

People (2)

929 Caledonia

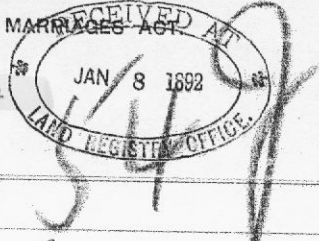
91-09-005898

1898

REGISTRATION OF BIRTHS, DEATHS AND MARRIAGES ACT

SCHEDULE B.—Marriages

Registration District No.



Bridegroom.	No.	1925
	His name.	Philip John Joune
	Age.	26
	Residence when married.	Nelson B.C.
	Place of birth.	Jersey, Channel Islands
	Condition.	Bachelor
	Rank or profession.	Sail-Maker
	Name of parents.	Nehel P. and Esther Joune
Bride.	Her name.	Agnes Esther Touet
	Age.	24
	Residence when married.	Cordova Bay B.C.
	Place of birth.	Province of Quebec
	Spinster or widow.	Spinster
	Name of parents.	Philip and Mary Touet
	Name of witnesses.	Philip Wesley and Anna Poiry
	Residence of witnesses.	Cordova Bay and Latta District
Date of marriage.	November 7th 1891	
Religious denomination of bridegroom.	Methodist	
Religious denomination of bride.	Methodist	
By whom married.	Rev. D. MacRae	
By licence.	Licence	
By banns.		
Remarks.		

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

Dated the 7th day of January, A.D. 1892.

Signature of Officiating Clergyman, &c.

D. MacRae

1901CC

Sec. 27, Lake District

- I2/02/39 **Jeune, Philip J.**, m, h, m, 21 Feb 1865, 36, ENG, to Can: 1888, Meth, Sail maker.
..... **Rems:** MRI: Philip John Jeune mar Agnes Esther Touet, 7 Nov 1891, Victoria.
- I2/02/40 **Jeune, Agnes E.**, f, wife, m, 7 Nov 1867, 33, CAN, Meth.
- I2/02/41 **Jeune, Lily A.**, f, dau, s, 1 Aug 1892, 8, BC, Meth.
- I2/02/42 **Jeune, Arthur P.**, m, son, s, 12 Aug 1893, 7, BC, Meth.
- I2/02/43 **Jeune, Edith P.**, f, dau, s, 18 Aug 1894, 6, BC, Meth.
- I2/02/44 **Jeune, Eva M.**, f, dau, s, 24 Feb 1896, 5, BC, Meth.
- I2/02/45 **Jeune, Laurel E.**, f, dau, s, 14 Mar 1897, 4, BC, Meth.
- I2/02/46 **Nagai, -**, m, labourer, s, -- Sep 1866, 34, JPN, to Can: 1896, Bud, Labourer (farm).
- I2/02/47 **Nakatsu, -**, m, labourer, s, -- Jan 1881, 20, JPN, to Can: 1900, Bud, Labourer (farm).
- I2/02/48 **Haijashi, -**, m, labourer, s, -- May 1880, 20, JPN, to Can: 1900, Bud, Labourer (farm).
- I2/02/49 **Shiyjoge, -**, m, labourer, s, -- Feb 1881, 20, JPN, to Can: 1901, Bud, Labourer (farm).
- I2/02/50 **Taranishi, -**, m, labourer, s, -- Mar 1863, 38, JPN, to Can: 1900, Bud, Labourer (farm).
- I2/03/01 **Fuxuyama, -**, m, dom, s, -- Jul 1873, 27, JPN, to Can: 1900, Bud, Labourer (farm).
- I2/03/02 **Fuxuyama, -**, m, dom, s, -- Jun 1862, 38, JPN, to Can: 1900, Bud, Labourer (farm).

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

57-09-001093

DO NOT USE BALL POINT PEN

1. PLACE OF DEATH

Name of city or place: Victoria, B.C. Name of Municipality (if any): Name of Street or road: Royal Jubilee Hospital House No.:

2. LENGTH OF STAY

In Municipality where death occurred: 4 days In Province: 66 years In Canada (if immigrant): 66 years

3. PRINT FULL NAME OF DECEASED: JEUNE Philip John

4. PERMANENT RESIDENCE OF DECEASED:

Name of city or place: Victoria, B.C. Name of Municipality (if any): Saanich Street or road: Cordova Bay Rd. House No.: 4874

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

Canadian English Married Jersey Birth: 21st, 1865 91 years

11. AGE (Last Birthday)

Trade, profession or kind of occupation: Sail and Tent Maker

12. DECEASED LAST WORKED IN THIS OCCUPATION

35 years ago

14. TOTAL YEARS SPENT IN THIS OCCUPATION

Agnes Esther Toust

15. NAME OF FATHER

Jeune Hellier

16. NAME OF MOTHER

N.K. N.K.

17. PLACE OF BIRTH

Jersey Jersey

18. I HEREBY CERTIFY THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature: Victoria, B.C. Date: 9th January 1957

19. NAME OF INFORMANT

Relationship to deceased: Daughter

20. NAME OF INFORMANT

Address: 4874 Cordova Bay Rd. Victoria, B.C.

21. CREMATION

Crementation: Cremation Date: January 11th 1957

22. NAME OF FUNERAL HOME

Saanich Name of Crematory: Royal Oak Crematorium

23. NAME OF FUNERAL HOME

Address: 1400 Vancouver St.

