report to be correct to the best of my knowledge and information.

Dated the 13th day of July, A. D. 1882

Signature of Officiating
Clergyman, &c. }

Robert Stephens

7/7/82

1116 Catherine

33 VICTORIA

Form 6

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

Reg. No. (Office use only)
5956

1. PLACE OF DEATH Name of Municipality (if any) Victoria
Name of city or place
Street or road Douglas Street House No. 617
(If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY In Municipality where death occurred In Province In Canada (if immigrant)
(in years, months and days) 80 years 80 years ---

3. PRINT FULL NAME OF DECEASED JOHN, BEDLINGTON HAROLD
(Surname or last name) (Given or Christian names)

4. PERMANENT RESIDENCE OF DECEASED: Name of Municipality (if any)
Name of city or place Victoria

Queens Avenue House No. 948

5. RACIAL ORIGIN (See marginal note) Welsh
6. Single, Married, Widowed or Divorced (Write the word) Widowed
9. BIRTHPLACE (Province or Country) Marysville, Col., U.S.A.

10. DATE OF BIRTH 25 1861 10 11 AGE 81 8 8
(Day) (Year) (Years) (Months) (Days) If less than one day
hrs. or min.

11. OCCUPATION (If labourer specify kind of work above)
Profession or kind of occupation, clerical, etc. Broker, retired
Industry or business, or bank, etc.

12. Total years spent in this occupation

13. Name of wife of deceased Catherine Janet Greenwood

14. Name of deceased John, Edwin (Surname or last name) (Given or Christian names)

Williams, Matilda (Surname or last name) (Given or Christian names)

Wales (Province or Country) Mother Glamorganshire, South Wales (Province or Country)

15. 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 2nd day of August, 1943
Signature of informant D. S. McKay Relationship to deceased ---
Address 734 Broughton St., Victoria, B. C.

16. Burial, Cremation or Removal Burial Date August 6th 1943
(Month by name) (Day) (Year)

Place of Burial Victoria, B. C. Cemetery Ross Bay Cemetery
(Municipality)

17. Undertaker Name HAYWARD'S B.C. FUNERAL CO. LTD. Address 734 Broughton St., Victoria, B.C.

18. Marginal Notations (Office use only)

MEDICAL CERTIFICATE OF DEATH

19. DATE OF DEATH August 2 1943
(Month by name) (Day) (Year)

20. I HEREBY CERTIFY that I attended deceased from _____ 19____
to _____ 19____ and last saw him alive on Aug 2 1943

21. CAUSE OF DEATH

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

137B
Uraemia
Chr. Prostatic Disease
Arterio Sclerosis

22. If a woman, was the death associated with pregnancy? no

23. Was there a surgical operation? no Date of operation _____ 19____
State findings _____ Was there an autopsy? no

24. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide? _____ Date of injury _____ 19____
(State which) (How sustained)

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

Signed by M. S. Maitland Designation _____ M. D., Coroner, etc.
Address Victoria, B. C. Date August 3, 1943

25. I hereby certify that the above return was made to me at Victoria, B. C.
Dated August 6th 1943
led Watt
(District Registrar)

District Registration No. 732

Aug 4, 1943 P. 12
COLONIST

JOHN — On August 2, 1943, Bedlington Harold John, of 948 Queens Avenue, aged eighty-one years; born in Marysville, Col., and a resident of this city for eighty years. He leaves three sons, Harold Palmer John and Kenneth Kirk John, both in Victoria, and Allan Bedlington John, in Port Oregon; one daughter, Miss Edith Agnes John, at home, and one sister, Mrs. Elizabeth Ann Fell, of New Westminster, B.C.; five grandchildren and three great-grandchildren. He was a life member of the Pacific Club. He was former chief clerk in the Provincial Lands and Works Department. Funeral from Hayward's B.C. Funeral Chapel on Friday at 3 p.m., Rev. E. S. Beames officiating. Interment in the family plot in Ross Bay Cemetery.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK.
CITIZENSHIP (NATIONALITY) is defined in terms of the country to which the person owes allegiance or person who was born in Canada or who has rights of Citizenship in Canada, unless he or she has RACIAL ORIGIN is defined in terms of the people or races to which the person—traced through the father—Russian, Ukrainian, etc. The terms "Canadian" or "American" should not be used for RACIAL ORIGIN.

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

GR 2951
Volume 552

BRITISH COLUMBIA. DIVISION OF VITAL STATISTICS.
Death registrations 00001 to 000500

1116 Catherine

1116 Catherine James Jan 26 1939
WAS BORN HERE
76 YEARS AGO 1938 P. 11

Mrs. Catherine Janet John, who was born in Victoria 76 years ago and had spent all her life here, died yesterday at the Royal Jubilee Hospital. She was a daughter of the late Capt. John Kirk Greenwood and Mrs. Greenwood, who were among Victoria's earliest pioneers and was born here in 1863, when Victoria was little more than a fort.

