

Assessment

674-76 Battery

~~Old~~ People

674/676 Battery St. 1889-1892

Date	Name	Land	Improvements
1891	?	?	?
1892	Rutland, Lucy M.	800	900 (pencilled in)
1893	"	"	900
1894	"	750	450
1895	"	720	"
1896	"	600	900
1897	"	"	1500
1898	"	"	"
1899	"	"	"
1900	"	"	"
1901	Sayward, J.A.	"	"
1902/3	Ross, J.H.	"	"
1904/5	"	"	"
1906	"	"	"
1907	"	800	"
1908	McKay, Mary	1000	"

- can't locate  
J. H. Ross  
- likely the  
James H. Ross  
living with  
John McKay

Legal Description:

Lot 2, Block 3, B.F.

# People

To CDs  
1889-  
91  
please

(1889 - Henry Rutland res 171 Fort)

674/676 Battery - CD's

1890-91 Beacon Hillside Henry Rutland McKay

1892-97 Rutland, Henry & Co, gets 'furnishings'

1899-1900 Welsh, Ernest BC Market

1902 - McKay, John

1903 - McKay, John (referred to as (no OCC))

James H. Ross (Ass 1902-07)  
lived w. John McKay.

1914 - same

1917 - White, Hubert H. clerk

1921 - O'Neill, Edw C.

1924 - Dark, <sup>Phillip</sup>PT + Darman, Mrs A.

1929 - Bearpark, Mrs VC <sup>etc</sup>wid F.

1931 - 674 - Riddell, Mrs AT <sup>wife</sup>writer

676 - Martin, <sup>etc</sup>GL watchman CNSS

1939 - 674 - McDermott, John (Margaret)

<sup>Therein 1935</sup> 676 - Scott, <sup>alter</sup>WJ (Marie) sec Vic (Ingstmn's Assn)

1946 - 674 - Muir, <sup>Mrs (Ann)</sup>CD + Moskalyk, Miss Fay waitress

676 - Brazil, Arthur (Bessie) msngr B of Comm

1951 674 - Apartments - 2 Waddell, Miss MG <sup>(not listed in book)</sup> → Waddell Geo  
3 - Moskally, Miss Fay <sup>30 FREN</sup>

676 - Brazil, A.

↑  
Still there in 1969. (wife Bessie, that is)  
there in 1976 gone by ↑  
1982 ↓

6741676 Battery 86 - 13165 1165 27

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

SCHEDULE B—Marriages.

JAN. 8 1887

Registration District No. 1

BRIDEGROOM.

No. 1118  
 His name. Henry Rutland  
 Age. Full  
 Residence when married. Victoria  
 Place of birth. Frodsham Cheshire England  
 Condition. Bachelor  
 Rank or Profession. Merchant  
 Name of parents. George Rutland

BRIDE.

Her name. Lucy M. Anderson Lucy  
 Age. Full  
 Residence when married. Victoria  
 Place of birth. Birmingham England  
 Spinster or widow. Spinster  
 Name of parents. Alexander W. Anderson

Name of witnesses. Francis Page Caroline Jeffrey  
 Residence of witnesses. Victoria  
 Date of marriage. July 10th 1886  
 Religious denomination of bridegroom. Anglican Church  
 Religious denomination of bride. Anglican Church  
 By whom married. Percival Lewis  
 By license. License  
 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 6th day of Jan 9 A. D. 1887

Signature of Officiating Clergyman, &c. Percival Lewis  
 Rector of St John's Victoria

57 Johnson St

1901 Census

07/19/35 Rutland, Henry, m, head, m, 22 Apr 1840, 60, ENG, to Can: 1884, CE, Mens furnisher.  
 Rems: 1900DIR: Rutland, Henry, clothing 57 Johnson, h.57 1/2 Johnson.  
 07/19/36 Rutland, Lucy, f, wife, m, 15 Dec 1856, 44, ENG, to Can: 1886, CE.  
 07/19/37 Yo, Hong, m, s, --- 1889, 12, CHN, to Can: 1900, n/g, Domestic.



1891CC

**Name** Rutland, Henry    **Age** 50    **Occupation** Dry Goods Dealer    **Birthplace** England    **Location** Victoria City James Bay Ward (4 a-2)    **Family** 176

<b>Gender</b>	Male	<b>Band</b>	Not applicable
<b>Marital Status</b>	Married	<b>Religion</b>	Anglican/Episcopal/C of E
<b>Relationship to Head</b>	Head of Household	<b>Father's Birthplace</b>	England
<b>Employer</b>	Yes	<b>Mother's Birthplace</b>	England
<b>Wage Earner</b>	No	<b>French Canadian</b>	No
<b>Hands Employed</b>	0	<b>Infirmities</b>	Blank or None
<b>Unemployed</b>	No	<b>Floors/Rooms</b>	2/8
<b>Building/Construction</b>	More than one above/Wood	<b>Record</b>	census.1891:25044
<b>Comments</b>	None		

**Name** Rutland, Lucy    **Age** 30    **Occupation** Homemaker    **Birthplace** England    **Location** Victoria City James Bay Ward (4 a-2)    **Family** 176

<b>Gender</b>	Female	<b>Band</b>	Not applicable
<b>Marital Status</b>	Married	<b>Religion</b>	Anglican/Episcopal/C of E
<b>Relationship to Head</b>	Wife of Head	<b>Father's Birthplace</b>	England
<b>Employer</b>	No	<b>Mother's Birthplace</b>	England
<b>Wage Earner</b>	No	<b>French Canadian</b>	No
<b>Hands Employed</b>	0	<b>Infirmities</b>	Blank or None
<b>Unemployed</b>	No	<b>Floors/Rooms</b>	2/8
<b>Building/Construction</b>	More than one above/Wood	<b>Record</b>	census.1891:25045
<b>Comments</b>	None		

**Name** Page, Frank    **Age** 50    **Occupation** Dry Goods Dealer    **Birthplace** Scotland    **Location** Victoria City James Bay Ward (4 a-2)    **Family** 176

<b>Gender</b>	Male	<b>Band</b>	Not applicable
<b>Marital Status</b>	Single	<b>Religion</b>	Presbyterian
<b>Relationship to Head</b>	Boarder or Lodger	<b>Father's Birthplace</b>	Scotland
<b>Employer</b>	Yes	<b>Mother's Birthplace</b>	Scotland
<b>Wage Earner</b>	No	<b>French Canadian</b>	No
<b>Hands Employed</b>	2	<b>Infirmities</b>	Blank or None
<b>Unemployed</b>	No	<b>Floors/Rooms</b>	2/8

+ JESSOP, MARY 42

*Clerk Dry Goods/England/widow*  
*Boarder/Lodger*  
<http://history.mala.bc.ca/content/census/1891/search/?n/district=4&s/subDistrict=a-2&n fa...> 6/26/03



674/676 Battery

85518

FORM 6.