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH: January 8th 1957

23. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM

to Jan 7, 1957, and last saw him alive on Jan 7, 1957

CAUSE OF DEATH

493 X Pneumonia

(a) due to (or as a consequence of)

(b) due to (or as a consequence of)

(c) Atherosclerosis years

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 (d) Was there an autopsy? Yes

26. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:-

(a) Accident, suicide or homicide? (b) Date of injury (c) Manner of injury (d) Nature of injury (e) Specify whether injury occurred in industry, in home or in public place

27. SIGNED BY

Signature: W.A. FALK Designation: M.D., Coroner, etc. Date: Jan 9 1957

28. PRINT NAME OF M.D., CORONER, ETC., WHOSE SIGNATURE APPEARS ABOVE

W.A. FALK

29. NOTATIONS

30. I HEREBY CERTIFY THAT THIS ENTRY WAS MADE TO ME AT

VICTORIA, B.C. Dated: Jan 11 1957 District Registration No. 119

(SEE REVERSE SIDE FOR INSTRUCTIONS)

DEATHS 929 Caledonia 4. JEUNE - In Victoria on January 8, 1957, Philip John Jeune, aged 91 years, of Cordova Bay Road, A pioneer resident of this city and district for the past 66 years. He leaves his wife, Agnes E. and one son, Arthur P. at home; four daughters, Miss Edith and Miss Eva Jeune, at home; Mrs. Lily Clark, of Victoria and Mrs. Alma Malcolm, of Meryville, B.C.; six grandchildren, nine great-grandchildren, two great-great-grandchildren. The late Mr. Jeune was engaged in business in Victoria for about 25 years, lived at Saanichton 27 years and for the past 10 years at Cordova Bay. Funeral services will be held in McCall Bros. Funeral Chapel, 1400 Vancouver Street, Rev. C. E. Rogers officiating, Friday, at 1:30 p.m. Cremation. (No flowers by request.)

IR.D. to be used as descriptive of person of another country. Irish, Scottish, French, ENGLISH (NATIONALITY)

MARGIN RESERVED FOR BIRTHPLACE (NATIONALITY) is defined in terms of a person who was born in Canada or who has German, Russian, Ukrainian, etc. The terms "Canadian" RACIAL ORIGIN is defined in terms of the people of German, Russian, Ukrainian, etc. The terms "Canadian"

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Form 6

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

Reg. No. (Office use only)

65-09-002943

1. PLACE OF DEATH

Name of city, village, town, district municipality or place Victoria, B.C.
(If outside city or municipal limits add "Rural")

Street or road BELMONT PRIVATE 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 2 weeks In Province 91 years In Canada (if immigrant) Life
(In years, months and days)

3. PRINT FULL NAME OF DECEASED

JEUNE AGNES ESTHER
(Surname) (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED

Name of city, village, town, district municipality or place Victoria, B.C. Saanich
(If outside city or municipal limits add "Rural")
Street or road Cordova Bay Road House No. 4874

5. SEX

6. CITIZENSHIP

7. RACIAL ORIGIN

8. Single, Married, Widowed or Divorced

9. BIRTHPLACE

Female Canadian White Widowed Gaspé, P.Q.

10. Date of Birth

November 7th 1967
(Month by name) (Date) (Year)

11. AGE (Last Birthday)

97
YEARS MONTHS DAYS HOURS MIN.

OCCUPATION

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

Home duties

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

Philip John Jeune

16. Name of father

Touet
(Surname)

Phillip
(All given or Christian names)

17. Maiden name of mother

LeRosimol
(Surname)

Mary
(All given or Christian names)

18. Birthplace -

Father Jersey, Channel Islands
(City or Place and Province or Country)

Mother Jersey, Channel Islands
(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 and seal, this 26th day of February 1965

Signature of informant Miss Edith P. Jeune Relationship to deceased daughter
(Married women not to use husband's initials or given names)

Address of informant 4874 Cordova Bay Road Victoria B.C.
(House No.) (Name of Street) (Name of City, Municipality or Place) (Province)

20. Burial, Cremation or Removal

Cremation
(State which)

Date February 27th 1965
(Month by name) (Date) (Year)

Place of Burial Saanich, V.I.
or Cremation (Municipality, etc., where Cemetery located)

Name of Cemetery Royal Oak Crematorium
(City or Place and Province or Country)

21. Undertaker -

Name McCall Bros.

Address Victoria B.C.
(Name of City, Municipality or Place) (Province)

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH

February 24th 1965
(Month by name) (Date) (Year)

23. I HEREBY CERTIFY that I attended deceased from January to February 1965, and last saw him alive on Feb 23 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.)

170x carcinoma of breast
(a) due to (or as a consequence of)

Approximate interval between onset and death 20 years

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

(b) due to (or as a consequence of)
(c) _____

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

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

25. (a) Was there a recent surgical operation? NO (b) Date of operation _____ 19____
(c) State findings of operation _____ (d) Was there an autopsy? NO

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

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

27. Signed by J. D. Critchley Designation M.D. or Coroner.
Address 522 Cordova Bay Victoria Date Feb 26 1965

28. Print name of Doctor or Coroner, whose signature appears above J. D. CRITCHLEY

29. Notations

30. I hereby certify that the above return was made to me at VICTORIA, B. C.

Dated MAR 2 1965

District Registration No. 333 E. M. B. Coe
(Signature of District Registrar)

(SEE REVERSE SIDE FOR INSTRUCTIONS)

on certifying the information. "Canadian" should be used as descriptive term for the citizen of another country. on belongs such as: English, Scottish, Irish, French, Japanese or other.

929 Caledonia Cordova Bay Victoria B.C. 1965
JEUNE in Victoria on Feb 24 1965, Agnes Esther Jeune, in her 98th year, of 4974 Cordova Bay Rd., a pioneer and first resident of Cordova Bay having resided here since 1874, widow of Philip John Jeune, a well-known pioneer business man of Victoria. She leaves one son, Arthur P., at home; four daughters, Mrs. Lily A. Clark of Victoria; Miss Edith P. Jeune, and Miss Eva M. Jeune, both at home; Mrs. George W. (Alma) Malcolm of Qualicum; six grandchildren; 12 great-grandchildren, and seven great-great-grandchildren.
Funeral services will be held in McCall Bros. FLORAL CHAPEL, Johnson and Vancouver Sts. on Saturday, Feb. 27 at 4:15 p.m. Rev. J. M. Alexander officiating. Followed by cremation. (Flowers gratefully declined.)

IMPORTANT: Any change or CO-CITIZENSHIP (NATIONALITY) is defined as of a person who was born in Canada or who was born in another country. RACIAL ORIGIN - State the racial origin, e.g., German, etc., or in terms of race.

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

929 Caledonia

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

21888

1 PLACE OF DEATH—

If in Municipality..... Registered No. 32 M-29 (For use of Registrar of Vital Statistics only)
If in City or Town Victoria Name Street Caledonia House No. 929
If in hospital or institution, give name.....

