

648 Battery

040 BALLEKI SIRKEE

People

648 Battery Street was built for John Hall in about 1907.

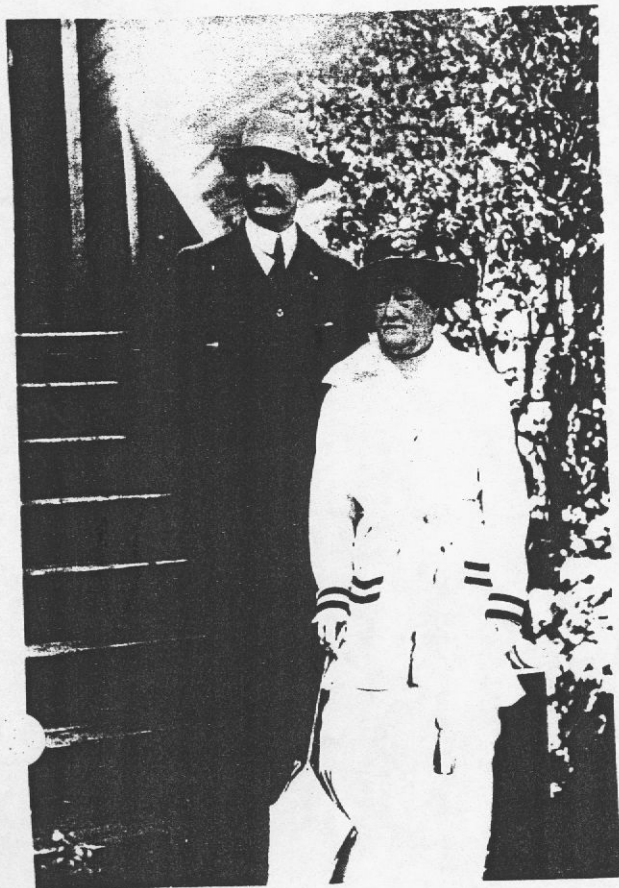
Mr. Hall purchased this lot and the one backing onto it at 655 Niagara Street in 1890 or 1891. The Italianate style house on Niagara Street which was recently demolished (1984?) was occupied by the Hall family until 1907 at which time they moved to Battery Street.

648 Battery Street was probably built by George C. Mesher (see attached plumbing plan for signature) "... a local architect who, in partnership with his son, built up one of the largest building and contracting firms in the region" (from This Old House, p. 21). Mr. Mesher constructed almost all the small shingle-style cottages along Paddon Avenue most of which have been designated heritage structures. 648 Battery Street which is located at the head of Paddon Avenue was the first shingle-style house to be built on Battery Street and is the largest full-shingle-style house in the neighborhood.

Mr. John Hall served as an alderman for the City of Victoria for the years 1892, 1895, 1897, 1898, 1900 and 1901. He played a significant role in the development of the area as he apparently advanced money to many of his neighbors enabling them to build their homes.

The Hall family continued to occupy 648 Battery Street until 1955.

(The above information was supplied by Mr. John Adams)



98407-15-471

VICTORIA, B.C.

[Mr. & Mrs. John Hall in the backyard of
648 Battery Street] / photographer unknown

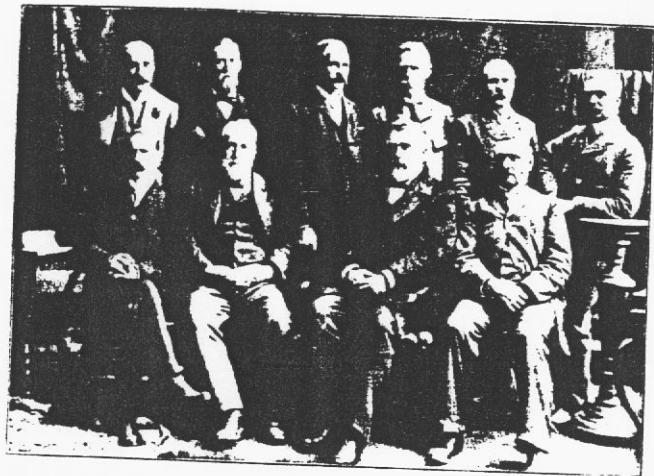
1 photograph: b&w; 8.75 x 13.75 cms. - -

1 copy negative: b&w; 6.25 x 7.5 cms. - -

[V.C.A. 1984 August / HH]