PROVINCE OF BRITISH COLUMBIA

CERTIFICATE OF REGISTRATION OF DEATH

1 PLACE OF DEATH—

If in Municipality ..... Registered No. 2 P 22

If in City or Town Victoria B.C. Street Fort House No. 1770

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

2 NAME OF DECEASED Henry Rutland

Residence 1770 Fort St.

(Usual place of abode)

PERSONAL AND STATISTICAL INFORMATION

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

6 BIRTHPLACE (Province or Country) Darbyshire England

7 DATE OF BIRTH (month, day and year) April 22nd, 1840

8 AGE Years 81 Months 3 Days 3 If less than one day, hrs. or min.

9 LAST OCCUPATION OF DECEASED (a) retired (b) (Kind of industry) (c) From to (Date from which to which so employed)

10 FORMER OCCUPATION OF DECEASED (a) Mens. Furnisher and Dry Goods (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 10 years (b) In province 37 years (c) In Canada (if an immigrant) 37 years

MEDICAL CERTIFICATE OF DEATH

20 Date of death Jan. 16th, 1922 19 22

21 I HEREBY CERTIFY, that I attended deceased from Jan 17th 1922 that I last saw him alive on Jan 16th 1922 and that death occurred on the date stated above, at 6 a.m.

The CAUSE OF DEATH was as follows:  
Senile Decay.

(duration) 4 yrs. — mos. — dys

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

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

12 Name of father George Rutland

13 Birthplace of father England (Province or country)

14 Maiden name of mother Miss Makery

15 Birthplace of mother England (Province or country)

16 Informant's name Ed. ... Address 734 Broughton St

17 Relationship to deceased none Date of burial Jan. 19th, 1922

18 Place of burial, cremation or removal Ross Bay cemetery

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

Did an operation precede death? no Date of —

Was there an autopsy? no

(Signed) W B Holden M.D.

Address 851 Fort St Victoria

Date Jan 17, 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 111111

24 Filed 1922-01-15 District Registrar W B Holden

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)

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

TUES 1922-01-16 P. 13

Henry Rutland, a resident of this city since 1885, died this morning at the family residence, 1770 Fort Street. He was a native of Macclesfield, England. For many years he was employed with Shears & Page, former dry-goods merchants here, later entering into business for himself. He retired from active business life six years ago. The late Mr. Rutland is survived by his widow here and one sister in England. Due notice will be given of the funeral arrangements.

The funeral of the late Henry Rutland took place yesterday afternoon from the residence, 1770 Fort Street, at 2 o'clock, where an impressive service was conducted by Rev. A. de B. Owen. Many friends were in attendance and the casket was covered with numerous beautiful floral tributes of respect. The pallbearers were: J. Cathcart, H. W. Wilders, E. Hornsby, W. Hinchliffe, C. A. Unwin and W. Hornsby. The remains were laid to rest at Ross Bay cemetery.

TUES 1922-01-20 P. 2

674/676 Battery

4  
4148

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

FORM 6.

PROVINCE OF BRITISH COLUMBIA  
CERTIFICATE OF REGISTRATION OF DEATH

1 PLACE OF DEATH—

If in Municipality..... Registered No. 218  
(For use of Registrar of Vital Statistics only)

If in City or Town Victoria Street..... House No.....  
Name

If in hospital or institution, give name Royal Jubilee Hospital

2 NAME OF DECEASED Lucy Magdalena Rutland

Residence Port Street (over Ash Street)  
(Usual place of abode)

PERSONAL AND STATISTICAL INFORMATION

MEDICAL CERTIFICATE OF DEATH

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

19 Date of death 24 May 1932  
(Month, day and year)

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

20 I HEREBY CERTIFY, that I attended deceased from May 5<sup>th</sup> 1932 to May 24<sup>th</sup> 1932 that I last saw her alive on May 24<sup>th</sup> 1932 and that death occurred on the date stated above, at 1:25 A.M.  
The CAUSE OF DEATH was as follows:

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

Cerebral Hemorrhage 82 A  
(duration)..... yrs..... mos. 19 dys.

8 AGE In 75 Years Months Days If less than one day..... hrs. or..... min.

CONTRIBUTORY.....  
(duration)..... yrs..... mos. 4 dys.

9 OCCUPATION OF DECEASED  
(a) Retired  
(Trade or occupation or kind of work)

21 Where was disease contracted if not at place of death?  
at home on Fort St. Victoria B.C.

(b).....  
(Kind of industry)

10 LENGTH OF RESIDENCE (In years and months)

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

(a) At place of death 2 1/2 yrs (b) In province 30 years

(c) In Canada (if an immigrant) 4 1/2 years

11 Name of father.....

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 Official Administrator

Address 12 Burr St

16 Relationship to deceased.....

17 Place of burial, cremation or removal Ross Bay Date of burial May 27 1932

18 Undertaker Thomson & Fetterley  
(Name and address)

Was there an autopsy? no

(Signed) E. Mountjoy Pease M.R.C.S. Eng.

Address Victoria B.C.

Date May 26 1932

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 May 27 1932 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)

ate and the remains will be laid to rest in the family plot at the Royal Oak Burial Park.

674/676 BATTERY TIMES  
RUTLAND—On May 24, at the Jubilee Hospital, Lucy Magdalena Rutland, aged seventy-five years, a native of England and a resident of Victoria for many years, widow of the late Henry Rutland, who predeceased her in 1922.

The remains are resting at the Thomson & Fetterley Funeral Home, from where the funeral will take place on Saturday afternoon, May 28, at 2.30. Interment will be in the family plot in Ross Bay Cemetery.

PAB

97 Belcher St

05/13/02 **Sayward, Joseph A.**, m, head, m, 17 Jul 1862, 38, BC, CE, Lumber mcht.

05/13/03 **Sayward, Margaret L.**, f, wife, m, 10 May 1863, 37, SCT, to Can: 1884, Bapt.

05/13/04 **Sayward, Margaret L.**, f, dau, s, 13 Jul 1895, 5, BC, Bapt.

05/13/05 **Sayward, James W.**, m, 2nd cousin, m, 1 Oct 1815, 85, USA, to Can: 1890, Bapt, n/g.