2 NAME OF DECEASED Eliza Anthony Maynard
(Oak Burial Park, 929 Caledonia Ave. 25 July 1929 P.M.)
(The death occurred yesterday at the family residence, 929 Caledonia Avenue, of Eliza Anthony Maynard, aged sixty-one years, beloved wife of Thos. H. Maynard. Mrs. Maynard was born in Cornwall, England, and had resided here for seventeen years. She is mourned by her husband, four sons, Dr. Theodore Maynard of Washington, D.C.; N. L. Maynard of Victoria, T. B. Maynard of Seattle, and Max S. Maynard of Victoria, two daughters, Mrs. Laurence Woodward and Miss Edith Joyce Maynard of this city, and one sister, Miss L. Teague of India. The remains are resting at McCall Bros. Funeral Home. Announcement of funeral will be made later.)

13 Maiden name of mother..... Jane Smecock

14 Birthplace of mother..... England (Province or country)

15 Informant's name..... Thos H Maynard
Address..... 929 - Caledonia Ave
16 Relationship to deceased..... Husband

17 Place of burial, cremation or removal..... Royal Oak Date of burial..... July 27 1929

18 Undertaker..... McCall Bros Victoria BC (Name and address)

MEDICAL CERTIFICATE OF DEATH

19 Date of death..... July 24 1929 (Month, day and year)

20 I HEREBY CERTIFY, that I attended deceased from 1928 to July 24 1929 that I last saw him alive on July 23 1929 and that death occurred on the date stated above, at 12 noon

The CAUSE OF DEATH was as follows:

Carcinoma of lungs (duration) 1 yrs. mos. dys.

CONTRIBUTORY Hemiplegia (duration) 2 yrs. 2 mos. dys.

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

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

Was there an autopsy?..... no
(Signed) PEGG H. WILSON M.D.
Address.....
Date..... July 27 1929

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

22. District Registrar's Record Number.....
23 Filed..... 19..... 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)

Item of information should be carefully checked, so that it may be properly classified, that race or people the deceased person had not be used as they express citizenship

N.B.—WRITE PLAINLY WITH UNFURNISHED. Age should be stated EXACTLY. Exact statement of OCCUPATION is very important, whether English, Irish, Scotch, or belonging to a Racial origin. See instructions on back of form.

929 Caledonia

FORM 6

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

PROVINCE OF BRITISH COLUMBIA REGISTRATION OF DEATH

00 AREA No. 54

Registered No. 1523
For use of the Registrar of Births, Deaths and Marriages only

1. PLACE OF DEATH: If in Rural Municipality Lake Cowichan (Unorganized) (Name) Street _____ House No. _____
If in City, Town or Village _____ (Name) Street _____ House No. _____
(If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days): (a) In Municipality where death occurred 10 yrs (b) In Province _____ (c) In Canada (if immigrant) _____

3. NAME OF DECEASED: MAYNARD (Surname) THOMAS HENRY (Given name or names)

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

4. SEX: MALE

5. NATIONALITY (Citizenship): C

6. RACIAL ORIGIN: ENGLISH

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

23. DATE OF DEATH: December 10th 1939
(Month) (Day) (Year)

8. BIRTHPLACE: Sittingbourne Kent (Province or Country) England

9. DATE OF BIRTH: MAY 29th 1865
(Month) (Day) (Year)

24. I HEREBY CERTIFY that I attended deceased from: _____
_____ to _____
and last saw him _____ alive on _____ 19____

10. AGE in: Years 44 Months 7 Days 11 If less than one day old _____ hrs. or _____ min.

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

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

13. Date deceased last worked at this occupation: Dec 10th 1939

14. Total years spent in this occupation: 29 years

CAUSE OF DEATH

I. Immediate cause: Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, apoplexy, asthma, etc. (a) Natural Causes due to Cardiac

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

15. If married give name of wife: August Emily Maynard (nee Ingram)

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

16. NAME: THOMAS MAYNARD

26. Was there a surgical operation? _____ Date of operation _____ 19____

17. BIRTHPLACE: FRANT SUSSEX ENGLAND (Province or Country)

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

18. MAIDEN NAME: MARIE ROBERTS

Manner of injury _____ (How sustained)

19. BIRTHPLACE: FORDNUM KENT ENGLAND (Province or Country)

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

20. Signature of informant: JAMES WARREN ROBERTSON

Signed by: J.H. Boyd, Coroner

Address: C.P.R. Agent Cowichan Lake

Address: Lake Cowichan Date: Dec 15th 1939

Relationship to deceased: son

28. District Registrar's Record Number: 4140

21. Place of Burial, Cremation or Removal: Victoria B.C.

29. Filed: Jan. 4 1940 S. Hamilton (District Registrar)

Date of burial or removal: December 13th 1939

22. UNDERTAKER: F. C. Davis Duncan (Name and address) V.I. B.C.

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

REGISTRY

Times 11 Dec
p. 14 1939

MAYNARD—There passed away suddenly at Lake Cowichan, Sunday, December 10, Thomas Henry Maynard, aged 74 years, who for the last 30 years was a missionary in India. He was born in Kent, England, and had resided in Victoria for 27 years. He is survived by his widow, at Lake Cowichan; three sons, Theodore, Norman and Max, and two daughters, Mrs. Lawrence Woodward and Miss Joyce Maynard. Funeral announcement will be made later.

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VICTORIA
Reg. No. (Office use only)

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

49-09-007352

1. PLACE OF DEATH
Name of city or place... Victoria, B. C. 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... Since 1912 In Province... Since 1912 In Canada (if immigrant)... Since 1912

3. PRINT FULL NAME OF DECEASED Maynard Edith Joyce
(Surname or family name) *(All given or Christian names in full)*

4. PERMANENT RESIDENCE OF DECEASED:
Name of city or place... Victoria, B.C. Name of Municipality (if any)... Victoria
Street or road... Blanshard Street House No. 802

5. SEX F. **6. CITIZENSHIP** Canadian **7. RACIAL ORIGIN** English **8. Single, Married, Widowed or Divorced** Single **9. BIRTHPLACE:** Belfast Ireland
(See marginal note) *(See marginal note)* *(If in the word)* *(City or Place and Province or Country)*

10. Date of Birth October 26th. 1905 **11. AGE** 43 Years 9 Months 3 Days hrs. or min.
(Month by name) *(Date)* *(Year)*

12. (a) Trade, profession or kind of work as logger, fisherman, office clerk, etc.
(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.