1. Hall, John - Family
2. Victoria: Streets - Battery St.

JOHN HALL WAS BORN IN SAN FRANCISCO
IN 1855. HE CAME TO VICTORIA IN
1859 WITH HIS PARENTS. HE LATER
WENT TO ENGLAND BUT RETURNED
VICTORIA BY 1890



VICTORIA CITY COUNCIL 1900

ALD. JOHN HALL FIRST ON LEFT, BACK ROW

1891

Name	Age	Occupation	Birthplace	Location	Family
Hall, John	36	Gentleman	United States	Victoria City Johnson Street Ward (4 b-1)	117

Gender	Male	Band	Not applicable
Marital Status	Married	Religion	Anglican/Episcopal/C of E
Relationship to Head	Head of Household	Father's Birthplace	England
Employer	No	Mother's Birthplace	England
Wage Earner	No	French Canadian	No
Hands Employed	0	Infirmities	Blank or None
Unemployed	No	Floors/Rooms	2/7
Building/Construction	House/Wood	Record	census.1891:19018
Comments	None		

Hall, Ellen Kate	30	Homemaker	England	Victoria City Johnson Street Ward (4 b-1)	117
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Gender	Female	Band	Not applicable
Marital Status	Married	Religion	Anglican/Episcopal/C of E
Relationship to Head	Wife of Head	Father's Birthplace	England
Employer	No	Mother's Birthplace	England
Wage Earner	No	French Canadian	No
Hands Employed	0	Infirmities	Blank or None
Unemployed	No	Floors/Rooms	2/7
Building/Construction	House/Wood	Record	census.1891:19006
Comments	None		

Hall, Kathleen M	2	None or Unknown	England	Victoria City Johnson Street Ward (4 b-1)	117
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Elliot, John G	34	None or Unknown	England	Victoria City Johnson Street Ward (4 b-1)	117
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Gender	Male	Band	Not applicable
Marital Status	Single	Religion	Anglican/Episcopal/C of E
Relationship to Head	Boarder or Lodger	Father's Birthplace	England
Employer	No	Mother's Birthplace	England
Wage Earner	No	French Canadian	No
Hands Employed	0	Infirmities	Blank or None
Unemployed	No	Floors/Rooms	2/7
Building/Construction	House/Wood	Record	census.1891:17574

Marchal, Alice	17	Servant (female)	England	Victoria City Johnson Street Ward (4 b-1)	117	b-1&n... 17/11/2004
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648 Battery

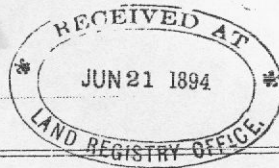
3435

94-09-007435

REGISTRATION OF BIRTHS, DEATHS, AND MARRIAGES ACT.

SCHEDULE A.—Births.

Registration District No.



No.	3515
When born.	21 st April 1894.
Name.	John Mackenzie
Sex.	Male
Name and surname of Father.	John George Elliott Jr.
Name and maiden surname of Mother.	Mary Banks Elder.
Rank or profession of Father.	Insurance Inspector.
Signature, description, and residence of informant.	J.G. Elliott, Father. Surrey Road.
When registered	21 st June 1894.
Name of Accoucher.	Dr. J.H. Milne.
Signature of Registrar.	J. W. Mattson
Remarks.	

named after his grandfather,
Ellen Kate Hall's father
(John George Elliott was her
brother)

1901 CC

4 Niagara St

02/02/27 **Hall, Ellen**, f, head, m, 23 Jun 1861, 40, ENG, to Can: 1891, CE.02/02/28 **Hall, Jno.**, m, husband, m, 26 Apr 1856, 45, USA, to Can: 1861, CE, Gentleman.02/02/29 **Hall, Kathleen M.**, f, dau, s, 3 Feb 1899, 12, ENG, to Can: 1891, CE.

.....**Rems:** Age & year born as entered. MR: William Wardle, 26, mechanical engineer, r, Victoria, b. Wetherby, YKS, ENG, CE, s.o. Edwin Wardle, mechanical engineer & Felicite Cavaye mar Kathleen Muriel Hall, 24, r. Victoria, b. NTT, ENG, CE, d.o. John Hall & Kate Elliot, 28 Jan 1914, Oak Bay. MR: Herbert Handel Vinall, musician, 27, bach., SArm, r. Oak Bay Ave, b. Winnipeg, MB, s.o. Frank Vinall, b. Brighton, ENG & Sadie Jane Hodge, b. Markham, ON mar Kathleen Muriel Wardle, musician, divorced, 31, Ang, r. Monterey & Oak Bay Ave, b. NTT, ENG, d.o. John Hall, b. San Francisco, CA, USA & Ellen Kate Elliott, b. ENG, 2 May 1925, Victoria.