She is survived by her husband, Bedlington John, at the family residence, Queens Avenue; three sons, Harold and Kenneth, in Victoria, and Allan B., in Vancouver, Wash., and one daughter, Miss Edith A. John, at home; two grandsons, Wilbur and Clinton, both in Vancouver, Wash., and one granddaughter, Mrs. Forrest Jones, in Juneau, Alaska.

Funeral services will be held on Saturday afternoon, at 2.15, at Hayward's B.C. Funeral Chapel, Rev. Canon F. A. P. Chadwick officiating. Interment will be in the family plot in Ross Bay Cemetery.

BRITISH COLUMBIA—REGISTRATION OF DEATH

(Name) Jubilee Hospital House No. _____
Street Jubilee Hospital (If death occurred in a hospital or institution, give the name instead of street and number)
Age 76 yrs. 2 mos. (b) In Province 76 yrs. 2 mos. (c) In Canada (if immigrant) _____
JOHN, CATHERINE JANET (Given name or names)
Usual place of abode Victoria, B.C. Province _____
Post Office Address for residents in rural parts not sufficient)

33 VICTORIA

Registered No. 116
For use of the Registrar of Births, Deaths and Marriages only

7. Single, Married, Widowed or Divorced (Write the word)
Married

Age 862 (Year)
less than one day old
hrs. or min.

John Greenwood, Colk, Eng.
(Province or Country)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH January 25, 1939
(Month) (Day) (Year)

24. I HEREBY CERTIFY that I attended deceased from: 1926 19... to Jan 25 1939
and last saw h. alive on Jan 24 1939

CAUSE OF DEATH

I. Immediate cause
Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, anoxia, asphyxia, asthma, etc.
Marbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).
(a) Heart Failure
(b) Arterio Sclerosis
(c) Ch. Intest. Hypertension

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

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? _____ 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 M. K. [Signature] M.D.

Address Victoria, B.C. Date Jan. 26, 1939

28. District Registrar's Record Number. 43

Filed Jan. 28th. 1939
(District Registrar)

MOTHER
18. MAIDEN NAME Catherine Janet Thomson,
19. BIRTHPLACE Glasgow, Scotland
(Province or Country)
20. Signature of informant Harold A. John
Address 734 Broughton St., Victoria, B.C.
Relationship to deceased Son
21. Place of Burial Ross Bay Cemetery
Date of burial January 28, 1939
22. UNDERTAKER B.C. FUNERAL CO. (HAYWARD'S) LTD.
734 Broughton St., Victoria, B.C.
(Name and address)

Sec. 48—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)

VITAL STATISTICS ACT.

SCHEDULE F.—Marriage Certificate.

Marriage solemnized in the District of _____, B.C.

No.	
Name and surname of bride-groom.	Harold Palmer John
Age.	25
Condition, bachelor or widower.	Bachelor
Rank or profession.	Merchant
Residence.	Victoria
Place of birth.	Bedlington Harold John
Name and surname of father.	Katherine Janet Greenwood
Name and surname of mother.	
Rank or profession of father.	Real Estate Agent
Religious denomination of bride-groom.	Anglican
Name and surname of bride.	Margaret Genevieve Hall
Age.	26
Condition, spinster or widow.	Spinster
Rank or profession.	
Residence.	Victoria
Place of birth.	England
Name and surname of father.	Robert Hall
Maiden name and surname of mother.	Lucie Hagan.
Rank or profession of father.	Gentleman
Religious denomination of bride.	Anglican
Date of marriage.	18th Nov 1914

NOV 23 1914
REGISTERED G. D. & M.
VICTORIA, B. C.

J
R
H

Married at * St John's Church - Victoria, B.C., according to the rites and ceremonies of the anglican Church by † licence

No. _____

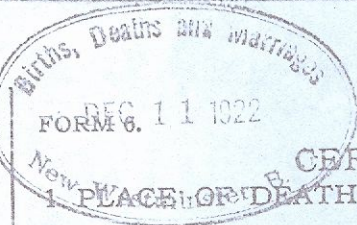
This marriage was solemnized between us { Harold Palmer John
Margaret Genevieve Hall

In the presence of { Samuel J. Henry
Mathias G. John
J. P. Chadwick

(Signature of Minister or Clergyman)

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

86063



PROVINCE OF BRITISH COLUMBIA

CERTIFICATE OF REGISTRATION OF DEATH

1 PLACE OF DEATH—
 If in Municipality Registered No. 10-9-22
(For use of Registrar of Vital Statistics only)
 If in City or Town New Westminster Name Seventh Street 219 House No. 219
 If in hospital or institution, give name.....
 2 NAME OF DECEASED Margaret Genevieve John
 Residence 711, 6th St., New Westminster, B.C.
(Usual place of abode)

