929 Catherine People 43-059 (2)

38

Form 6

929 CATHERIN

PROVINCE OF BRITISH COLUMBIA

DEPARTMENT OF HEALTH SERVICES AND HOSPITAL INSURANCE

DIVISION OF VITAL STATISTICS

REGISTRATION OF DEATH

Reg. No. (Office use only): 67-09-001116

1. PLACE OF DEATH

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

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

2. LENGTH OF STAY (in years, months and days): In Municipality where death occurred: 1 Month; In Province: 31 Years; In Canada (if immigrant): 46 Years

3. PRINT FULL NAME OF DECEASED (Surname): MASON, John Edward Thomas (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED

Name of city, village, town, district municipality or place: Ladner, B.C. 44-044 (If outside city or municipal limits add "Rural")

Street or road: 8 A Avenue House No. 5431

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

10. Date of Birth: December 27, 1896 (Month by name) (Date) (Year)

11. AGE (Last Birthday): 70 Years (YEARS) — If under 1 year: MONTHS; If under 1 month: DAYS; If under 24 hours: HOURS; If under 1 hour: MIN.

OCCUPATION

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

(b) Kind of industry or business, as logging, fishing, bank, etc.: Royal Canadian Navy (If labourer specify kind of work above) (If Housewife in own home answer "At Home")

13. Date deceased last worked at this occupation: 1956

14. Total years spent in this occupation: Life

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased: De Navier, Aime Marie

16. Name of father: Mason (Surname) John (All given or Christian names)

17. Maiden name of mother: Chapell, (Surname) Lucy (All given or Christian names)

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

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

Given under my hand at Ladner, B.C., this 9th. day of January 1967

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

Address of informant: 5431 - 8 A Avenue, R.R. 2, Ladner, B.C. (House No.) (Name of Street) (Name of City, Municipality or Place) (Province)

20. Burial, Cremation or Removal: Cremation (State which) Date: January 11, 1967 (Month by name) (Date) (Year)

Place of Burial or Cremation: Vancouver, B.C. (Municipality, etc., where Cemetery located) Name of Cemetery: Vancouver Crematorium Ltd.

21. Undertaker: — Name: Delta Funeral Home Address: Ladner, B.C. (Name of City, Municipality or Place) (Province)

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH January (Month by name) 7 (Date) 1967 (Year)

23. I HEREBY CERTIFY that I attended deceased from July 14 1964 to January 7 1967, and last saw him alive on Jan 7 1967

151x

I	CAUSE OF DEATH	Approximate interval between onset and death
Disease or condition directly leading to death (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.)	(a) Carcinoma of Stomach	6 months
	due to (or as a consequence of)	
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)	
II 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.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: [signature] Designation: M.D. M.D. or Coroner.