..... **Rems:** 1900DIR: Sayward, Capt. J.W., h.Belcher

05/13/06 **Hoy, Ah**, m, gardener, m, 14 Dec 1850, 50, CHN, to Can: 1894, Conf, Gardener.



6741676 Battery

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

Reg. No. (Office use only)

65-19-009813

1. PLACE OF DEATH

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

Lions Gate Hospital (If outside city or municipal limits add "Rural")

Street or road (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)

22yrs

77yrs

3. PRINT FULL NAME OF DECEASED

Welsh

Ernest

with this?  
night person

4. PERMANENT RESIDENCE OF DECEASED

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

Eastern Ave.

House No. 1536

5. SEX

Male

6. CITIZENSHIP

Canadian

7. RACIAL ORIGIN

White

8. Single, Married, Widowed or Divorced

Widow (by word)

9. BIRTHPLACE

(City or Place and Province or Country)

London, England

10. Date of Birth

May 4th 1876

11. AGE (Last Birthday)

89yrs

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.

Carpenter

(b) Kind of industry or business, as logging, fishing, bank, etc.

General

(If labourer specify kind of work above) (If Housewife in own home answer "At Home")

13. Date deceased last worked at this occupation

1946

14. Total years spent in this occupation

35yrs

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

Elizabeth Alice Vasey

16. Name of father

Welsh

Not Known

17. Maiden name of mother

Not Known

Not Known

18. Birthplace -

Not Known

Not Known

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

Given under my hand at North Vancouver, B.C. this 1st day of August 1965

Signature of informant Relationship to deceased Son

Address of informant (House No.) (Name of Street) (Name of City, Municipality or Place) (Province)

3150 Harrison Ave. North Vancouver, B.C.

20. Burial, Cremation or Removal

Burial

Date August 2nd 1965

Place of Burial or Cremation

North Vancouver, B.C.

Name of Cemetery

North Vancouver Cemetery

21. Undertaker

Name Address (Name of City, Municipality or Place) (Province)

Barrard Funeral Chapel LTD. North Vancouver, B.C.

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH July 31st 1965

23. I HEREBY CERTIFY that I attended deceased from 1962 to death 1965, and last saw him alive on July 31 1965

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) cerebral hemorrhage 5 hrs

due to (or as a consequence of)

(b) myocardial infarction 1 hr

due to (or as a consequence of)

(c) atherosclerosis

Approximate interval between onset and death

24. If a woman, did the death occur either during pregnancy or within 90 days following pregnancy? Yes or No

25. (a) Was there a recent surgical operation? NO (b) Date of operation 1965

(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 1965

(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 Dr. V. Spielmann Designation M.D. or Coronr.

Address 1028 Mt. Hwy. North Vancouver Date Aug 2, 1965

28. Print name of Doctor or Coronr, whose signature appears above Dr. V. Spielmann

29. Notations

30. I hereby certify that the above return was made to me at 1965

Dated 1965

District Registration No. 241 (Signature of District Registrar)

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

22 Kingston St

1901c

01/10/39 **McKay, John**, m, head, m, 18 Jul 1824, 76, PE, Psb, n/g...... **Rems:** DN, Times, 28 Aug 1914, p.12: John MacKay, d.25 Aug 1914, Athelmar, BC, a former r.o. Victoria, b.Cavendish, PE, about 90 y.01/10/40 **McKay, Mary**, f, wife, m, 22 Feb 1836, 65, PE, Psb.01/10/41 **McKay, Hallie I.**, f, dau, s, 6 Nov 1878, 22, PE, Psb...... **Rems:** MRI: Lionel James Peake mar Hallie Isabel McKay, 18 Feb 1902, Victoria.01/10/42 **Ross, Jennie G.**, f, gr dau, s, 7 Dec 1889, 11, NWT, Psb.01/10/43 **Ross, Christina G.**, f, gr dau, s, 6 Oct 1893, 7, NWT, Psb.01/10/44 **Ross, James H.**, m, gr son, s, 15 Oct 1895, 6, NWT, Psb.

JH Ross on assessments, too young??  
1902-1907

6741676 Battery

CORONER'S FORM.

BIRTHS, DEATHS AND MARRIAGES REGISTRATION ACT.

85956

SCHEDULE B.—Deaths.

FILED  
GOLDEN B. C.  
AUG 27 1914  
RECEIVED  
August 24 1914  
John Buchanan, REGISTRAR.

Registered No. 14 of 1914

1. Full name John Mackay City or town of Golden

2. (a.) Sex Male (b.) Color or race White (c.) Single Married Widowed Divorced Married District of N.E. Kootenay B. C.

3. (a.) Birthplace Campden, P. E. I. (Province or country) (b.) Date of birth July 15<sup>th</sup> 1824

4. Age 90 Years 1 Months 7 Days

5. Died on the 25<sup>th</sup> day of August 1914 at about 6 P.M.

6. Last occupation Farmer (Kind of Industry) (a.) Name of father \_\_\_\_\_ (b.) Birthplace of father \_\_\_\_\_ (Province or country)

7. Former occupation Hotel Keeper (c.) Maiden name of mother \_\_\_\_\_ (d.) Birthplace of mother \_\_\_\_\_ (Province or country)

8. (a.) Place of death Residence of J. R. McKay (son) Athelmar, B.C. (Street and No.) ATHELMAR The foregoing stated personal particulars are true to the best of my knowledge and belief.

(b.) How long at place of death Two months Informant D. H. Taylor

9. Former or usual residence Victoria, B.C. Address Golden B.C.

10. Place of burial Victoria 17. Undertaker James Henderson

16. Date of burial \_\_\_\_\_ Address Golden

Hour \_\_\_\_\_ M.

CORONER'S CERTIFICATE OF CAUSE OF DEATH.

I hereby certify that I took charge of the remains described above, held an inquiring thereon and from the evidence obtained by said inquiring find that said deceased died on the 25<sup>th</sup> day of August 1914 at about 2:45 o'clock P. M., from the cause hereunder written. (IF UNDER ONE YEAR OLD, STATE HOW FED.)

(a.) Remote or Earlier Pathological or Morbid Condition Old age Duration in Years, Months, Days or Hours \_\_\_\_\_

(b.) Immediate or Final Determining Cause Heart failure

Witness my hand, this 27<sup>th</sup> day of August 1914 (Signature) D. H. Taylor Coroner or Coroner's Physician. Address Golden, B.C.