PERSONAL AND STATISTICAL INFORMATION

3 SEX Female 4 RACIAL ORIGIN English 5 Single, Married, Widowed or Divorced Married
 6 BIRTHPLACE (Province or Country) Durham, Eng.
 7 DATE OF BIRTH (month, day and year) Feb. 15th 1867
 8 AGE Years 35 Months 20 Days 20 If less than one day, hrs. or min.
 9 LAST OCCUPATION OF DECEASED
 (a) Housewife (b) (Kind of industry)
 (c) From to
(Date from which to which so employed)
 10 FORMER OCCUPATION OF DECEASED
 (a) (b) (Kind of industry)
 (c) From to
(Date from which to which so employed)
 11 LENGTH OF RESIDENCE (In years and months)
 (a) At place of death 7 weeks (b) In province 10 yrs.
 (c) In Canada (if an immigrant) 10 years
 12 Name of father Robert Hall
 13 Birthplace of father England
(Province or country)
 14 Maiden name of mother Lucretia
 15 Birthplace of mother Ireland
(Province or country)
 16 Informant's name H.P. John
 Address 711, 6th St., New Westminster
 17 Relationship to deceased Husband
 18 Place of burial, cremation or removal Victoria B.C. Date of burial Dec. 9, 1922
 19 Undertaker J. Bowells & Co.
(Name and Address)

MEDICAL CERTIFICATE OF DEATH

20 Date of death Dec. 8, 1922
(Month, day and year)
 21 I HEREBY CERTIFY, that I attended deceased from Aug. 3, 1922 to Dec. 7, 1922 that I last saw her alive on Dec. 5, 1922 and that death occurred on the date stated above, at 11:50 p.m.
 The CAUSE OF DEATH was as follows:
Malignant disease (of fibrous structures originating in) Cervix of uterus - 48B
(duration) Indefinite yrs. 2 mos. 2 dys.
 CONTRIBUTORY (Secondary) metastasis in fibrous structures of malignant tumor
(duration) yrs. mos. dys.
 22 Where was disease contracted if not at place of death?
 Did an operation precede death? yes Date of Aug. 9, 1922
 Was there an autopsy? no
 (Signed) J. Bennett Green M.D.
 Address New Westminster
 Date Dec. 8, 1922
 State the Disease causing Death, or in death from Violent Causes, state (1) Means and Nature of Injury, (2) whether Accidental, Suicidal or Homicidal.
 23 District Registrar's Record Number 531/1922
 24 Filed Dec. 11, 1922 N.W. Zepke
District Registrar

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

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)

53-09-010680

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

DO NOT USE BALL POINT PEN

1. PLACE OF DEATH: Name of city or place: Victoria, B. C. Name of Municipality (if any):
2. LENGTH OF STAY: In Municipality where death occurred: 63 years 7 months
3. PRINT FULL NAME OF DECEASED: JOHN HAROLD GREENWOOD PALMER
4. PERMANENT RESIDENCE OF DECEASED: Name of city or place: Victoria, B. C.
5. SEX: Male
6. CITIZENSHIP: Canadian
7. RACIAL ORIGIN: English
8. Single, Married, Widowed or Divorced: Widowed
9. BIRTHPLACE: Victoria, B. C.
10. Date of Birth: March 16, 1890
11. AGE: 63 years 7 months 15 days
12. OCCUPATION: (a) Trade, profession or kind of work as logger, fisherman, office clerk, etc.: Timber Broker
13. Date deceased last worked: Several months ago
14. Total years spent in this occupation: Several years
15. If married, widowed or divorced give name of husband or maiden name of wife of deceased: Margaret Paul
16. Name of father: John, Bedlington Harold
17. Maiden name of mother: Greenwood, Catherine
18. Birthplace - Father: St. Mary, Calif. Mother: Victoria, B. C.
19. I certify the foregoing to be true and correct to the best of my knowledge and belief.
Signature of informant: B. K. John, Relationship to deceased: Brother
Address of informant: 1218 - CORDOVA - BOY - B.D. - RR-4 - VICTORIA - B.C.
20. Burial, Cremation or Removal: Burial, Date: November 3, 1953
Place of Burial: Royal Oak, B.C. Name of Cemetery: Royal Oak Burial Park
21. Undertaker: B.C. FUNERAL CO. (HAYWARD'S) LIMITED, Address: 734 Broughton St., Victoria, B.C.

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

22. DATE OF DEATH: OCTOBER 31, 1953
23. I HEREBY CERTIFY that I attended deceased from 6 out to 31 out 1953, and last saw him alive on 30 out 1953
CAUSE OF DEATH: (a) Pulmonary infarction due to (or as a consequence of) (b) Auric fibrillation due to (or as a consequence of) (c) Coronary heart disease
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.
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? (b) Date of operation: 19
(c) State findings of operation: (d) Was there an autopsy?
26. If death was due to external causes (violence) fill in also the following:
(a) Accident, suicide or homicide? (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., Coroner, etc.
Address: Victoria, B. C. Date: November 2, 1953
28. Print name of M.D., Coroner, etc., whose signature appears above:
29. Notations

DO NOT WRITE BELOW DOUBLE LINE OFFICE USE ONLY

30. I hereby certify that the above returns were made to me at VICTORIA
Dated: NOV 4 1953
District Registration No. 1315

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

59 Kings Rd

*1116 Catherine
1901 Census*

15/07/23 **Baird, Samuel**, m, head, m, 18 Oct 1872, 28, ON, Psb, Carpenter.