Address: 1284 56 St RR2 Ladner Date: Jan 9 1967

28. Print name of Doctor or Coroner, whose signature appears above: D. W. S. MAGNUSON

29. Notations

30. I hereby certify that the above return was made to me at VANCOUVER, JAN 10 1967

Dated 19

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

37

407

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15-059

FORM 6

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

REGISTRATION OF
DEATH

Registration No. (Department use only)
82-09-012741

2 C.C.

NAME OF DECEASED	1. Surname of deceased (print or type): MASON
	All given names in full (print or type): AIMEE ~~MARIE~~ MARIE PRH — 2. SEX: FEMALE
PLACE OF DEATH	3. Name of hospital or institution (otherwise give exact location where death occurred): RICHMOND GENERAL HOSPITAL
	City, town or other place (by name): RICHMOND — Postal Code: V6X1A2 — Inside municipal limits? (State Yes or No): YES
USUAL RESIDENCE	4. Complete street address: If rural give exact location (not Post Office or Rural Route address): #10 - 1640 162 STREET
	City, town or other place (by name): SURREY — Postal Code: V4A 6Y9 — Inside municipal limits? (State Yes or No): — Province (or country): B.C.
MARITAL STATUS	5. Single, married, widowed, or divorced (Specify): WIDOW — 6. If married, widowed, or divorced, give full name of husband or full maiden name of wife: JOHN EDWARD THOMAS MASON
OCCUPATION	7. Kind of work done during most of working life: HOMEMAKER — 8. Kind of business or industry in which worked:
BIRTHDATE	9. Month (by name), day, year of birth: JULY 23 1895 — 10. AGE (years): 86 — If under 1 year (Months) (Days) — If under 1 day (Hours) (Minutes)
BIRTHPLACE	11. City or place — Province (or country) of birth: LONDON, ENGLAND — 12. Native Indian? Yes ☐ No ☒ — If "yes" state name of band
FATHER	13. Surname and given names of father (print or type): de NAEYER, PIERRE FRANCOIS — 14. BIRTHPLACE – City or place, Province (or country): PARIS, FRANCE
MOTHER	15. Maiden surname and given names of mother (print or type): KIETH, GERTRUDE MARIE — 16. BIRTHPLACE – City or place, Province (or country): ESSEX, ENGLAND
INFORMANT	17. Signature of informant: X John P. Mason — 18. Relationship to deceased: SON
	19. Address of informant: #10 - 1640 162STREET, SURREY, B.C. — 20. Date signed – Month, day, year: JULY 19 1982
DISPOSITION	21. Burial, cremation or other disposition (specify): CREMATION — 22. Date of burial or disposition (month, day, year): JULY 22 1982
	23. Name and address of cemetery, crematorium or place of disposition: VICTORY MEMORIAL PARK, SURREY B.C.
FUNERAL DIRECTOR	24. Name and address of funeral director (or person in charge of remains) (print or type): RICHMOND FUNERAL HOME, RICHMOND B.C.

MEDICAL CERTIFICATE OF DEATH

GJ

		Approx. interval between onset & death
DATE OF DEATH	25. Month (by name), day, year of death: July 19, 1982	
CAUSE OF DEATH	26. Part I — Immediate cause of death: 4142 (a) Congestive Heart Failure	6 mos
	due to, or as a consequence of	
	Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last: (b) Repeated myocardial infarcts	8 yrs
	due to, or as a consequence of	
	(c) Cerebrosclerosis	20 yrs
	Part II — Other significant conditions contributing to the death but not causally related to the immediate cause (a) above	
AUTOPSY PARTICULARS	27. Autopsy being held? Yes ☐ No ☒ — 28. Does the cause of death stated above take account of autopsy findings? Yes ☐ No ☐ — 29. May further information relating to the cause of death be available later? Yes ☐ No ☐	
ACCIDENT OR VIOLENCE (If applicable)	30. If accident, suicide, homicide or undetermined (specify) — 31. Place of injury (e.g. home, farm, highway, etc.) — 32. Date of injury (Month (by name), day, year)	
	33. How did injury occur? (describe circumstances)	
SURGICAL OPERATION	34. If there was a recent surgical operation give date of operation — 35. State operative findings	
CERTIFICATION (attending physician, coroner, etc.)	36. I certify that to the best of my knowledge and belief the above-named person died on the date and from the causes stated herein: Signature (attending physician, coroner, etc.): X D. D. Bearblock — Attending physician ☒ — Physician examining body after death ☐ — Coroner ☐	
	37. Name of physician or coroner (print or type): Dr. D. Bearblock — Address: #102 8140 Cook Rd. Rmd. — Date: Month, day, year: July 20/82	

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Notations:

CERTIFICATION OF DISTRICT REGISTRAR	I certify this return was accepted by me on this date at – RICHMOND, B.C. JUL 20 1982 B.C.
	District Registration No.: 3267 — Date: Month (by name), day, year: 1 — Signature of District Registrar: Doreen Pott — DEPUTY

THIS IS A PERMANENT LEGAL RECORD – TYPE OR WRITE PLAINLY – COMPLETE ALL ITEMS
USE BLUE OR BLACK INK ONLY
See Reverse for Instructions.

IMPORTANT: Any change or correction made in the completion of this form must be initialled by the person certifying the original information.