MACKAY—On the 25th inst., at Athelmar, B. C., John MacKay, for many years a resident of this city. Deceased was born at Cavendish, P. E. I., about 90 years ago. The remains are being brought to Victoria for interment, and the funeral will take place from the B. C. Funeral chapel, 734 Broughton street, on Saturday, Aug. 29, at 4.30 p. m., where service will be conducted. Friends please accept this intimation.

TIMES 1914-08-28 PM 12



674/676 Battery

DIED

McKAY—On the 13th inst., at the residence, 676 Battery street, Mary Johnstone, relict of the late John McKay, aged 86 years; born at Long River, P. E. I. Two daughters, Mrs. L. J. Peake and Mrs. Pierson, survive, as also do two sons, W. D. McKay and J. L. McKay.

The funeral will take place from the residence as above on Monday, March 15, at 2.30 p. m., where service will be held. Interment in Ross Bay cemetery.

TIMES 1915-03-13 pg 12

15-09-030754

VITAL STATISTICS ACT. 11754

SCHEDULE B—Deaths

REGISTRAR

Registered No. \_\_\_\_\_

City or town of **Victoria** District of \_\_\_\_\_ B.C.

1. Full name **Mary Johnstone McKay**

2. (a.) Sex **Female** (b.) Colour or race **White** (c.)  Single  Married  Widowed  Divorced

3. (a.) Birthplace **P. E. Island** (b.) Date of birth \_\_\_\_\_

4. Age **79** Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

5. Died on the **13** day of **March** 191**5** at about **3 A.M.**

6. Last occupation **Widow** (Kind of Industry) \_\_\_\_\_

7. Former occupation \_\_\_\_\_

8. (a.) Place of death **676 Battery St. Victoria B.C.** (b.) How long at place of death **12 years**

9. Former or usual residence **676 Battery St.**

10. How long resident in city **16 years**

11. How long in district **150**

12. How long in Canada, if foreign born **Native born**

13. (a.) Name of father **David Johnstone** (b.) Birthplace of father **Scotland**

14. (a.) Maiden name of mother \_\_\_\_\_ (b.) Birthplace of mother **Scotland**

15. Informant **J. H. McKay** Address **Cathlamet**

16. Date of burial **March 15/1915** Hour **3 P.M.**

17. Undertaker **The BC Funeral Co.** Address **Victoria B.C.**

The Foregoing Stated Personal Particulars are True to the Best of My Knowledge and Belief.

PHYSICIAN'S CERTIFICATE OF CAUSE OF DEATH.

I hereby certify that I attended **Mary Johnstone McKay** from \_\_\_\_\_ 191**5** to \_\_\_\_\_ 191**5**

That I last saw **her** alive on the **10<sup>th</sup>** day of **March** 191**5** That **she** died, as I am informed, on the **13th** of **March** 191**5** at about **3** o'clock **A**. M. and that to the best of my knowledge and belief, the cause of **her** death was as hereunder written.

(IF UNDER ONE YEAR OLD, STATE HOW FED.)

(a.) Remote or Earlier Pathological or Morbid Condition <b>Senile Debility</b>	Duration in Years, Months, Day & Hours <b>6 Months</b>
Was operation performed within one month before death? <b>no</b>	
(b.) Immediate or Final Determining Cause <b>Chloroform</b>	

Witness my hand, this **13** day of **March** 191**5**

(Signature) **Edward A. Hall** M.D. Address \_\_\_\_\_

FILED

NO NOTICE

6741676 Battery

7

25-09-003151

1151

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

SCHEDULE B.—Marriages.



Registration District No. 1

Bridegroom

Bride

WRONG ONE

No.	919
His name	James Ross
Age	32
Residence when married.	San Juan, Wash Terr.
Place of birth.	Pictou N.S.
Condition.	Bachelor
Rank or profession.	Farmer
Name of parents.	William and Betsey Ross.
Her name.	Charlotte Mackay.
Age	24
Residence when married.	San Juan
Place of birth.	Pictou N.S.
Spinster or widow.	Spinster
Name of Parents.	James + Janet McKay.
Name of witnesses.	A. W. Phadden John D. Ross
Residence of witnesses.	Young St. Victoria Victoria B.C.
Date of marriage.	April 15 <sup>th</sup> 1885
Religious denomination of bridegroom.	Presbyterian.
Religious denomination of bride.	Presbyterian.
By whom married.	Walter Bross.
By licence.	Yes.
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 20<sup>th</sup> day of April A. D. 18 85

Signature of Officiating Clergyman, &c. }

Walter Bross



674/676 Battery  
No Notice

This form if placed in an unsealed envelope marked "Vital Statistics" and properly addressed will, by order of the Postmaster General pass through the mails "FREE."

70586

FORM 2.

PROVINCE OF BRITISH COLUMBIA

CERTIFICATE OF REGISTRATION OF MARRIAGE

REGISTERED Number 3-P-22  
(For use of Registrar of Vital Statistics.)

City, Town or District Pritchard Municipality Kamloops  
22-09-250586

BRIDEGROOM

- 1. Full name Ross, James Howard (Surname) (Given name)
- 2. Occupation Farmer
- 3. Bachelor, Widower or Divorced Bachelor
- 4. Age 25 5. Religious Denomination Church of England
- 6. Residence Pritchard (If in Canada, province, county and Post Office address. If foreign, state country.)
- 7. Place of birth Chase, B.C. (If born in Canada, province, county and Post Office address. If foreign-born—country.)
- 8. Name of father James Ross
- 9. Place of birth of father Glasgow, Scotland
- 10. Maiden name of mother Sarah Chase
- 11. Place of birth of mother Kamloops, B.C.
- 12. Can bridegroom read? yes Write? yes

WRONG  
Ans.

BRIDE

- 13. Full name Normand, Charlotte Hall (Surname) (Given name)
- 14. Occupation Housemaid
- 15. Spinster, Widow or Divorced Spinster
- 16. Age 20 17. Religious Denomination Presby. Union
- 18. Residence Pritchard, B.C. (If in Canada, province, county and Post Office address. If foreign, state country.)
- 19. Place of birth Scotland (If born in Canada, province, county and Post Office address. If foreign-born—country.)
- 20. Name of father William Normand
- 21. Place of birth of father Scotland
- 22. Maiden name of mother Robina Patterson
- 23. Place of birth of mother Scotland
- 24. Can bride read? yes Write? yes
- 25. When married ninth day of August 1922 (Month) (Year)
- 26. Place of marriage residence of Mr. Normand Pritchard, B.C. (Name of church or clergyman's residence or location of dwelling house)
- 27. By license or banns License 25606 (If by license give number)
- 28. Signature of Groom James Howard Ross  
Bride Charlotte Hall Normand
- 29. Witnesses Name Robert G. Ross  
Address Kamloops B.C.  
Name Margaret Fenton Normand  
Address Pritchard B.C.