16. Name of father Maynard Thomas Henry
(Surname or family name) *(All given or Christian names)*

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

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

19. I certify the foregoing to be true and correct to the best of my knowledge and belief.
Given under my hand at Victoria, B.C. this 29th. day of July 1949
Signature of informant Norman L. Maynard Relationship to deceased Butler
Address 527 Rupert St. Victoria, B.C.

20. Burial, Cremation or Disposal Burial Date August 1st. 1949
Place of Burial Colwood District Cemetery Colwood Burial Park
(Municipality) *(Date)* *(Year)*
Address 1400 Vancouver Street

INLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

which the person owes allegiance. The term "Canadian" should be used as descriptive of a person in Canada, unless he or she has subsequently become the citizen of another country. Non-traced through the father—belong, whether English, Irish, Scottish, French, German, would not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

929 Caledonia Colwood
MAYNARD—At St. Joseph's Hospital, on July 29, 1949, Edith Joyce Maynard, of 802 Blanshard Street, in her 44th year; born in Belfast, Ireland, and a resident of Victoria and district for the past 26 years. Surviving are three brothers, Dr. Theodore, Maynard of Fort Washington, Long Island, N.Y.; Norman L. of Victoria, B.C., and Max of Durham, N.H.; also one sister, Mrs. Laurence (Grace) Woodward of Victoria, B.C.
Funeral services will be held on Monday afternoon, August 1, 1949, at 3:15 in McCall Brothers' Moral Funeral Chapel, interment in Colwood Burial Park.

MEDICAL CERTIFICATE OF DEATH
July 29th. 1949
(Month by name) *(Date)* *(Year)*
Date of death July 29th. 1949
Cause of death Diabetes Coma
CAUSE OF DEATH **DURATION**

(a) Natural Causes	Yrs.	Mos.	Dys.
(b) due to <u>Diabetes Coma</u>			1
(c) due to <u>Diabetics</u>	3		

26. If death was due to external causes (violence) fill in also the following:—
State findings... Was there an autopsy? no
Accident, suicide or homicide? Date of injury...
Manner of injury... (State which)
Nature of injury... (How sustained)
Specify whether injury occurred in home or in public place
Signed by Edward O'Sullivan Designation Coroner M.D., Coroner, etc.
Address Victoria Date August 1st. 1949

28. I hereby certify that the above return was made to me at Victoria
Dated August 3 1949
District Registration No. 806
(Signature of District Registrar)

(SEE REVERSE SIDE FOR INSTRUCTIONS)

In case of stillbirths complete reverse side before making out certificate.

Thomas Henry "Harry" MAYNARD and Eliza Anthony "Lily" TEAGUE From England to Canada by Way of India

Their Genealogy and Family History

N.B. This is a demonstration site under development. Not all links are yet active.

Source citations yet to be added.



This is the only known extant photo of all surviving members of the Maynard family ca 1910.

Back: Frank, Basil (or possibly vice versa)

Front: Max, Theodore, Joyce, Lily, Harry, Norman, Grace

In 1881 Thomas Henry "Harry" Maynard was a 15-year-old pawnbroker's assistant living two miles from his parents in Tunbridge Wells, Kent¹. His future wife, the 13-year-old Eliza Anthony "Lily" Teague, resided with her parents in Barrow-in-Furness, Lancashire². Thirty-one years later these two had settled in Victoria, British Columbia, Canada with most of their seven surviving children³. This web site tells what is known of their history during the intervening time: how they met and married, the years as missionaries in India, the births (and one death) of their children. NB This site displays research that is very much a work in progress. Many details are unknown or sketchy.

The Maynards had roots in Tunbridge Wells, Kent. For more details

on Maynard family origins, click [here](#).

The Teagues were a mining family from Cornwall who had migrated to Lancashire to work the iron-ore deposits there. Click [here](#)* for more information about the Teagues.

We know little about Harry and Lily's early days together. Family lore, has it that they met on the boat to India as Salvation Army missionaries, part of the Jubilee Fifty⁴. Harry was the Bandmaster on their arrival in Bombay⁵. Click [here](#)* for what information we do have from this period.

Shortly after leaving the Salvation Army, Harry and Lily were married in India in 1888⁶. At this time, Harry was a field agent for the Methodists and was increasingly fluent in Tamil⁷. Their first-born, a son Handley, lived less than a year⁸, but seven later children all survived. Five of these were born in India, most within the Plymouth Brethren faith, to which they turned around 1893⁹. Click [here](#)* for what we know of the early years in India.

The family made two visits to England, in 1894-95¹⁰ and in 1900-1901¹¹. At the time of the 1901 Census of England, the entire family except Harry were back in England¹², albeit at three different addresses. Then they returned to India--youngest son Max was born there in 1903¹³. Click [here](#)* for details of their later missionary period.

The Maynards emigrated to Victoria, British Columbia, Canada around 1912. Click [here](#)* for details of their future lives.

* Link not yet active

Footnotes:

- 1.
- 2.
3. Site prepared by Paul Jones, husband of a grand-daughter of Thomas H. Maynard and Eliza A. Teague
- 4.
5. Most recent update 7 November 2005
6. Contact pauljones@rogers.com
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.

76

929 Caledonia

14-09-027257

11257

VITAL STATISTICS ACT.

SCHEDULE F. Marriage Certificate.

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

No.	
Name and surname of bridegroom.	<u>Frederick Walter Barber</u>
Age.	<u>23</u>
Condition, bachelor or widower.	<u>Bachelor</u>
Rank or profession.	<u>Laborer</u>
Residence.	<u>Victoria B.C.</u>
Place of birth.	<u>Hert, England</u>
Name and surname of father.	<u>George Rufus Barber</u>
Maiden name and surname of mother.	<u>Emma Elizabeth Clarke</u>
Rank or profession of father.	<u>Seamster</u>
Religious denomination of bridegroom.	<u>Methodist</u>
Name and surname of bride.	<u>Betty Rebecca Dawson</u>
Age.	<u>22</u>
Condition, spinster or widow.	<u>Spinster</u>
Rank or profession.	
Residence.	<u>Victoria B.C.</u>
Place of birth.	<u>Lincolnshire, Eng</u>
Name and surname of father.	<u>William Dawson</u>
Maiden name and surname of mother.	<u>Rose Ellen Hunt</u>
Rank or profession of father.	<u>Farmer</u>
Religious denomination of bride.	<u>Methodist</u>
Date of marriage.	<u>June 13, 1914</u>

RECEIVED JUN 24 1914

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

Married at Wesley Church, Victoria, B.C., according to the

rites and ceremonies of The Methodist Church by † Licence

No. 47944

This marriage was solemnized between us

Frederick Walter Barber
Betty Rebecca Dawson

In the presence of

Lewis Gordon Smith
Florence Dawson

(Signature of Minister or Clergyman)

J. Thompson

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

Duplicate

*card of
22-5-17*

*922 Cale Jones
Forestry Dept CR3*

ATTESTATION PAPER.