..... **Rems:** RBCR: Baird, Samuel Arthur, 45 y, 12 Nov 1916 at Victoria, b.ON.

15/07/24 **Baird, Beatrice**, f, wife, m, 10 Dec 1876, 24, ON, Psb.

15/07/25 **Baird, Kinsley**, m, son, s, 30 Oct 1899, 1, BC, Psb.

15/07/26 **Glass, Annie**, f, aunt, s, 7 May 1852, 48, ON, Bapt, Insurance agt.

..... **Rems:** MR: Richard Coverdale (C2, p.2, 1.14), 68, r. Vic, b.YKS, ENG, wid, farmer, ANG, s.o.Richard & Mary mar Annie Glass, 51, r. Vic. b.Belleville, ON, Meth, d.o.James & Sarah, 2 Jun 1903, Vic. DRI: Annie Coverdale, 6 Apr 1947, 95, Burnaby; Richard d.4 May 1918, 84, Vic.

1911 Census of Canada @ Automated Genealogy

Pa

43	341	Baird Samuel A	M	Head	M	Oct	1873	38
44	341	Baird Beatrice	F	Wife	M	Dec	1878	33
45	341	Baird James K	M	Son	S	Oct	1900	11
46	341	Baird Wendell S	M	Son	S	Mar	1907	4
47	341	Baird Ele?a	F	Daughter	S	Nov	1911	2/12

10 Bellot St

1901 Census

06/03/01 **Williams, Benjamin**, m, head, s, 5 Sep 1864, 36, WLS, to Can: 1872, CE, Broker.

06/03/02 **Williams, William T.**, m, lodger, s, 6 Feb 1867, 34, ENG, to Can: 1872, CE, Merchant.

..... **Rems:** RBCR: Williams, William Thwaites, 64 y, 4 Nov 1931 at Victoria, b.Leeds, ENG. Same plot: Williams, Jean S. McK., 37 y, 12 Jun 1923 at Victoria, b.SK. HOW4: William Thwaites Williams. b.Leeds, ENG, 6 Feb 1869, s.o.Benjamin & Elizabeth mar 17 Apr 1912 at Duncan, BC, Jean Orr, d.o.Oscar Orr.

06/03/03 **Williams, Mary**, f, lodger, s, 23 Aug 1862, 38, WLS, to Can: 1872, CE, Teacher.

06/03/04 **Williams, Alice**, f, lodger, s, 5 Oct 1865, 35, ENG, to Can: 1872, CE.

06/03/05 **Taylor, William T.**, m, lodger, s, 24 Feb 1895, 6, BC, CE.

06/03/06 **Wee, Kee**, m, dom, s, -- --- ----, 35, CHN, to Can: 1898, CE, Cook.

87 Herald St

14/06/24 **Landsberg, Fredk.**, m, head, m, 14 Dec 1861, 39, OES, to Can: 1881, Nat: 1886, Jew, Money broker.

..... **Rems:** DRI: Frederick Landsberg, 14 Jun 1935, 77, Victoria.

14/06/25 **Landsberg, Erna**, f, wife, m, 23 May 1875, 25, RUS, to Can: 1894, Jew.

..... **Rems:** DRI: Erna Landsberg, 8 Aug 1915, 39, Victoria.

14/06/26 **Landsberg, Hannah B.**, f, dau, s, 11 May 1897, 3, BC, Jew.

..... **Rems:** BRI: Hannah B.R. Landsberg, 11 May 1897, Victoria.

14/06/27 **Scott, Elizabeth**, f, dom, s, 1 Oct 1882, 18, NS, CE, Domestic.

..... **Rems:** Same person as d.9, p.22, l.48.

All Catherine Gosnell
 Bethwell
 Ontario

1881

CENSUS 1881—RECENSEMENT.

Province of

Ontario

District No. 178 Bethwell

S. District A Township of Howard

RECENSEMENT 1881—CENSUS.

PAGE 27

SCHEDULE No. 1—Nominal Return of the Living.
 TABLEAU No. 1.—Dénombrement des Vivants.