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

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

Clergyman S. T. C. Abbott/B.C. (Signature)  
Address Chase B.C.  
Religious Denomination Presby. Union

Registered Number 54 Filed at this office 11 day of Aug 1922  
S. T. C. Abbott  
District Registrar.

[SEE OTHER SIDE]



24

Form 6

6741676 Battery

No ORBIT 63 12

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

Reg. No. (Office use only)

70-09-009249

1. PLACE OF DEATH

Name of city, village, town, district municipality or place KAMLOOPS B.C. (If outside city or municipal limits add "Rural") Street or road ROYAL INLAND HOSPITAL (If death occurred in a hospital or institution, give the name instead of street and number) House No.

2. LENGTH OF STAY

In Municipality where death occurred In Province In Canada (if immigrant) (in years, months and days) 9 DAYS L.F.F. L.I.F.F.

3. PRINT FULL NAME OF DECEASED

ROSS, JAMES HOWARD (Surname) (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED:

Name of city, village, town, district municipality or place CHASE B.C. (If outside city or municipal limits add "Rural") Street or road LAKESHORE DRIVE House No. 2201

5. SEX MALE 6. CITIZENSHIP CANADIAN 7. RACIAL ORIGIN WHITE 8. Single, Married, Widowed or Divorced MARRIED 9. BIRTHPLACE CHASE, B.C. (See marginal note) (Write the word) (City or Place and Province or Country)

10. Date of Birth DECEMBER 22 1896 11. AGE (Last Birthday) 73 (Month by name) (Date) (Year) YEARS MONTHS DAYS HOURS MIN.

12. (a) Trade, profession or kind of work as logger, fisherman, office clerk, etc. RETIRED C.P.R. CONDUCTOR (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 1961 14. Total years spent in this occupation L.I.F.F.

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

16. Name of father ROSS, JAMES (Surname) (All given or Christian names)

17. Maiden name of mother CHASE SARAH ANN (Surname) (All given or Christian names)

18. Birthplace - SCOTLAND CHASE (City or Place and Province or Country) (City or Place and Province or Country)

19. I certify the foregoing to be true and correct to the best of my knowledge and belief. Given under my hand at KAMLOOPS, this 1st day of JULY 19 70

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

Address of informant ROYAL CHASE B.C. (House No.) (Name of Street) (Name of City, Municipality or Place) (Province)

20. Burial, Cremation or Removal BURIAL (State which) Date JULY 4 19 70 (Month by name) (Date) (Year)

Place of Burial or Cremation CHASE Name of Cemetery CHASE (Municipality, etc., where Cemetery located)

21. Undertaker: Name SCHOENING FUNERAL SERVICE Address 513 SEYMOUR ST. KAMLOOPS (Name of City, Municipality or Place) (Province)

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH July 1st 19 70 (Month by name) (Date) (Year)

23. I HEREBY CERTIFY that I attended deceased from November 19 69 to July 1st 19 70, and last saw him alive on July 1 19 70.

185X CAUSE OF DEATH (a) Pneumonia due to (or as a consequence of) (b) Metastatic ca. of prostate due to (or as a consequence of) (c) MHD & CHF 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 19 (c) State findings of operation (d) Was there an autopsy? .

26. If a violent death, fill in also: (a) Accident [ ] ; Suicide [ ] ; Homicide [ ] (b) Date of injury 19 (c) How did injury occur?

(d) Injuries sustained? (e.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 M. A. G. Designation M.D. or Coroner. Address Box 37, Chau, B.C. Date July 2 19 70

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

29. Notations

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

Dated July 3 19 70

District Registration No. 171 (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.

534 506

36

6741676 Battery

FORM 6

This form if placed in an envelope, marked "Demission Statistics—Free, penalty for improper use \$200," and properly addressed will pass through the mails "FREE"

VICTORIA

PROVINCE OF BRITISH COLUMBIA—REGISTRATION OF DEATH

Registered No. 458  
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 Street Belmont Avenue House No. 1035  
(Name) (If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days)  
(a) In Municipality where death occurred 30 years (b) In Province 30 yrs. (c) In Canada (if immigrant) 31 yr.

3. NAME OF DECEASED WHITE, HUBERT HENRY  
(Surname) (Given name or names)

RESIDENCE No. 1035 Street Belmont Avenue, town, village or rural municipality Victoria, B.C. Province \_\_\_\_\_  
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. SEX <u>Male</u>	5. NATIONALITY (Citizenship) <u>Canadian</u>	6. RACIAL ORIGIN <u>English</u>	7. Single, Married, Widowed or Divorced (Write the word) <u>Married</u>
-----------------------	--	------------------------------------	---

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH January 6, 1938  
(Month) (Day) (Year)

8. BIRTHPLACE England  
(Province or Country)

24. I HEREBY CERTIFY that I attended deceased from:  
Aug 10<sup>th</sup> to Jan 6<sup>th</sup> 1938  
and last saw him alive on Jan 6<sup>th</sup> 1938

9. DATE OF BIRTH April 18, 1866  
(Month) (Day) (Year)

CAUSE OF DEATH

I. Immediate cause  
Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, ashenia, etc.  
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).

(a) Coronary thrombosis  
due to  
(b) Arteriosclerosis  
due to  
(c) 97

II. Other morbid conditions (if important) contributing to death but not causally related to immediate cause.  
Diabetes

10. AGE in Years Months Days If less than one day old  
71 8 19 hrs. or min.

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

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 35 years

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

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

15. If married give name of wife or husband of deceased Anne White

16. NAME Thomas White

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

17. BIRTHPLACE England  
(Province or Country)

18. MAIDEN NAME Pis

19. BIRTHPLACE Ireland  
(Province or Country)

20. Signature of informant Jessie Brydges  
Address 1035 Belmont Ave. Victoria  
Relationship to deceased Daughter

Signed by E. Watson M.D.  
Address Victoria, B.C. Date Jan. 7/38 19\_\_\_\_

21. Place of Burial Royal Oak Bur. Pk.  
Date of burial or interment January 10, 1938

28. District Registrar's Record Number \_\_\_\_\_

22. UNDERTAKER B.C. FUNERAL CO. (HAYWARD'S) LTD  
754 Broughton St., Victoria, B.C.

Filed 10th Jan. 1938  
(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.

will be announced later.  
TIMES 1938-01-07 p.4  
HUBERT HENRY WHITE  
Hubert Henry White passed away at the family residence, 1305 Belmont Avenue, last night, aged 71 years. He was born in England and had been resident here for 30 years. He is survived by his widow, two sons, David D., and Thomas A. White, and two daughters, Mrs. C. Brydges and Mrs. G. J. Farmer, all of Victoria; also a sister, Mrs. J. A. Skidmore, Victoria, and three sisters in England. Funeral services will be held at Hayward's B.C. Funeral Chapel on Monday afternoon at 2. Interment will be in Royal Oak Burial Park.