No. 2198345

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

1. What is your surname?	<i>Barber</i>	<small>Have you ever been discharged from any British or Imperial Force as medically unfit?</small> <small>If so, what was the nature of the disability?</small> <small>Have you ever been ordered to serve in any British or Imperial Force and been accepted?</small> <small>If so, what was the reason?</small>
1a. What are your Christian names?	<i>Frederick Walter</i>	
1b. What is your present address?	<i>1129 Dominion St Victoria BC</i>	
2. In what Town, Township or Parish, and in what Country were you born?	<i>Shariton Kent England</i>	
3. What is the name of your next-of-kin?	<i>Shelby Rebecca Barber</i>	
4. What is the address of your next-of-kin?	<i>1120 Dominion St Victoria BC</i>	
4a. What is the relationship of your next-of-kin?	<i>wife</i>	
5. What is the date of your birth?	<i>June 11 1891</i>	
6. What is your Trade or Calling?	<i>Journalist and printer</i>	
7. Are you married?	<i>yes</i>	
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	<i>yes</i>	
9. Do you now belong to the Active Militia?	<i>no</i>	
10. Have you ever served in any Military Force? If so, state particulars of former Service.	<i>no</i>	
11. Do you understand the nature and terms of your engagement?	<i>yes</i>	
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	<i>yes</i>	

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date *6 Feb 1917* *F. W. Barber* (Signature of Recruit)
A. Burgess (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Date *6 Feb 1917* *F. W. Barber* (Signature of Recruit)
A. Burgess (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act. The above questions were then read to the Recruit in my presence. I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at *Victoria BC* this *6th* day of *February* 1917. *A. Shobell* (Signature of Justice)

M. F. W. 33
1902A-5-14
H. O. 1978-10-241 N.B.—Attention is drawn to the fact that any person making a false answer to any of the above questions is liable to a penalty of six months' imprisonment

929 Caledonia

Description of Barber, Frederick Walter on Enlistment.

Apparent Age	26 years 6 months.	Distinctive marks, and marks indicating congenital peculiarities or previous disease. <small>(Should the Medical Officer be of opinion that the recruit has served before, he will unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)</small>	
<small>(To be determined according to the instructions given in the Regulations for Army Medical Services.)</small>			
Height	5 ft 7 ins.		
Chest measure narrowly across	Girth when fully expanded		35 ins.
	Range of expansion		2 1/2 ins.
Complexion	Fair		
Eyes	Blue		
Hair	Brown		
Religious denominations.	Church of England		<input checked="" type="checkbox"/>
	Presbyterian		
	Methodist		
	Baptist or Congregationalist		
	Roman Catholic		
	Jewish		
Other denominations <small>(Denomination to be stated.)</small>			

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

I consider him* fit for the Canadian Over-Seas Expeditionary Force.

Date: Feb. 5th 1917
 Place: Pictou, N.S. J. D. Hunter
 Medical Officer.

*Insert here "fit" or "unfit."

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

Dr. M. P. ...
... ..
... ..

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

Date: Feb. 6th 1917. A. Sargison (Signature of Officer)
Capt.

929 Caledonia

VITAL STATISTICS ACT.

13531

SCHEDULE B.—Deaths.

18-09-037531

REGISTERED
NOV 19 1918
REGISTRAR, B.C. & N.W.
VICTORIA, B.C.

1. Full name *Hettie Rebecca Barber*
 2. (a.) Sex *Female* Colour or race *White* *Married*
 3. (a.) Birthplace *Greaton, England* Date of birth *Nov 18 1878*
 4. Age *26* Years Months Days
 5. Died on the *Nov 6* day of *1918* at about *4:30* P.M.
 6. Last occupation *Wife of Fred Barber*
 7. Former occupation
 8. (a.) Place of death *Isolation Hospital*
 (b.) How long at place of death *5 days*
 9. Former usual residence *658 1/2 Pine St Vancouver*
 10. How long resident in city *54 years*
 11. How long in district *15*
 12. How long in Canada, if foreign born
 13. (a.) Name of father *D.W. Dawson*
 (b.) Birthplace of father *England*
 14. (a.) Maiden name of mother *Rose*
 (b.) Birthplace of mother *England*
 15. Date of burial *Nov 9 1918* Hour *1:30 p.m.*
 16. Place of burial *Rose Bay*
 17. Undertaker *S. C. GENERAL CO. (HAYWARD'S) LTD.*
 Address *934 Morrison St*

City or town of *B.C.*
 District of *B.C.*
 How long resident in city *54 years*
 How long in district *15*
 How long in Canada, if foreign born
 (a.) Name of father *D.W. Dawson*
 (b.) Birthplace of father *England*
 (a.) Maiden name of mother *Rose*
 (b.) Birthplace of mother *England*

The foregoing Stated Personal Particulars are True to the Best of My Knowledge and Belief.
 Informant *Oswald Swan*
 Address *Suite 11 Law Chambers Bld*

PHYSICIAN'S CERTIFICATE OF CAUSE OF DEATH.

IF DEATH FROM VIOLENCE, WAS IT (ACCIDENT, SUICIDE, HOMICIDE?)