Division No. 1

PAGE 27

Michael Arnold Enumerator

NUMERED IN THE ORDER OF VISITATION.						NAMES	SEX	AGE	Born within last twelve months.	Country or Province of Birth.	RELIGION	ORIGIN	Profession, Occupation or Trade.	Married or Widowed.	INSTRUCTION.				Date of Operations and Remarks.
Vessels.	Shanties.	Houses in construction.	Houses unoccupied.	Houses inhabited.	Families.										Can read.	Can write.	Can read and write.	Can read and write fluently.	
NUMERED DANS L'ORDRE DES VISITES.						NOM	SEXE	AGE	Né dans les douze derniers mois.	Pays ou Province de Naissance.	RELIGION.	ORIGINE.	Profession, Occupation ou métier.	Marié ou veuf.	INSTRUCTION.				Date de l'Enregistrement et Observations.
Embarcations.	Chaumières.	Maisons en voie de construction.	Maisons inhabitées.	Maisons habitées.	Familles.										Allait à l'école.	Scrupuleux.	Avance.	Attitude d'habileté manuelle.	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
				122	122	Balmer John	Mr.	63	✓	Scotland	Presby.	Scotch	Farmer	Mr.					
				119	122	" Mary	Ch.	53	✓	"		"		Mr.					
						" George	Mr.	16	✓	"		"		Mr.	✓				
						" Emma	Ch.	18	✓	"	Presby. Ch.	"							
				123	124	" Anka	Mr.	11	✓	"		"							
				120	123	Sillipie John	Mr.	50	✓	Scotland	Presby. Ch.	Scotch	Farmer	✓					
				121	124	McLear Michael	Mr.	61	✓	Ireland	R. Catholic	Irish	Farmer	Mr.					
				121	125	" Johannat	Ch.	41	✓	"	"	"		Mr.					
						" Edward	Mr.	11	✓	"	"	"		Mr.	✓				
						" Cornelius	Mr.	8	✓	"	"	"			✓				
						" John	Mr.	6	✓	"	"	"			✓				
						" Michael	Mr.	3	✓	"	"	"							
						" Patrick	Mr.	12	✓	"	"	"							
				121	126	Shanahan Thomas	Mr.	30	✓	"	"	"							
				122	125	Connigan James	Mr.	33	✓	Ireland	R. Catholic	Irish	Farmer	✓					
						" Peter	Mr.	42	✓	"	"	"		✓					
				123	126	" Ann	Ch.	72	✓	"	"	"		W					
				123	126	Gosnell John	Mr.	56	✓	"	Presby.	Irish	Farmer	Mr.					13 April 1881
				126	127	" Margaret	Ch.	62	✓	Scotland	"	Scotch		Mr.					
						" James	Mr.	28	✓	"	"	Irish		Mr.					
						" John	Mr.	26	✓	"	"	"		Mr.					
				127	128	" Edward	Mr.	22	✓	"	"	"	Farmer	Mr.					
				124	127	Camron Peter	Mr.	59	✓	Scotland	"	Scotch	School Teacher	Mr.					
						" Margaret	Ch.	53	✓	"	Presby.	"		Mr.					

REGISTRATION OF BIRTHS, DEATHS, AND MARRIAGES ACT.

SCHEDULE C.—Deaths.

Registration District No. *One*



No.	<i>4444</i>
Name and surname of deceased.	<i>Agnes Theresa Gosnell</i>
When died.	<i>Dec 11. 1898 at Victoria B.C.</i>
Sex.	<i>Female</i>
Age.	<i>35 years 2 months</i>
Rank or profession.	<i>Wife of R. E. Gosnell</i>
Where born.	<i>Hamilton Ont. Canada</i>
Certified cause of death, and duration of illness.	<i>Septicæmia 2 days.</i>
Name of Physician, if any.	<i>Dr J. C. Davie</i>
Signature, description, and residence of informant.	<i>Chas Hayward Undertaker Victoria B.C.</i>
When registered.	<i>13th December 1898</i>
Religious denomination	<i>Roman Catholic</i>
Signature of Registrar.	<i>S. J. Wootton</i>
Remarks.	

GOSNELL, R.E. MACDONALD, Hugh, foreword *Story of Confederation* 1918,
GOSNELL, R.E. *The Story of Confederation, with Postscript on Quebec Situation*. N.pl.: n.pub., (1918). Pp (2),[3]-156. 8vo, green cloth spine, green paper-covered boards. Watters p.871. R. Edward Gosnell (1860-1931). A series of articles written for the *Victoria Daily Colonist*. Article XIX deals principally with Newfoundland. Foreword by Hugh Macdonald, son of Sir John A.

GOSNELL, R.E *Year Book of British Columbia*

Legislative Assembly, British Columbia, 1911,

GOSNELL, R.E. *The Year Book of British Columbia and Manual of Provincial Information (Coronation Edition)*. Victoria, BC:
Published by Authority Legislative Assembly, British Columbia, 1911.

Gosnell, R. Edward

1860-1931

R. Edward Gosnell was the Census Commissioner for the New Westminster District.

BC Archives fonds Alpha-numeric designations: BCAUL control number: BCA-1407

Dictionary of Canadian Biography - **TURNER, JOHN HERBERT**, businessman, politician, and agent general for British Columbia

Opponents of the governing group bitterly criticized its fiscal management. Throughout the period that Turner was minister of finance (1887-98), the provincial budget was in deficit each year and by the time he left office the gross public debt had climbed to nearly \$7,500,000, a sevenfold increase from 1886. The government's generous grants to railway promoters were also denounced and were the reason given by David Williams **Higgins*** for his resignation as speaker of the house in the spring of 1898. By then, opposition newspapers were condemning what they called "Turnerism." R. Edward Gosnell*, Turner's secretary while he was premier, would define the term in 1921 as "favoritism, a lax civil service, extravagance in expenditure of public moneys, . . . encouragement of speculators and promoters at the expense of public assets, recklessness in railway charters and subventions, lack of definite and comprehensive policies, non-sympathy with labor aspirations, and everything else that might be chargeable against a government, which had been for a long time in power."