674176 Battery

RELIGION: CHURCH OF ENGLAND

Area No. 4A

Form 6

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

Reg. No. (Office use only)

3342

1. PLACE OF DEATH  
Name of city or place: COQUITLAN  
Street or road: PROVINCIAL MENTAL HOSPITAL, ESSONDALE, B.C.  
(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: 2 yrs. 6 mos. 5 days.  
In Province: 31 yrs.  
In Canada (if immigrant): 31 yrs.

3. PRINT FULL NAME OF DECEASED: White Ann  
(Surname or last name) (Given or Christian names)

4. PERMANENT RESIDENCE OF DECEASED:  
Name of city or place: Vancouver B.C.  
Street or road: Hoy St. House No. 5148

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

10. Date of Birth: June 26th 1864  
(Month by name) (Day) (Year)

11. AGE: 78 Years 9 Months 19 Days  
If less than one day: hrs. or min.

12. (a) Trade, profession or kind of work as spinner, grader, clerk, etc.: None  
(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:

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

17. Maiden name of mother: Davies Jane Bank  
(Surname or last name) (Given or Christian names)

18. Birthplace:—  
Father: Wales Mother: Wales  
(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 Essondale, B.C., this 14th day of April, 1943  
Signature of informant: Committal Papers Relationship to deceased:  
Address:

20. Burial, Cremation or Removal: Burial Date: April 17th 1943  
(Month by name) (Day) (Year)  
Place of Burial: Burnaby B.C. Cemetery: Ocean View  
(Municipality)

21. Undertaker:—  
Name: F. Pleasant Undertaking Co. Address: 306 East 11th Ave.,  
Vancouver B.C.

22. Marginal Notations (Office use only)

*Might be here*

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

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

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH: April 14th 1943  
(Month by name) (Day) (Year)

24. I HEREBY CERTIFY that I attended deceased from October 9th 1940  
to April 14th 1943 and last saw her alive on April 14th 1943

162A

CAUSE OF DEATH	DURATION		
	Yrs.	Mos.	Dys.
Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, apoplexy, asthma, etc. (a) <u>Exhaustion of Senile Dementia</u> due to			
Maribid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b) due to			
Other morbid conditions (if important) contributing to death but not causally related to immediate cause. (c)			

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

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: \_\_\_\_\_  
Manner of injury: \_\_\_\_\_ (State which) (How sustained)  
Nature of injury: \_\_\_\_\_  
Specify whether injury occurred in industry, in home or in public place: \_\_\_\_\_

Signed by: E. J. Ryan Designation: \_\_\_\_\_ M. D., Coroner, etc.  
Address: Essondale, B.C. Date: April 14th 1943

28. I hereby certify that the above returns was made to me at:  
Dated: April 17th 1943  
District Registration No. 416 (District Registrar)

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



674176 Battery

This form if placed in an unsealed envelope marked "Vital Statistics" and properly addressed will, by order of the Postmaster General pass through the mails "FREE."

67889

FORM 2.

PROVINCE OF BRITISH COLUMBIA

RECEIVED  
AUG 26 1920

CERTIFICATE OF REGISTRATION OF MARRIAGE

REGISTERED Number 20-9-221889  
(For use of Registrar of Vital Statistics.)

City, Town or District Vancouver B.C. Municipality Mt Pleasant

BRIDEGROOM

1. Full name Bearpark Frank  
(Surname) (Given name)
2. Occupation Engineer
3. Bachelor, Widower or Divorced Bachelor
4. Age 34
5. Religious Denomination Protestant
6. Residence Duramin Hotel Vancouver B.C.  
(If in Canada, province, county and Post Office address. If foreign, state country.)
7. Place of birth Stull England  
(If born in Canada, province, county and Post Office address. If foreign-born country.)
8. Name of father Fredrick William Bearpark
9. Place of birth of father Stull England
10. Maiden name of mother Emily Blanche Bearpark (formerly Bearpark)
11. Place of birth of mother Stull England
12. Can bridegroom read? Yes Write? Yes

BRIDE

13. Full name Levermore Vera Constance  
(Surname) (Given name)
14. Occupation Teacher
15. Spinster, Widow or Divorced Spinster
16. Age 30
17. Religious Denomination Protestant
18. Residence 519 7th Street North Vancouver B.C.  
(If in Canada, province, county and Post Office address. If foreign, state country.)
19. Place of birth London England  
(If born in Canada, province, county and Post Office address. If foreign-born country.)
20. Name of father Fredrick Levermore
21. Place of birth of father Madstone England
22. Maiden name of mother Mary Weller
23. Place of birth of mother Madstone England
24. Can bride read? Yes Write? Yes
25. When married Twenty-fifth day of August 1920  
(Month) (Year)
26. Place of marriage Mt Pleasant Church Vancouver  
(Name of church or clergyman's residence or location of dwelling house)
27. By license or banns 2068915 (If by license, give number)

28. Signature of Groom Frank Bearpark  
Bride Vera Levermore
29. Witnesses Name Edith Mac Intyre  
Address 2534 Sixth Ave West Vancouver  
Name Alfred Bearpark  
Address 5th Street

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

Clergyman Thos Wilson  
(Signature)  
Address 624 10th Ave East Vancouver  
Religious Denomination Protestant

Registered Number 1181 Filed at this office 26 day of August 1920

J. M. ...  
District Registrar.

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

674176 Battery

21020

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. 1 B 28  
If in City or Town..... Street..... House No.....  
If in hospital or institution, give name Dist. Coast - General

2 NAME OF DECEASED Frank Bearpark

Residence Port-Alice  
(Usual place of abode)

PERSONAL AND STATISTICAL INFORMATION

3 SEX Male 4 RACIAL ORIGIN English 5 Single, Married, Widowed or Divorced (Write the Word) Married  
6 BIRTHPLACE (Province or Country) Hull, England  
7 DATE OF BIRTH (month, day and year) Feb 14 1886  
8 AGE Years 41 Months 10 Days 28 If less than one day hrs. or min.  
9 OCCUPATION OF DECEASED (a) Engineer (b) Pulp Mill  
(Kind of industry)