I hereby certify that I attended *Hettie Rebecca Barber* from *Oct 29* 1918 to *Nov 6* 1918.
 That I last saw *her* alive on the *6* day of *Nov* 1918. That *she* died, as I was informed, on the *6* day of *Nov* 1918 at about *4:30* P.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.....	<i>influenza</i>	Duration in Years, Months, Days or Hours.
Was operation performed within one month before death?.....	<i>no</i>	
(c.) Nature of Final Determining Cause.....	<i>Pneumonia</i>	<i>10 days</i>

Witness my hand, this *5th* day of *Nov* 1918. (Signature) *H. P. ...* M.D.
 Address *Victoria B.C.*

929 Caledonia

This form if placed in an unopened envelope marked "Vital Statistics" and properly addressed will be sent by the Post Office General pass through the mails FREE.

73622

FORM 2

Registered at Victoria B.C.

PROVINCE OF BRITISH COLUMBIA

CERTIFICATE OF REGISTRATION OF MARRIAGE

REGISTERED Number 1-B-22
(For use of Registrar of Vital Statistics.)

City, Town or District Municipality

22-09-242622

BRIDEGROOM

- 1. Full name Barber, Frederick Walter (Given name)
- 2. Occupation Mechanic
- 3. Bachelor, Widower or Divorced Widower
- 4. Age 27 5. Religious Denomination Ch. of Eng.
- 6. Residence Victoria, B.C.
(If in Canada, province, county and Post Office address. If foreign, state country.)
- 7. Place of birth England
(If born in Canada, province, county and Post Office address. If foreign-born—country.)
- 8. Name of father George Barber
- 9. Place of birth of father England
- 10. Maiden name of mother Emma
- 11. Place of birth of mother England
- 12. Can bridegroom read? Yes Write? Yes

BRIDE

- 13. Full name Rees, Jennie Louise Catherine (Given name)
- 14. Occupation Housewife
- 15. Spinster, Widow or Divorced Spinster
- 16. Age 21 17. Religious Denomination Ch. of England
- 18. Residence Victoria, B.C.
(If in Canada, province, county and Post Office address. If foreign, state country.)
- 19. Place of birth Wales
(If born in Canada, province, county and Post Office address. If foreign-born—country.)
- 20. Name of father Thomas Rees
- 21. Name of mother Maes
- 22. Can bride read? Yes Write? Yes

All information asked for is to be filled in and surnames of all parties, and if for any reason for the omission must be stated.

make an extended tour of the United States, Canada, and the West Indies, and return to their home in Victoria.

929 Caledonia Times 05 Jan 1932 P.O.

Last evening at "Breadalbane," the officiating minister's residence, 1185 Fort Street, the Rev. Dr. Campbell celebrated the marriage of Mr. Frederick Walter Barber and Miss Jennie Catherine Rees, both of this city. The bridegroom is a native of England, and the bride of Wales. After a honeymoon in the Sound cities Mr. and Mrs. Barber will make their

United States of America, Canada, and the West Indies, and return to their home in Victoria.

day of January 1922,
at Victoria, B.C.
(If by license, give number)

Frederick Walter Barber
Jennie Louise Catherine Rees
at Campbell
Victoria, B.C.
George Walton
Victoria, B.C.

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

Clergyman George Walton (Signature)

REGISTERED

Registered Number Filed at this office day of 19

JAN - 9 1922

REGISTRAR, B. D. & M.
(SEE OTHER SIDE)
VICTORIA B.C.

George Walton
District Registrar

929 (a) Ledonia 57 60

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

Reg. No. (Office use only)
61-09-012939

1. PLACE OF DEATH

Name of city or place: **Victoria B.C.** Name of Municipality (if any): **Saanich B.C.**
Street or road: **Veteran's Hospital** House No.: **1039**

2. LENGTH OF STAY
(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

Barber Frederick Walter
(Surname or family name) (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED:

Name of city or place: **Victoria B.C.** Name of Municipality (if any): **Saanich B.C.**
Street or road: **Bay Street** House No.: **1039**

5. SEX: **Male** 6. CITIZENSHIP: **Canadian** 7. RACIAL GROUP: **White** 8. Single, Married, Widowed or Divorced: **Married** 9. BIRTHPLACE: **Blackheath, England**

10. Date of Birth: **June 11th, 1891** 11. AGE (Last Birthday): **70** YEARS

12. (a) Trade, profession or kind of work as logger, fisherman, office clerk, etc. **Retired-Canadian Army**
(b) Kind of industry or business, as logging, fishing, bank, etc.
13. Date deceased last worked at this occupation: **1919** 14. Total years spent in this occupation: **2 Years**

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

16. Name of father: **Barber George Rufus**

17. Maiden name of mother: **Clarke Emma Elizabeth**

18. Birthplace - **England** 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 **13th**, day of **November**, 19**61**
Signature of informant: **[Signature]** Relationship to deceased: **None**
Address of informant: **1803 Quadra Street Victoria, B.C.**

20. Burial, Cremation or Removal: **Burial** Date: **November 15th, 1961**
Place of Burial or Cremation: **Saanich B.C.** Name of Cemetery: **Royal Oak Burial Park**

21. Undertaker: **Sands Mortuary Limited** Address: **Victoria B.C.**

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH: **November 13th, 1961**

23. I HEREBY CERTIFY that I attended deceased from **April 21st, 1961** to **November 13th, 1961**, and last saw him alive on **November 10th, 1961**.

CAUSE OF DEATH
Disease or condition directly leading to death: **Metastatic carcinoma of the lung**
(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: **Metastatic carcinoma of the rectum**
Other significant conditions contributing to the death, but not related to the disease or condition causing it: **None**

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: **None**
(c) State findings of operation: **None** (d) Was there an autopsy? **Yes**

26. If a violent death, fill in also: (a) Accident ; Suicide ; Homicide (b) Date of injury: **None**
(c) How did injury occur? **None**
(d) Injuries sustained? **None**
(e) Where did injury occur? **None**

27. Signed by: **R. N. Young** Designation: **M.D.** M.D., Coroner, etc.
Address: **Veterans Hospital, Victoria, B.C.** Date: **November 15th, 1961**

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

29. Notations

30. I hereby certify that the above return was made to me at **VICTORIA, B. C.**
Dated: **NOV 16 1961**
District Registration No.: **1551**

(SEE REVERSE SIDE FOR INSTRUCTIONS)
[Signature of District Registrar]

H UNFADING INK. THIS IS A PERMANENT RECORD. Person owes allegiance. The term "Canadian" should be used as descriptive unless he or she has subsequently become the citizen of another country. To which of the following broad racial groups the person belongs, as traced