B-2300-39: 15-9-81

929 Catherine 26-09-315554

93554

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

FORM 2.

PROVINCE OF BRITISH COLUMBIA

GOVERNMENT AGENT'S OFFICE JAN - 5 1927 DUNCAN, B.C.

CERTIFICATE OF REGISTRATION OF MARRIAGE

REGISTERED Number 1-5-27
(For use of Registrar of Vital Statistics)

City, Town or District ~~Duncan~~ Cowichan Bay Municipality ~~North Cowichan~~

BRIDEGROOM

1. Full name Sorenson Theodore Severn (Surname) (Given name)
2. Occupation Labourer
3. Bachelor, Widower or Divorced Bachelor
4. Age 22 5. Religious Denomination Anglican
6. Residence Cowichan Bay B.C. (If in Canada, province, county and post office address. If foreign, state country)
7. Place of birth Comox Vancouver Island B.C. (If born in Canada, province, county and post office address. If foreign-born—country)
8. Name of father Tobian Sorenson
9. Place of birth of father Norway
10. Maiden name of mother Minnie Jenson
11. Place of birth of mother Norway
12. Can bridegroom read? Yes Write? Yes.

BRIDE

13. Full name Dwyer Mary Ethel (Surname) (Given name)
14. Occupation nil.
15. Spinster, Widow or Divorced Spinster
16. Age 17 17. Religious Denomination Baptist
18. Residence Cowichan Bay B.C. (If in Canada, province, county and post office address. If foreign, state country)
19. Place of birth Rossland B.C. (If born in Canada, province, county and post office address. If foreign-born—country)
20. Name of father Matthew Dwyer
21. Place of birth of father Newfoundland
22. Maiden name of mother Helen Harkey
23. Place of birth of mother Newfoundland
24. Can bride read? Yes Write? Yes.

25. When married 28th day of December (Month) 1926 (Year)
26. Place of marriage Home of ~~Matthew Dwyer~~ John Jaundrew Cowichan Bay B.C. (Name of church or clergyman's residence or location of dwelling house)
27. By license or banns License No 94864 (If by license, give number)
28. Signature of Groom Theodore Swirns Sorenson. Bride Mary Ethel Dwyer.
29. Witnesses Name Capt. F. A. Ontario Address 974 Balmoral Rd Victoria Name Bessie Dwyer Address Cowichan Bay B.C.

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

Clergyman W. F. Burns (Signature)
Address Duncan B.C.
Religious Denomination United Church of Canada

Registered Number 426 Filed at this office 5 day of Jan 1927

J. Maitland-Dougall
District Registrar.

6

SEE OTHER SIDE

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.

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929 Catherine

51 33

Form 6

Reg. No. (Office use only)

71-09-016417

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

1. PLACE OF DEATH

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

Street or road: ST. JOSEPH'S HOSPITAL (If death occurred in a hospital or institution, give the name instead of street and number) House No.

2. LENGTH OF STAY (in years, months and days): In Municipality where death occurred: 40 years; In Province: life; In Canada (if immigrant): life

3. PRINT FULL NAME OF DECEASED: SORENSON (Surname) THEODORE SEVERN (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED:

Name of city, village, town, district municipality or place: Victoria, B.C. 51-033-09 (If outside city or municipal limits add "Rural")

Hillside Ave. House No. 1137

6. CITIZENSHIP (See marginal note)	7. RACIAL ORIGIN (See marginal note)	8. Single, Married, Widowed or Divorced (Write the word)	9. BIRTHPLACE (City or Place and Province or Country)
Indian	white	married	B.C.

10. Date	Year	11. AGE (Last Birthday)	if under 1 year	if under 1 month	if under 24 hours	if under 1 hour
11	1904	67 years	MONTHS	DAYS	HOURS	MIN.

Profession or kind of work: Fisherman

Industry or business, fishing, bank, etc.: Commercial (If labourer specify kind of work above) (If Housewife in own home answer "At Home")

Last worked: 1970 — 14. Total years spent in this occupation: 35 years

Married or divorced give name: Ethel Dwyer

Sorenson (Surname) Thomas (All given or Christian names)

Mother: N.K. (Surname) Minnie (All given or Christian names)

Norway (City or Place and Province or Country) Mother: Norway (City or Place and Province or Country)

Being to be true and correct to the best of my knowledge and belief.