Daily Colonist (Victoria), 11 Dec. 1923. R. E. Gosnell, "Prime ministers of B.C.,"

HIGGINS, DAVID WILLIAMS, journalist, politician, and author;

He contributed a chapter on politics to R. Edward Gosnell*'s *A history of British Columbia* (n.p., 1906).
R. E. Gosnell, The story of confederation, with postscript on Quebec situation ([Victoria, 1918]) [includes excerpts from Higgins's 1868 diary].

This Form, if placed in an envelope marked "Dominion Statistics—Penalty for improper use \$300," and addressed by name and address to the Registrar of the Registration Division in which death occurred, will pass through the mail free.

FORM 6.

PROVINCE OF BRITISH COLUMBIA

35793



CERTIFICATE OF REGISTRATION OF DEATH

1 PLACE OF DEATH

If in Municipality..... Registered No. 61-8-31
(For use of Registrar of Vital Statistics only)

If in City or Town..... Name Vancouver Street W. 13th Ave. House No. 1145

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

2 NAME OF DECEASED R. Edward Gosnell

Residence..... 1145 W. 13th Ave. Vancouver.
(Usual place of abode)

PERSONAL AND STATISTICAL INFORMATION

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 RACIAL ORIGIN English 5 Single, Married, Widowed or Divorced (Write the Word) Widowed

19 Date of death..... August 5th 1931.
(Month, day and year)

6 BIRTHPLACE (Province or Country)..... Quebec

20 I HEREBY CERTIFY, that I attended deceased from April 17 1931 to August 5 1931 that I last saw him alive on August 5th 1931 and that death occurred on the date stated above, at 10.30 p.m.

7 DATE OF BIRTH (month, day and year) August 4, 1860

The CAUSE OF DEATH was as follows: 106B

8 AGE In } Years 71 Months Days 1 If less than one day hrs. or min.
9 OCCUPATION OF DECEASED (a) B.C. Historian (Trade or occupation or kind of work) (b) (Kind of industry)

Chronic Bronchitis with bronchiectasis (no X-ray taken)
(duration) yrs. mos. dys.

10 LENGTH OF RESIDENCE (In years and months) (a) At place of death 3 1/2 months (b) In province 3 1/2 months (c) In Canada (if an immigrant) Life

CONTRIBUTORY (duration) yrs. mos. dys.

11 Name of father John Gosnell 12 Birthplace of father England (Province or country) 13 Maiden name of mother Margaret Cherry 14 Birthplace of mother England (Province or country)

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

15 Informant's name John S. Thompson Address 1145 W. 13th Ave.

Did an operation precede death no Date of _____ Nature of operation _____

16 Relationship to deceased Son-in-law

Was there an autopsy? _____ (Signed) _____ M.D. Address 736 Burrville St Date 8/8/31

17 Place of burial, cremation or removal Ocean View Burial Park Date of burial August 7th 1931

State the Disease causing Death, or in Death from Violent Causes, state (1) Means and Nature of Injury, (2) whether Accidental, Suicidal or Homicidal. 1445

18 Undertaker Center & Hanna Ltd. (Name and address) Vancouver B.C.

22. District Registrar's Record Number 1445

23 Filed Aug 6 1931 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)

Exact statement of OCCURRENCE is very important. The terms "American" or "Canadian" should not be used as they express citizenship but not a Racial origin. See instructions on back of Certificate.

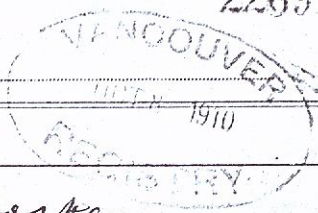
10-09-061691

BIRTHS, DEATHS, AND MARRIAGES REGISTRATION ACT.

22691

SCHEDULE C.--Marriages.

Registration District of VANCOUVER



BRIDEGROOM.	No.	00609 1187
	His name.	Alexander James Hosken
	Age.	37 641.H
	Residence when married.	Vancouver B.C.
	Place of birth.	Cowes. Isle of Wight Eng.
	Condition (Bachelor or Widower.)	B.
	Rank or profession.	2nd. Officer, Empress of Japan
	Names of parents.	Henry Hosken; Rosa Von Wallinger
BRIDE.	Her name.	Veronica Helen Gosnell
	Age.	23
	Residence when married.	Victoria, B.C.
	Place of birth.	Port Hope, Ont.
	Spinster or widow.	S.
	Names of parents.	Edward Gosnell - Agnes Theresa Wilson
Names of witnesses.	R.E. Gosnell	H. L. Rademacher
Residence of witnesses.	Victoria B. C.	Vancouver B. C.
Date of marriage.	October 6th. 1910	
Religious denomination of bridegroom.	Anglican	
Religious denomination of bride.	Roman Catholic	
By whom married.	Rev. Havelock Beartam	
By licence or by banns.	L.	
Place of marriage, church, residence, &c.	Holy Trinity Church, Vancouver B.C.	

notary
 act no. 200
 1910
 F.O.S.