929 (a) Ledonia
5 DEATHS AND FUNERALS

BARBER - At the Veterans Hospital on November 13, 1961. Mr. Frederick Walter Barber, aged 70 years, born in Blackheath, England, and a resident of Victoria for the past 50 years, late residence 1039 Bay Street. He leaves his wife, Jenny Louise, at home; seven sons, George W., Victoria, B.C.; Fred W., Toronto, Ontario; Walter S., Powell River, B.C.; Harry S., Terry S., Jerry C., and Pat T., Victoria, B.C.; his daughter, Mrs. Edward (Rose Marie) Reimbecker, Melford, Saskatchewan; 23 grandchildren, and his sister, Miss Edith Barber, Port Coquitlam, B.C. Mr. Barber served with the 16th Battalion, Canadian Scottish Regiment, C.E.F., from 1917 to 1919. Funeral services will be held in the Sands Mortuary Limited, "Memorial Chapel of Chimes," on Wednesday, November 15, 1961, at 3:00 p.m., Canon George Biddle officiating. Interment in the Royal Oak Burial Park.

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

929 Caledonia

FORM 6

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

Registration No. (Department use only) 84-09-014064

Form fields: NAME OF DECEASED (Jenny Louise BARBER), PLACE OF DEATH (Royal Jubilee Hospital, Victoria, B.C.), USUAL RESIDENCE (508 - 411 Sitkum Road, Victoria), MARITAL STATUS (Widowed), OCCUPATION (Homemaker), BIRTHDATE (December 3, 1902), BIRTHPLACE (Port Talbot, Wales), FATHER (REES, William), MOTHER (SPENCE, Jenny), INFORMANT (Son), DISPOSITION (Cremation), FUNERAL DIRECTOR (Sands Mortuary Limited).

MEDICAL CERTIFICATE OF DEATH: DATE OF DEATH (28 8 84), CAUSE OF DEATH (cardiac arrest, pulmonary embolus), AUTOPSY PARTICULARS (Yes/No), ACCIDENT OR VIOLENCE (No), SURGICAL OPERATION (No), CERTIFICATION (Richard B. ...)

NOTATIONS: Empty box for additional notes.

CERTIFICATION OF DISTRICT REGISTRAR: VICTORIA, B.C., SEP - 3 1984, Signature of District Registrar.

BARBER - At the Royal Jubilee Hospital, on August 23, 1984, Mrs. Jenny Louise Barber (nee Rees), aged 81 years, born in Port Talbot, Wales, December 3, 1902. She will be fondly remembered by all ranks of the Canadian Scottish Regiment (Princess Mary's) as her husband and five sons served with the Regiment during the First and Second World Wars. Predeceased by her husband, Fred Barber in 1961 and her son, Fred Barber. She leaves six sons, George, Walter, Harry, Terry, Jerry, Pat; daughter, Rosemarie; loving son-in-law and daughters-in-law; 31 grandchildren; 23 great-grandchildren; many other relatives in Canada and Wales. Memorial service will be held in the Sands Mortuary Limited, Memorial Chapel of Chimes, 1803 Quadra St., Victoria, B.C. on Monday, August 27, 1984 at 1:00 p.m. Rev. Andrew Gates officiating. Cremation. Flowers gratefully declined. Those so desiring may contribute to the Queen Alexandra Hospital for Children, 2400 Arbutus Rd., Victoria, B.C. V8N 1V7. SANDS - VICTORIA

ITEMS

IMPORTANT: Any change or correction made in the computer or forms must be initialled by the person certifying the original information.

929 Caledonia
To 25 Aug 1984
P. D. 2

46

BIRTHS, DEATHS, AND MARRIAGES REGISTRATION ACT.

SCHEDULE C.--Marriages.

Registration District of Victoria

BRIDEGROOM.	No.	
	His name.	<u>Kunizo Uyede.</u>
	Age.	<u>27 years.</u>
	Residence when married.	<u>Victoria</u>
	Place of birth.	<u>Japan</u>
	Condition (Bachelor or Widower).	<u>Bachelor</u>
	Rank or profession.	<u>Traberman</u>
Names of parents.	Father's name	<u>Ichizayemon Uyede</u>
	Mother's maiden name	<u>Haru Hayashi</u>

BRIDE.	Her name.	<u>Madan Nakagawa</u>
	Age.	<u>22 years</u>
	Residence when married.	<u>Victoria</u>
	Place of birth.	<u>Japan</u>
	Spinster or widow.	<u>Spinster</u>
Names of parents.	Father's name	<u>Isunekiichi Nakagawa</u>
	Mother's maiden name	<u>Take Tamura.</u>

Names of witnesses.	<u>Maggie Smith</u>	<u>Mary Dever</u>
Residence of witnesses.	<u>Victoria . B. C.</u>	<u>Victoria . B. C.</u>
Date of marriage.	<u>December 19th / 1912</u>	
Religious denomination of bridegroom.	<u>Buddhist</u>	
Religious denomination of bride.	<u>Buddhist</u>	
By whom married.	<u>Rev. J. Keyworth</u>	
By licence or by banns.	<u>Licence</u>	
Place of marriage, church, residence, &c.	<u>732 Cornogant St Victoria</u>	

I hereby certify the foregoing to be the correct Record of the marriage of Kunizo Uyede
 and Madan Nakagawa. made in pursuance of the above-mentioned Act.
 Dated this _____ day of _____, A.D. 1912
 Signature of Clergyman, Minister, or Registrar. Rev J. Keyworth

N.B.—Reports of marriages celebrated are to be delivered, or forwarded by registered post prepaid, to the District Registrar within forty-eight hours after the celebration of marriage. See c. 6, s. 15, 1911.

929 Caledonia

33 VICTORIA

Form 6

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

Reg. No. (Office use only)
1291

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. _____
(If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY
In Municipality where death occurred In Province In Canada (if immigrant)
(in years, months and days) 26 years. 26 years. _____

3. PRINT FULL NAME OF DECEASED Taylor, George,
(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 Caledonia Ave. House No. 929

5. SEX Male. 6. CITIZENSHIP (See marginal note) Canadian. 7. RACIAL ORIGIN (See marginal note) Scottish. 8. Single, Married, Widowed or Divorced (Write the word) Married. 9. BIRTHPLACE (Province or Country) Aberdeenshire, Scot.