02/02/30 **Kenn, Chinese**, m, servant, s, don't know, --, CHN, to Can: -, Bud, Servant.

Hall, John, Niagara St, Gentleman, VicC

Hall, John, 82 Pandora St, Doctor medicine, VicC

1898 Voters' List

John Hall not in 1868 CD
 Ja not in 1881 CC
 a - a 1871 CC

THE FOUNDATION WAS SUNG.

Daily Colonist Jan 9, 1944 p. 18

HALL—There passed away at St. Joseph's Hospital, John Hall, 648 Battery Street, on January 7, 1944, in his 89th year. Born in San Francisco, he lived in Victoria over 50 years. At one time an alderman of the city of Victoria. Surviving him are his widow and son-in-law. Funeral on Monday afternoon from McCall Funeral Chapel, at 3:30, followed by cremation. (No flowers, by special request).

last year.

Daily Colonist, Jan 9, 1944 p. 15

Pioneer Passes Here

A former Victoria alderman, John Hall, 89, passed away yesterday at St. Joseph's Hospital.

Mr. Hall came to the city from his birthplace in San Francisco, and had lived in Victoria since 1859. Well known among the residents, he took a great interest in municipal politics.

When the city celebrated its 75th birthday in 1937, Mr. Hall attended a number of the functions as a guest of honor.

four brothers and three sisters in Victoria and a sister in England.

Requiem mass at St. Edward's Catholic Church, Salt Spring Island, Wednesday, April 27, 11 a.m. Hayward's Ltd., directors.

HALL—On April 24, 1955, Ellen Kate Hall, of 648 Battery Street, a resident here for the past 65 years, widow of the late Ald. John Hall. She is survived by a niece, Mrs. Ann Ferris of Vancouver and a nephew, Jack Elliott of Jordan River.

Funeral from McCall Bros.' Funeral Chapel on Wednesday, April 27, at 1:30 p.m., Rev. Canon George Biddle officiating. Interment in Royal Oak. (No flowers by request.)

Colonist April 26/1955 p. 18

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

Reg. No. (Office use only)

116

648 Battery

1. PLACE OF DEATH
Name of city or place: Victoria, B.C. Name of Municipality (if any):
Street or road: 648 Battery St. House No.: 648
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: 50 years. In Province: 50 years. In Canada (if immigrant): 50 years.
(in years, months and days)

3. PRINT FULL NAME OF DECEASED: John J. Hall
(Surname or last name) (Given or Christian names)

4. PERMANENT RESIDENCE OF DECEASED:
Name of city or place: Victoria, B.C. Name of Municipality (if any):
Street or road: Battery St. House No.: 648

5. SEX: Male 6. CITIZENSHIP: Canadian 7. RACIAL ORIGIN: English 8. Single, Married, Widowed or Divorced: Married 9. BIRTHPLACE (Province or Country): San Francisco, Cal.

10. Date of Birth: 19 11. AGE: 88 Years Months Days If less than one day
(Month by name) (Day) (Year) hrs. or min.

OCCUPATION
12. (a) Trade, profession or kind of work as spinner, grader, clerk, etc. (b) Kind of industry or business, as paper mill, lumber, bank, etc. (If labourer specify kind of work above)
13. Date deceased last worked at this occupation 14. Total years spent in this occupation

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

16. Name of father: John J. Hall (Surname or last name) (Given or Christian names)
17. Maiden name of mother: Not known (Surname or last name) (Given or Christian names)

18. Birthplace:— Father: Mother: (Province or Country) (Province or Country)

19. I certify the foregoing to be true and correct to the best of my knowledge and belief.
Given under my hand at: Victoria, B.C. this: 8th day of: Jan. 1944
Signature of informant: Archibald J. Gordon Relationship to deceased: son-in-law
Address: 648 Battery St. Victoria

20. Burial, Cremation or Removal: Cremation Date: Jan. 10th 1944
(Month by name) (Day) (Year)
Place of Burial: Saxich, B.C. Cemetery: Royal Oak
(Municipality)