I hereby certify the foregoing to be the correct Record of the marriage of Alexander James Hosken and Veronica Helen Gosnell made in pursuance of the above mentioned Act.

Dated the 6th. day of October, A.D. 1910

Signature of Clergyman, Minister or Registrar. H. Beartam

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 C

VANCOUVER

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 Notary
For use of the Registrar of Births,
Deaths and Marriages only

Rural Municipality _____ (Name)
If in City, Town or Village, _____ Street, _____ Georgia St. W. _____ House No. 1040
(Name) (If death occurred in a hospital or institution, give the name instead of street and number)
Length of stay (in years, months and days) 35 Years (b) In Province, 35 Years (c) In Canada (if immigrant), 35 Years
Municipality where death occurred _____
Name of deceased Hosken, Alexander James (Surname) (Given name or names)
RESIDENCE No. 1040 Street, W. Georgia St. City, town, village or rural municipality, Vancouver Province, B.C.
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. SEX Male
5. NATIONALITY (Citizenship) England
6. RACIAL ORIGIN England
7. Single, Married, Widowed or Divorced (Write the word) Married

MEDICAL CERTIFICATE OF DEATH
23. DATE OF DEATH August 10th 1936
(Month) (Day) (Year)

8. BIRTHPLACE England
(Province or Country)

24. I HEREBY CERTIFY that I attended deceased from: October 10 1932 to August 10 1936
and last saw him alive on August 9 1936

9. DATE OF BIRTH February 3rd 1878
(Month) (Day) (Year)

CAUSE OF DEATH
I. Immediate cause (a) Angina Pectoris
Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, apoplexy, asthma, etc.
due to myocardial degeneration
(b) _____
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).
due to coronary sclerosis
(c) _____
II. Other morbid conditions (if important) contributing to death but not causally related to immediate cause.

10. AGE in Years 58 Months 6 Days 7 If less than one day old hrs. or min.

11. Trade, profession or kind of work as spinner, tannerman, office clerk, etc. Master Mariner

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

13. Date deceased last worked at this occupation June 1936

14. Total years spent in this occupation 35 Years

15. If married give name of wife Florence Hosken or husband of deceased.

16. NAME # Hosken

17. BIRTHPLACE England
(Province or Country)

18. MAIDEN NAME # Muriel Cardoux

19. BIRTHPLACE England
(Province or Country)

20. Signature of informant Florence M. Hosken
Address 1040 W Georgia St
Relationship to deceased Wife

25. If a woman, was the death associated with pregnancy?
26. Was there a surgical operation? no Date of operation _____
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 _____
(State which)
Manner of injury _____ (How sustained)
Nature of injury _____
Specify whether injury occurred in Industry, in home, or in public place

Signed by W. A. _____ M.D.
Address 925 W Georgia St Date August 11th 1936

21. Place of Burial, Cremation or Removal Vancouver Crematorium
Date of burial or removal August 13th 1936

28. District Registrar's Record Number _____
29. Filed Aug. 11, 1936 (District Registrar)

22. UNDERTAKER Center & Hanna Ltd. Vancouver B.C. (Name and address)
Sec. 46—Vital Statistics Act makes it the duty of the Undertaker or person acting as Undertaker to obtain all the particulars required in the "Certificate of Registration of Death" and to file the same with the District Registrar who shall issue the burial permit.
Father's name corrected to: Henry Hosken. (SEE REVERSE SIDE FOR INSTRUCTIONS)
Mother's name corrected to: Rosa Von Willinger File C.D. 3098. Aug. 31/42.



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

OCCUPATION
FATHER
MOTHER

1275
140
31
1
1
1
23
20
2
20
2
8
58
0
0
0
75

39

Form 5

43-031
Reg. No. (Office use only)

66-09-006590

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

1. PLACE OF DEATH

Name of city, village, town, district municipality or place Vancouver, B. C.
(If outside city or municipal limits add "Rural")
Street or road dead on arrival at Vancouver General Hospital
(If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY

In Municipality where death occurred In Province In Canada (if immigrant)
(in years, months and days) 50 years 50 years 60 years

3. PRINT FULL NAME OF DECEASED

HOSKEN Florence Muriel Cordeaux
(Surname) (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED

Name of city, village, town, district municipality or place Vancouver, B. C. 43-031-23
(If outside city or municipal limits add "Rural")
Street or road Fraser St. House No. 2532

5. SEX

f.
Canadian

7. RACIAL ORIGIN

white

8. Single, Married, Widowed or Divorced

Widow
(Write the word)

9. BIRTHPLACE

England
(City or Place and Province or Country)

10. Date of Birth

September 17th 1888
(Month by name) (Date) (Year)

77
11. AGE (Last Birthday) YEARS

1 1 24 1
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. 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 HOSKEN Alexander J.

16. Name of father CORDEAUX
(Surname)

Not Known
(All given or Christian names)

17. Maiden name of mother Not Known
(Surname)

Not Known
(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 5th day of May 1966.