10. Date of Birth Oct. 14 1886 11. AGE 57 Years Months 4 Days 7 If less than one day hrs. or min.

OCCUPATION
12. (a) Trade, profession or kind of work as spinner, grader, clerk, etc. Returned Soldier.
(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. Margaret Taylor.

16. Name of father Taylor, Alexander. (Surname or last name) (Given or Christian names)
17. Maiden name of mother Cherney, Mary. (Surname or last name) (Given or Christian names)

18. Birthplace— Scotland. (Province or Country) Father: _____ Mother: Scotland. (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 21 day of Feb. 1944
Signature of informant Edna Genis Relationship to deceased daughter
Address 932 Caledonia Ave.

20. Burial, Cremation or Removal Burial. Date Feb. 24 1944
(Month by name) (Day) (Year)
Place of Burial Victoria, B.C. Cemetery Royal Oak Burial Park.

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

22. Marginal Notations (Office use only)

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

country to which the person owes allegiance. The term "Canadian" should be used as descriptive of a citizen of another country.

which the person traced through the father—belongs, whether English, Irish, Scottish, French, German, or other, should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

Colonist P. 12
23 Feb 1944

TAYLOR—At St. Joseph's Hospital on February 21, 1944, George Taylor, of 929 Caledonia Avenue, aged 57 years; born in Scotland and had resided in Victoria for the past 36 years. The late Mr. Taylor is survived by his widow, Margaret; two daughters, Mrs. P. Genis and Mrs. R. Munn, both of Victoria; two sons, William Thomas, ~~overseas~~ and James of Parkville, V.I.; also three grandchildren and brothers and sisters in Seattle. He was a veteran of the first Great War. Funeral services will be held at McCall Bros. Floral Funeral Chapel on Friday afternoon at 2 o'clock. Rev. T. H. McAllister officiating; followed by interment at Royal Oak Burial Park.

MEDICAL CERTIFICATE OF DEATH

born by name) _____ (Day) _____ (Year) _____
deceased from 6th January 1944
and last saw him alive on 2nd January 1944

CAUSE OF DEATH

	DURATION		
	Yrs.	Mos.	Dys.
(a) <u>Acute Myocardium</u>		<u>1</u>	<u>15</u>
(b) <u>Arteriosclerosis of heart</u>			
(c) <u>Hypertension</u>			

pregnancy? N.A. Date of operation _____ N.A.

CITIZENSHIP
RACIAL ORIGIN

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

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

Signed by J. F. Myward Designation M.D. M.D., Coroner, etc.
Address Indiana Bldg Date 27th January 1944

28. I hereby certify that the above return was made to me at _____
Dated February 22nd 1944 Ed Watt
District Registration No. 213 (District Registrar)

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

929 Caledonia 33 VICTORIA

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

55-09-006291

DO NOT USE BALL POINT PEN

WITH UNFADING INK. THIS IS A PERMANENT RECORD. The term "Canadian" should be used as descriptive unless he or she has subsequently become the citizen of another country.

1. PLACE OF DEATH: Oak Lodge Private Hos., Saanich, Quadra St., 4036. 2. LENGTH OF STAY: 1 month. 3. PRINT FULL NAME OF DECEASED: Taylor, Margaret Helena. 4. PERMANENT RESIDENCE OF DECEASED: Victoria, Mason, 1112. 5. SEX: female. 6. CITIZENSHIP: Canadian. 7. RACIAL ORIGIN: Irish. 8. BIRTHPLACE: Ireland, Enniskillen, City, Termanagh. 9. DATE OF BIRTH: October 17, 1881. 10. AGE: 73 years, 7 months, 22 days. 11. OCCUPATION: At home. 12. Date deceased last worked: ... 13. Total years spent in this occupation: ... 14. If married, widowed or divorced give name of husband or maiden name of wife of deceased: George Taylor. 15. Name of father: Dane. 16. Maiden name of mother: McBride. 17. Birthplace - Father: Ireland. 18. Birthplace - Mother: Ireland.

Taylor, Margaret H. Taylor, aged 73 years, born in Ireland, of 1112 Mason Street, and a resident here since 1917. She leaves two daughters, Mrs. Percy Genis (Edna) of Kelowna, B.C., and Mrs. Ken Munn (Jane) of Victoria; two sons, William T. Wilson of Victoria and James Wilson of Parksville; five grandchildren. Funeral services from McCall Bros. Floral Funeral Chapel on Monday, June 13 at 10:30 a.m. Rev. P. Johnson officiating. Interment in Royal Oak Burial Park, Kelowna. Please copy papers.

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 9th day of June, 1955. Signature of informant: Margaret H. Taylor, Relationship to deceased: daughter. Address of informant: 1112 Mason St., Victoria, B.C.

20. Date of Burial: June 13, 1955. Location: Saanich, McCaill Bros., 1400 Vancouver St. Name of Cemetery: Royal Oak Burial Park.

21. MEDICAL CERTIFICATE OF DEATH. DEATH: June 8, 1955. CERTIFY that I attended deceased from June 8, 1955 and last saw her alive on June 6, 1955. CAUSE OF DEATH: Carcinoma of Cervix. Other significant conditions contributing to the death, but not related to the disease or condition causing it: Coronary sclerosis 5 yrs.

24. If a woman, was the death associated with pregnancy? No. 25. (a) Was there a recent surgical operation? No. (b) Date of operation: ... (c) State findings of operation: ... (d) Was there an autopsy? No. 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, in home or in public place: ... 27. Signed by: W.S. Designation: M.D., Coroner, etc. Address: 1015 Nelson St. Date: June 10, 1955. 28. Print name of M.D., Coroner, etc., whose signature appears above: W.S. 29. Notations:

30. I hereby certify that the above return was made to me at Victoria, B.C. Dated: JUN 13 1955. District Registration No.: 2286. Signature of District Registrar: W.S.

MALE CITIZENSHIP (NATI of a person who was German, Russian, Ukr RACIAL ORIGIN is d

DO NOT WRITE BELOW DOUBLE LINE OFFICE USE ONLY

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