21. Undertaker:— Name: McCall Brothers Address: 1400 Vancouver St. Victoria

22. Marginal Notations (Office use only)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH: Jan. 7th 1944
(Month by name) (Day) (Year)

24. I HEREBY CERTIFY that I attended deceased from several years 1944
to Jan. 7 1944 and last saw him alive on Jan. 7 1944

IMMEDIATE CAUSE	CAUSE OF DEATH	DURATION		
		Yrs.	Mos.	Dys.
Give disease, injury, or complication which caused death, not the mode of dying, such as heart failure, asphyxia, assthenia, etc.	(a) <u>Uræmia</u> due to			
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	(b) <u>Arterio Sclerosis</u> 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? No

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

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

Signed by: Archibald J. Gordon Designation: _____ M.D., Coroner, etc.
Address: _____ Date: Jan 13 1944

28. I hereby certify that the above return was made to me at Victoria, B. C.
Dated: January 13th 1944
District Registration No. 53 Ed. Wall (District Registrar)

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
CITIZENSHIP (NATIONALITY) is defined in terms of the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of a person who was born in Canada or who has rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country.
RACIAL ORIGIN is defined in terms of the people or race to which the person—traced through the father—belongs, whether English, Irish, Scottish, French, German, Russian, Ukrainian, etc. The terms "Canadian" or "American" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

In case of stillbirth count reverse side before marking out certificate.

648 BATTERY

55-09- 004896

PRINCE 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 St. Josephs Hospital (If outside city or municipal limits add "Rural") Name of Municipality (if any) Victoria Street or road St. Josephs Hospital House No. (If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY In Municipality where death occurred 65 years In Province 65 years In Canada (if immigrant) 65 years (in years, months and days)

3. PRINT FULL NAME OF DECEASED Hall Ellen Kate (Surname or family name) (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED: Name of city or place Victoria Name of Municipality (if any) Victoria Street or road Battery St. House No. 648

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

10. Date of Birth June 13 1856 11. AGE } 98 Years 10 Months 11 Days If less than one day hrs. or min.

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 Hall

16. Name of father: Elliott John McKenzie (Surname or family name) (All given or Christian names)

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

18. Birthplace— Father: England 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, this 25 day of April 1955. Signature of informant: Jordan River Relationship to deceased: Nephew Address of informant: Jordan River B.C. (House No.) (Name of street) (Name of City, Municipality or Place) (Province or State)

20. Burial, Cremation or Removal: Burial Date: April 27 1955 (State which) (Date) (Year) Place of Burial or Cremation: Saanich Name of Cemetery: Royal Oak Burial Park (Municipal ty, etc., where Cemetery located)

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

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH April 24 1955 (Month by name) (Date) (Year)

23. I HEREBY CERTIFY that I attended deceased from 24 Apr 1955, and last saw her alive on 26 Apr 1955

CAUSE OF DEATH I 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.) (a) Pulmonary embolus due to (or as a consequence of) II Amiecedent causes Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last. (b) Compensated gold bladder due to (or as a consequence of) III Other significant conditions contributing to the death, but not related to the disease or condition causing it. (c) Fracture of humerus

Appropriate interval between onset and death: 2 weeks 2 weeks 2 weeks

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? ye

26. If death was due to external causes (violence) fill in also the following: (a) Accident, suicide or homicide? Accident (State which) (b) Date of injury 4 Apr 1955 (c) Manner of injury: Fall on arm (d) Nature of injury: Fracture neck of humerus (How sustained) (e) Specify whether injury occurred in Industry, in home or in public place: home

27. Signed by: M.D., Coroner Date: 27 Apr 1955

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

30. I hereby certify that the above return was made to me at VICTORIA, B.C. MAY 1955 (Date) 19

District Registration No. 007 (Signature of District Registrar)

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. CITIZENSHIP (NATIONALITY) is defined in terms of the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of a person who was born in Canada or who has rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country. RACIAL ORIGIN is defined in terms of the people or race to which the person—traced through the father—belongs, whether English, Irish, Scottish, French, German, Russian, Ukrainian, etc. The terms "Canadian" or "American" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

DO NOT WRITE BELOW DOUBLE LINE OFFICE USE ONLY

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

648 Battery

14-09-027742

11742

VITAL STATISTICS ACT.

SCHEDULE F.—Marriage Certificate.

Marriage solemnized in the District of Oak Bay, Kaitiaki B.C.