10 LENGTH OF RESIDENCE (In years and months)  
(a) At place of death 5 days (b) In province about 15 yrs  
(c) In Canada (if an immigrant) 20 years

Parents  
11 Name of father Fredrick Wm Bearpark  
12 Birthplace of father England  
13 Maiden name of mother Emily Anne Bearpark  
14 Birthplace of mother England

15 Informant's name Mrs J Bearpark  
Address Port-Alice

16 Relationship to deceased Wife

17 Place of burial, cremation or removal Alberni Date of burial Jan 13 1928

18 Undertaker Geo. Smith Alberni  
(Name and Address)

MEDICAL CERTIFICATE OF DEATH

19 Date of death Jan 11 1928  
(Month, day and year)

20 I HEREBY CERTIFY, that I attended deceased from Jan 8 1928 to Jan 10 1928 that I last saw h. alive on Jan 11 1928 and that death occurred on the date stated above, at 10 P. m.

The CAUSE OF DEATH was as follows:  
Perforated gastric ulcer  
(duration) 2 yrs. 119A mos. 11A dys.

CONTRIBUTORY General pneumonia  
(duration) yrs. mos. 9 dys.

21 Where was disease contracted if not at place of death? Port-Alice  
Did an operation precede death? No Date of -  
Nature of operation -

Was there an autopsy? Yes  
(Signed) C. J. Wilson M.D.  
Address Port-Alice  
Date Jan 12 1928

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 1150  
23 Filed 13 January 1928

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)

MARION 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.

674176 Batten Province  
24 Jan 1957 p. 25

**BEARPARK** — Entered into rest Jan. 21, 1957, Mrs. Vera Constance Bearpark of 2306 E. 45th Ave., Vancouver, B.C. Survived by 2 sons, Frederick W. and Frank Bearpark, both of Vancouver; also 2 grandchildren; 1 sister in Yakima, Wash. and other relatives in England. Service on Fri., Jan. 25 at 1:30 p.m. at the Chapman Funeral Home Ltd., 802 W. Broadway. The Rev. Gordon Bratt officiating, to Ocean View Burial Park. Victoria papers please copy.

1010  
Feb 27, 1978  
70

wan.

COENIST

**SCOTT** — W. Norman, after a long illness, passed away in his 83rd year at the Royal Jubilee Hospital on February 25, 1976. He leaves his wife Mary; two sons, Capt. W. Norman (Mac) Scott of Vancouver and Capt. Ian Gordon Scott of Quadra Island; one daughter, Mrs. Edith Thomas of Duncan; several grandchildren and great-grandchildren and a cousin, Mrs. Dorothy Crawford of Victoria. He was a member of the Thermopylae Club of Victoria.

Private family cremation service will be held on Monday, March 1 at 1:15 p.m. in the FAMILY CHAPEL of McCall Bros. (Flowers gratefully declined. Donations if desired may be made to the Heart Fund, 1008 Blanshard St.)



674176 Battery

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

57-09-001722

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. Name of Municipality (if any):  
 Street or road: Strathcona Nursing Home 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: 7 years In Province: 10 years In Canada (if immigrant): 40 years  
 (in years, months and days)

**3. PRINT FULL NAME OF DECEASED:** BEARPARK Vera Constance  
 (Surname or family name) (All given or Christian names in full)

**4. PERMANENT RESIDENCE OF DECEASED:**  
 Name of city or place: Vancouver, B.C. Name of Municipality (if any): 36  
 Street or road: 5987 45th Avenue House No.: 2306

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

**10. Date of Birth:** November 21st 1883  
 (Month by name) (Date) (Year)  
**11. AGE (Last Birthday):** 73 YEARS  
 (Year) MONTHS DAYS HOURS MIN.

**12. OCCUPATION:**  
 (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:** Bearpark Frank

**16. Name of father:** Levernore unknown  
 (Surname or family name) (All given or Christian names)  
**17. Maiden name of mother:** unknown unknown  
 (Surname or family name) (All given or Christian names)

**18. Birthplace - Father:** England (City or Place and Province or Country)  
**18. Birthplace - 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 Vancouver, B.C., this 22nd day of January, 1957.  
 Signature of informant: F. W. Bearpark Relationship to deceased: Son  
 (Married woman not to use husband's initials or given names)  
 Address of informant: 5763 W. 41st Avenue Vancouver, B.C.  
 (House No.) (Name of Street) (Name of City, Municipality or Place) (Province or State)

**20. Burial, Cremation or Removal:** Burial Date: January 25th 1957  
 (State which) (Month by name) (Date) (Year)  
 Place of Burial: Ocean View Name of Cemetery: Burnaby, B. C.  
 (Municipality, etc., where Cemetery located)

**21. Undertaker:** Name: Chapman Funeral Home Ltd. Address: Vancouver, B.C.  
 (Name of City, Municipality or Place) (Province or State)

**22. MEDICAL CERTIFICATE OF DEATH**  
**22. DATE OF DEATH:** January 21st 1957  
 (Month by name) (Date) (Year)

**23. I HEREBY CERTIFY that I attended deceased from 27 Dec. 1956 to 19 Jan. 1957, and last saw him alive on 19 Jan. 1957**

**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) 151X Home Cancer with metastases due to (or as a consequence of)  
 Antecedent causes (b) due to (or as a consequence of)  
 Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last. (c)  
 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?** Yes (b) Date of operation: Sept. Oct. 1956  
 (c) State findings of operation: Primary Ca. of stomach. Secondary large node (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:** Mores (KOREC) Designation: M.D., Coroner, etc.  
 Address: 5107 Kingsway Date: 23 Jan 1957 1957

**28. Print name of M.D., Coroner, etc., whose signature appears above:** Mores

**29. Notations**

**30. I hereby certify that the above return was made to me at VANCOUVER, P.C. JAN 24 1957**  
 Dated: 19...  
 District Registration No.: 418 Signature of District Registrar: [Signature]

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

REGISTRATION OF  
**DEATH**

Registration No.  
(Department use only)