Signature of informant S. B. Platt Relationship to deceased friend
(Married woman not to use Husband's initials or given names)
Address of informant #3 - 1941 Commercial Dr., Vancouver, B. C.
(House No.) (Name of Street) (Name of City, Municipality or Place) (Province)

20. Burial, Cremation or Removal Cremation
(State which)

Date May 9th 1966
(Month by name) (Date) (Year)

Place of Burial Vancouver
(Municipality, etc., where Cemetery located)

Name of Cemetery Mt. View

21. Undertakers Roselawn Funeral Directors
Name Vancouver 12, B. C.
(Name of City, Municipality or Place) (Province)

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH May 1st 1966
(Month by name) (Date) (Year)

23. I HEREBY CERTIFY that I attended deceased from May 1st 1966, and last saw him alive on April 25 1966
to May 1st 1966.

CAUSE OF DEATH

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

(a) Myocardial infarction
due to (or as a consequence of) hypertension
(b) Coronary atherosclerosis
due to (or as a consequence of) hypertension
(c) Arteriosclerosis

Approximate interval between onset and death

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 None 1966
(c) State findings of operation None (d) Was there an autopsy? No

26. If a violent death, fill in also: (a) Accident ; Suicide ; Homicide (b) Date of injury None 1966
(c) How did injury occur?

(d) Injuries sustained? None
(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 C. C. Coovernton Designation M.D. M.D. or Coroner.
Address Spangherm Hospital Date May 6th 1966

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

29. Notations

30. I hereby certify that the above return was made to me at VANCOUVER, B. C. MAY 6 1966

Dated May 6th 1966
District Registration No. 4381 Rucanis
(Signature of District Registrar)

(SEE REVERSE SIDE FOR INSTRUCTIONS)

963
Coroner advised.
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.

DO NOT WRITE BELOW THIS LINE OFFICE USE ONLY

15-067

NAME OF DECEASED	1. Surname of deceased (print or type) HOSKEN		2. SEX FEMALE
	All given names in full (print or type) VERONICA HELEN		
PLACE OF DEATH	3. Name of hospital or institution (otherwise give exact location where death occurred) 1766 - DUCHESS AVENUE		
	City, town or other place (by name) WEST VANCOUVER, B.C.		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) 1766 - DUCHESS AVENUE 15-067		
	City, town or other place (by name) WEST VANCOUVER		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 HOSKEN ALEXANDER JAMES	
	7. Kind of work done during most of working life AT HOME		
BIRTHDATE	9. Month (by name), day, year of birth JULY 31 1886		10. AGE (years) (Months) (Days) (Hours) (Minutes) 88
	11. City or place Province (or country) of birth VICTORIA, B.C.		
FATHER	13. Surname and given names of father (print or type) GOSWELL ROBERT		14. BIRTHPLACE - City or place, Province (or country) ONTARIO
	15. Maiden surname and given names of mother (print or type) WILSON NOT KNOWN		16. BIRTHPLACE - City or place, Province (or country) ONTARIO
INFORMANT	17. Signature of informant X <i>G. Hosken</i>		18. Relationship to deceased SON
	19. Address of informant Mr. G. Hosken, 201-Seagull Lane, Nanaimo, B.C.		20. Date signed - Month, day, year Dec 2/74
DISPOSITION	21. Burial, cremation or other disposition (specify) CREMATION		22. Date of burial or disposition (month, day, year) DECEMBER 3 1974
	23. Name and address of cemetery, crematorium or place of disposition NORTH SHORE CREMATORIUM NORTH VANCOUVER, B.C.		
FUNERAL DIRECTOR	24. Name and address of funeral director (or person in charge of remains) (print or type) FIRST MEMORIAL SERVICES LTD. NORTH VANCOUVER, B.C.		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	25. Month (by name), day, year of death DECEMBER 1 1974		Approx. interval between onset & death
CAUSE OF DEATH	26. Part I Immediate cause of death (a) <i>C.V.A.</i>		24 hrs
	Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last (b) <i>Old age + previous C.V.A.</i>		
	Part II Other significant conditions contributing to the death but not causally related to the immediate cause (a) above <i>no</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 checked="" type="checkbox"/>	29. May further information relating to the cause of death be available later? Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>
ACCIDENT OR VIOLENCE (If applicable)	30. If accident, suicide, homicide or undetermined (specify)		32. Date of injury (Month (by name), day, year)
	31. Place of injury (e.g. home, farm, highway, etc.)		
SURGICAL OPERATION	33. How did injury occur? (describe circumstances)		35. State operative findings
	34. If there was a recent surgical operation give date of operation		
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.) <i>H.G. Baker</i>		Attending physician <input checked="" type="checkbox"/> Physician examining body after death <input checked="" type="checkbox"/> Coroner <input type="checkbox"/>
	37. Name of physician or coroner (print or type) H.G. BAKER		Date: Month, day, year 119-16th St W. Van Dec 3 74

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 -		DISTRICT REGISTRAR
	District Registration No. 790	Births, Deaths & Marriages DEC 9 1974 Signature of District Registrar	

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.

145
963

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