RECEIVED
JAN 29 1914

No.	36
Name and surname of bride-groom.	William Waddle
Age.	26
Condition, bachelor or widower.	Bachelor
Rank or profession.	Mechanical Engineer.
Residence.	Victoria
Place of birth.	Wetherby, Yorks. England.
Name and surname of father.	Edwin Waddle.
Name and surname of mother.	Felicite Gavaye
Rank or profession of father.	Mechanical Engineer.
Religious denomination of bride-groom.	Church of England.
Name and surname of bride.	Kathleen Muriel Hall.
Age.	24
Condition, spinster or widow.	Spinster.
Rank or profession.	—
Residence.	Victoria
Place of birth.	Notttingham, England.
Name and surname of father.	John Hall
Name and surname of mother.	Kate Elliott
Rank or profession of father.	—
Religious denomination of bride.	Church of England
Date of marriage.	January 28 th 1914

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

210

14

Married at * St. Mary's Church, Oak Bay, B.C., according to the rites and ceremonies of The Anglican Church by † Licence

No. 45949

This marriage was solemnized between us { William Waddle
Kathleen Muriel Hall

In the presence of { John Hall
Robert Horton

(Signature of Minister or Clergyman) George H. Anderson, M.A.

* Enter place and situation.
† Banns or licence—give No. of licence.
20,000/3/1913.

Vol. 4 Pages 225; v.5, p.35, 37 Petitioner: wife

Wardle William Cavaye and **Hall** Kathleen Muriel

Married 28 Jan 1914 at Oak Bay, BC Dissolved: 16 Sep 1924

Remarks: Filed 17 Jul 1923.

MR: William Wardle, 26, mechanical engineer, r, Victoria, b.Wetherby, YKS, ENG, CE, s.o. Edwin Wardle, mechanical engineer & Felicite Cavaye mar Kathleen Muriel Hall, 24, r. Victoria, b.NTT, ENG, CE; d.o. John Hall & Kate Elliot, 28 Jan 1914, Oak Bay.

MR: Herbert Handel Vinall, musician, 27, bach., SArm, r.Oak Bay Ave, b.Winnipeg, MB, s.o. Frank Vinall, b.Brighton, ENG & Sadie Jane Hodge, b.Markham, ON mar Kathleen Muriel Wardle, musician, divorced, 31, Ang, r.Monteray & Oak Bay Ave, b.NTT, ENG, d.o.John Hall, b.San Francisco, CA, USA & Ellen Kate Elliott, b.ENG, 2 May 1925, Victoria.

DRI: William Wardle, 5 Mar 1969, 82, Victoria.

648 Battery

225

IN THE SUPREME COURT OF BRITISH COLUMBIA
IN DIVORCE AND MATRIMONIAL CAUSES

BETWEEN

KATHLEEN MURIEL WARDLE,

Petitioner

-and-

WILLIAM CAVAYE WARDLE,

Respondent

*Victoria
Jul 29. 1923
Registry*

IN CHAMBERS,

BEFORE THE HONOURABLE MR. JUSTICE GREGORY.

TUESDAY the 17th day of July, 1923.

THIS APPLICATION coming on for hearing
this day and UPON hearing Mr. J. B. Clearihue of
counsel for the plaintiff, AND UPON reading the
summons herein dated the 14th day of July 1923
and the affidavit of William T. Straith sworn
the 13th day of July 1923 and filed herein,
AND UPON hearing what was alleged by Counsel
as aforesaid.

IT IS ORDERED that the time for
entering an appearance by the respondent to
the citation herein be extended to six weeks.

A. B. Gregory

BACK 18632 warden, Quinon Dick name, 520 Kinner street, stenographer
HOME 18633 Wardle, Kathleen Muriel, 648 Battery street, housewife. 1920 Voters
PAGE 18634 Wardrop, Pauline Margaret Ewart, 962 Fairfield road, householder. List
18635 Ware, Charles. 525 Niagara street retired

648 Battery
25-C9-234518

85518

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 1-7-25
(For use of Registrar of Vital Statistics)

City, Town or District Victoria Municipality

BRIDEGROOM

1. Full name Vinall Herbert Handel
(Surname) (Given name)

2. Occupation Musician

3. Bachelor, Widower or Divorced Bachelor

4. Age 27 5. Religious Denomination S. A.

6. Residence Oak Bay Ave
(If in Canada, province, county and post office address. If foreign, state country)

7. Place of birth Winnipeg Manitoba
(If born in Canada, province, county and post office address. If foreign-born—country)

8. Name of father Frank Vinall

9. Place of birth of father Brighton England

10. Maiden name of mother Sadie Jane Holgh

11. Place of birth of mother Madison Ontario

12. Can bridegroom read? Yes Write? yes

—Miss E. Taylor is at home
Vinall Caroline wid E W r 1131
Yates
—Mrs E Lillian spr B C Tel r 1732
Bank
—Frank Blair Holland Brea h 1118
Cook
—Herb H mas Capital Thea h 711
Kings
Vincent Arts et Capital h 1101

SEP. 1925
and
K. 1414Y
1929
Vancouver
B. C.