76-09-003595

6241676 Battery 03-035

NAME OF DECEASED	1. Surname of deceased (print or type) SCOTT		2. SEX male
	All given names in full (print or type) Walter Norman		
PLACE OF DEATH	3. Name of hospital or institution (otherwise give exact location where death occurred) Royal Jubilee Hospital		
	City, town or other place (by name) Victoria, B.C.		Inside municipal limits? (State Yes or No) <b>YES</b>
USUAL RESIDENCE	4. Complete street address: If rural give exact location (not Post Office or Rural Route address) Apt. 401 - 710 Lampson St. 12-045-21		
	City, town or other place (by name) Victoria	Inside municipal limits? (State Yes or No) <b>yes</b>	Province (or country) B.C.
MARITAL STATUS	5. Single, married, widowed, or divorced (Specify) <b>married</b>	6. If married, widowed, or divorced, give full name of husband or full maiden name of wife Mary Adamson Barclay	
OCCUPATION	7. Kind of work done during most of working life Dispatcher	8. Kind of business or industry in which worked shipping	
BIRTHDATE	9. Month (by name), day, year of birth June 30, 1902	10. AGE (years) (Months) (Days) (Hours) (Minutes) 83	If under 1 year If under 1 day
BIRTHPLACE	11. City or place Province (or country) of birth Glasgow, Scotland	12. Native Indian? Yes No If "yes" state name of band <input type="checkbox"/> <input checked="" type="checkbox"/>	
FATHER	13. Surname and given names of father (print or type) Scott Walter	14. BIRTHPLACE - City or place, Province (or country) Scotland	
MOTHER	15. Maiden surname and given names of mother (print or type) McKeand Clare	16. BIRTHPLACE - City or place, Province (or country) Scotland	
INFORMANT	17. Signature of informant X Mrs. Mary G. Scott		18. Relationship to deceased wife
	19. Address of informant 401 - 710 Lampson St. Victoria, B.C.		20. Date signed - Month, day, year Feb. 26/76
DISPOSITION	21. Burial, cremation or other disposition (specify) Cremation		22. Date of burial or disposition (month, day, year) March 1, 1976
	23. Name and address of cemetery, crematorium or place of disposition Royal Oak Crematorium Saanich, V.I.		
FUNERAL DIRECTOR	24. Name and address of funeral director (or person in charge of remains) (print or type) McCall Bros. Victoria, B.C.		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	25. Month (by name), day, year of death February 25, 1976		Approx. interval between onset & death
CAUSE OF DEATH	26. Part I 471X Immediate cause of death (a) <u>Brandsipneumonia</u> due to, or as a consequence of		1 week
	Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last (b) <u>congestive heart failure</u> due to, or as a consequence of		2 weeks
	Part II 411 Other significant conditions contributing to the death but not causally related to the immediate cause (a) above (c) <u>arteriosclerotic heart disease</u>		years
AUTOPSY PARTICULARS	27. Autopsy being held? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	28. Does the cause of death stated above take account of autopsy findings? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	29. May further information relating to the cause of death be available later? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
ACCIDENT OR VIOLENCE (If applicable)	30. If accident, suicide, homicide or undetermined (specify)	31. Place of injury (e.g. home, lam, 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: X R. F. Sanglap		Attending physician <input checked="" type="checkbox"/> Physician examining body after death <input type="checkbox"/> Coroner <input type="checkbox"/>
	37. Name of physician or coroner (print or type) R. F. SANGLAP 641 Fort St. Victoria, B.C.		Date: Month, day, year Feb. 27, 1976

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

Notations:

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. 370	Date: Month (by name), day, year Feb 27/76	Signature of District Registrar H. Arthur

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.

510  
577

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Colonist Sept 25, 1952

**BRAZIL**—Suddenly on September 22, 1952, at the residence, 676 Battery Street, Arthur Brazil, beloved husband of Bessie Brazil, formerly of Calgary, Alberta. Besides his wife at home he leaves other relatives in England. The late Mr. Brazil was a veteran of the Great War enlisting with the 13th C.M.R.'s of Calgary in 1918 and served overseas with the 2nd C.M.R.'s and was wounded at the Battle of Sanctuary Wood.

Funeral services from McCall Bros.' Floral Funeral Chapel on Friday afternoon, September 26, at 3 o'clock. Rev. D. G. Kendall officiating. Interment in Royal Oak Burial Park.

(Calgary papers, please copy.) PG 22



674/676 Battery (Reg. No. (Other use only))

DO NOT USE BALL POINT PEN

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

52-09- 009363

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

1. PLACE OF DEATH: Name of city or place: Victoria, B.C. Name of Municipality (if any): Victoria. Street or road: Battery Street. House No.: 676. 2. LENGTH OF STAY: In Municipality where death occurred: 10 years. In Province: 10 years. In Canada (if immigrant): 47 years. 3. PRINT FULL NAME OF DECEASED: Brazil Arthur. 4. PERMANENT RESIDENCE OF DECEASED: Name of city or place: Victoria, B.C. Name of Municipality (if any): Victoria. Street or road: Battery Street. House No.: 676. 5. SEX: M. 6. CITIZENSHIP: Canadian. 7. RACIAL ORIGIN: English. 8. Single, Married, Widowed or Divorced: Married. 9. BIRTHPLACE: Kent England. 10. Date of Birth: April 7th. 1886. 11. AGE: 66 years, 5 months, 15 days. 12. (a) Trade, profession or kind of work as logger, fisherman, office clerk, etc.: Retired Bank Clerk. (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: 7 years ago. 14. Total years spent in this occupation: 25 years. 15. If married, widowed or divorced give name of husband or maiden name of wife of deceased: Bessie Mills. 16. Name of father: Brazil Joseph. 17. Maiden name of mother: N.K. 18. Birthplace—Father: England. Mother: England. 19. I certify the foregoing to be true and correct to the best of my knowledge and belief. Given under my hand at: Victoria, B.C. this 23rd day of September 1952. Signature of informant: Bessie Brazil. Relationship to deceased: Wife. Address of informant: 676 Battery Street, Victoria, B.C. 20. Burial: Burial. Date: September 26th. 1952. Place of Burial: Saanich, B.C. Name of Cemetery: Royal Oak Burial Park. 21. Undertaker: McCall Bros. Address: 1400 Vancouver Street. 22. DATE OF DEATH: September 22nd. 1952. 23. I HEREBY CERTIFY that I attended deceased from September 1952 and last saw him alive on Sept 1952. CAUSE OF DEATH: (a) Coronary Thrombosis. (b) Myocarditis. (c) Antecedent causes: Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last. II 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. (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. (c) Manner of injury. (d) Nature of injury. (e) Specify whether injury occurred in industry, home or in public place. 27. Signed by: H. G. Smith, M.D., Coroner, etc. Address: Victoria B.C. Date: 26 Sept 1952. 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. Date: Sept. 30th 1952. District Registration No. 1058. Signature of District Registrar: [Signature]

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