BRIDE

13. Full name Wardle Kathleen Muriel
(Surname) (Given name)

14. Occupation Musician

15. Spinster, Widow or Divorced Divorced

16. Age 31 17. Religious Denomination Anglican

18. Residence Monteary & Oak Bay Ave
(If in Canada, province, county and post office address. If foreign, state country)

19. Place of birth Wotts Eng
(If born in Canada, province, county and post office address. If foreign-born—country)

20. Name of father John Hale

21. Place of birth of father San Francisco Calif

22. Maiden name of mother Ellen Hale Elliott

23. Place of birth of mother England

24. Can bride read? Yes Write? yes

25. When married Second day of May 19 25
(Year)

26. Place of marriage Temple Hall
(Name of church or clergyman's residence or location of dwelling house)

27. By license or banns 28478 (If by license, give number)

28. Signature of { Groom H. H. Vinall (Herbert Handel)
Bride Kathleen Muriel Wardle

29. Witnesses { Name R. Beard
Address Temple Hall
Name A. A. Beard
Address Temple Hall

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.

REGISTERED

MAY 13 1925

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

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

Clergyman Clem Davies B.A., B.D., D.D.
(Signature)
Address 1610 Holywood Crescent
City Temple

Religious Denomination
Registered Number
Filed at this office day of 19

W. Beard
District Registrar

648 Battery Colonist
29 Aug 1943 P.M.

GORDON—There passed away suddenly Friday afternoon at St. Joseph's Hospital, Kathleen Muriel Gordon, of 35 Wellington Avenue. The late Mrs. Gordon was fifty-four years of age, was born at Nottingham, England, and had resided in this city for the past fifty years. She leaves in sorrow her husband, Archibald Hugh Gordon, at their residence, Wellington Avenue.

Strictly private funeral services will be conducted Monday. Rev. George Biddle will officiate and cremation will take place at the Royal Oak Crematorium. (It is requested that no flowers be sent). S. J. Curry & Son have charge of arrangements.

1048 Battery

23 VICTORIA

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

Reg. No. (Office use only)

5929

1. PLACE OF DEATH
Name of city or place Victoria, B.C. Name of Municipality (if any) _____
Street or road St. Josephs Hospital, House No. _____

2. LENGTH OF STAY (If death occurred in a hospital or institution, give the name instead of street and number)
(in years, months and days) In Municipality where death occurred 50 Years In Province 50 Years In Canada (if immigrant) 50 Years

3. PRINT FULL NAME OF DECEASED Gordon Kathleen Muriel
(Surname or last name) (Given or Christian names)

4. PERMANENT RESIDENCE OF DECEASED:
Name of city or place Victoria, B.C. Name of Municipality (if any) _____
Street or road Wellington House No. 35

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

10. Date of Birth February 1889 11. AGE } Years 54 Months _____ Days _____ If less than one day _____ hrs. or _____ min.

12. (a) Trade, profession or kind of work as spinner, grader, clerk, etc. Household duties
(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 1943 14. Total years spent in this occupation _____

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

16. Name of father Hall John
(Surname or last name) (Given or Christian names)

17. Maiden name of mother Elliott Ellen Kate
(Surname or last name) (Given or Christian names)

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

19. I certify the foregoing to be true and correct to the best of my knowledge and belief.
Given under my hand at Victoria, B.C. this 27th day of August 1943
Signature of informant Archibald Gordon Relationship to deceased Husband
Address 35 Wellington Ave., Victoria, B.C.

20. Burial, Cremation or Removal Cremation Date August 30th, 1943
(Month by name) (Day) (Year)
Place of Burial _____ Cemetery Royal Oak Crematorium

21. Undertaker:— Name S.J. Curry & Son Address Victoria, B.C.

22. Marginal Notations (Office use only)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH August 27th, 1943
(Month by name) (Day) (Year)

24. I HEREBY CERTIFY that I attended deceased from _____ to _____
to August 27th, 1943 and last saw her alive on August 27th 1943

Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthma, etc.	CAUSE OF DEATH	DURATION		
		Yrs.	Mos.	Dys.
(a) due to	<u>Accidental Death</u>			
(b) due to	<u>Fracture of base of Skull</u>			
(c) due to	<u>Fall</u>			
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? accident Date of injury Aug 27 1943
Manner of injury Fall on stairs
Nature of injury Fracture of base of Skull
Specify whether injury occurred in industry, in home or in public place at home

Signed by Edward Abbott Designation Coroner M.D., Coroner, etc.
Address Victoria Date August 28 1943

28. I hereby certify that the above return was made to me at _____
August 30th 1943 Victoria, B.C.
Dated _____
District Registration No. 725 Ed Abbott
(District Registrar)

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
CITIZENSHIP (NATIONALITY) is defined in terms of the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of a person who was born in Canada or who has rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country.
RACIAL ORIGIN is defined in terms of the people or race to which the person—traced through the father—belongs, whether English, Irish, Scottish, French, German, Russian, Ukrainian, etc. The terms "Canadian" or "American" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

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

648 Battery

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

58-09--005642

1. PLACE OF DEATH

Name of city or place VANCOUVER, B.C. Name of Municipality (if any) VANCOUVER GENERAL HOSPITAL Street or road (If death occurred in a hospital or institution, give the name instead of street and number) VANCOUVER GENERAL HOSPITAL House No. (If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY In Municipality where death occurred 25 Years In Province 25 years In Canada (if immigrant) 60 years (in years, months and days)

3. PRINT FULL NAME OF DECEASED VINALL, HERBERT (Surname or family name) (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED: Name of city or place Vancouver Name of Municipality (if any) 43-031 - 39 Street or road 38th Avenue West House No. 2955

5. SEX Male 6. CITIZENSHIP Canadian 7. RACIAL ORIGIN Not known 8. Single, Married, Widowed or Divorced, or Both (Mark one) Single 9. BIRTHPLACE: (City or Place and Province or Country) Winnipeg Manitoba

10. Date of Birth April 3 1898 (Month by name) (Date) (Year) 11. AGE (Last Birthday) 60 YEARS (If under 1 year MONTHS If under 1 month DAYS If under 24 hours HOURS If under 1 hour MIN.)

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

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

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

16. Name of father (Surname or family name) (All given or Christian names) N/K

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

18. Birthplace - (City or Place and Province or Country) N/K

19. I certify the foregoing to be true and correct to the best of my knowledge and belief. Given under my hand at Vancouver, this 10 day of May 19 58

Signature of informant Mr. Crank Last Post Fundation (Married woman not to use husband's initials or given name) Address of informant 510 W HASTINGS ST. VANCOUVER (House No.) (Name of Street) (Name of City, Municipality or Place) (Province or State)

20. Burial, Cremation or Removal. (State which) Burial Date May 12 19 58 (Month by name) (Date) (Year)

Place of Burial or Cremation Burnaby Name of Cemetery Forest Lawn Memorial Park (Municipality, etc., where Cemetery located)

21. Undertaker: Center & Hanna Name 1049 West Georgia St Address (Name of City, Municipality or Place) (Province or State)

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH APRIL 28 19 58 (Month by name) (Date) (Year)

23. I HEREBY CERTIFY that I attended deceased from AUGUST 29 19 57 to APRIL 28 19 58, and last saw him alive on APRIL 28 19 58.

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.) (a) Bronchopneumonia due to (or as a consequence of) 1. week (b) Metabolic nervous disease due to (or as a consequence of) 3 yrs (c) Coronary artery disease with Scleroderma myocardial infarction

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

25. (a) Was there a recent surgical operation? (b) Date of operation (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 (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 VANCOUVER GENERAL HOSPITAL Designation M.D. M.D., Coroner, etc. Address Date May 2 1958

28. Print name of M.D., Coroner, etc., whose signature appears above C. R. RALLY

29. Notations

30. I hereby certify that the above return was made to me at VANCOUVER B.C. MAY 12 1958

Dated 1958 District Registration No. 1996 (SEE REVERSE SIDE FOR INSTRUCTIONS) Signature of District Registrar

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DO NOT WRITE BELOW DOUBLE LINE OFFICE USE ONLY