Signed at: Victoria, B.C. this 10th day of November 1971

Signature: Mrs. E. Sorenson Relationship to deceased: wife

(Woman not to use Husband's initials or given names)

Present: 1137 Hillside Ave. (House No.) (Name of Street) Victoria, B.C. (Name of City, Municipality or Place) (Province)

Place of Removal: cremation (State which) Date: November (Month by name) 12 (Date) 1971 (Year)

Saanich, V.I. (Municipality, etc., where Cemetery located) Name of Cemetery: Royal Oak Crematorium

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

MEDICAL CERTIFICATE OF DEATH

Date of death: November (Month by name) 10 (Date) 1971 (Year)

I CERTIFY that I attended deceased from 21. 10 1971 to 11 1971, and last saw him alive on 9. 11 1971

1890

CAUSE OF DEATH

		Approximate interval between onset and death
Directly leading to death (the mode of dying, e.g., ...ia, etc. It means the ...mplication which caused)	(a) massive C.V.A. due to (or as a consequence of)	14 hours
	(b) probable metastases due to (or as a consequence of)	
If any, giving rise to ...stating the underlying	(c) carcinoma (R) kidney with widespread metastases	
Conditions contributing to ...related to the disease ...g it.		

...e death occur either during pregnancy or within 90 days following pregnancy? Yes or No

...ent surgical operation? no (b) Date of operation 19

(d) Was there an autopsy? yes

26. If a violent death, fill in also: (a) Accident ☐; Suicide ☐; Homicide ☐ (b) Date of injury 19

(c) How did injury occur?

(d) Injuries sustained? (e.g. fracture of skull, left leg, etc., dislocation of -, burn to -, etc.)

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

27. Signed by: J. P. White Designation: MB, Ch.B. M.D. or Coroner.

Address: 1139, Yates St. Victoria B.C. Date: 15 11 1971

DO NOT WRITE BELOW THIS LINE → OFFICE USE ONLY

28. Print name of Doctor or Coroner, whose signature appears above: J. P. WHITE

29. Notations

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

Dated NOV 17 1971 19

District Registration No. 1846 (Signature of District Registrar)

(SEE REVERSE SIDE FOR INSTRUCTIONS)

9004-3-74: 11-12-68

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929 Catherine Nov 12 1971 P.30

SORENSON — On November 10, 1971, in Victoria, Mr. Ted Sorenson, aged 67 years, of 1137 Hillside Ave. He leaves his wife, Ethel; three brothers and four sisters.

Funeral service in McCall Bros. Family Chapel, on Friday, November 12, at 1:00 p.m. Followed by cremation. (Flowers gratefully declined.)

TIMES

The Lord is my shepherd; I shall not want.

He maketh me to lie down in green pastures: He leadeth me beside the still waters.

He restoreth my soul: He leadeth me in the paths of righteousness for His name's sake.

Yea, though I walk through the valley of the shadow of death, I will fear no evil; for thou art with me: thy rod and thy staff they comfort me.

Thou preparest a table before me in the presence of mine enemies: thou anointest my head with oil; my cup runneth over.

Surely goodness and mercy shall follow me all the days of my life: and I will dwell in the house of the Lord for ever.

PSALM 23.

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

REGISTRATION OF
DEATH

929 CATHERINE

(Department use only)
001710

NAME OF DECEASED

1. Surname of deceased *(print or type)*: SORENSON

All given names in full *(print or type)*: Mary Ethel

2. SEX: female

PLACE OF DEATH

3. Name of hospital or institution *(otherwise give exact location where death occurred)*: Royal Jubilee Hospital

Date of Death: February 5,1987

City, town or other place *(by name)*: Victoria, B.C.

Postal Code: V8R 1J8

Inside municipal limits? *(State Yes or No)*: yes

USUAL RESIDENCE

4. Complete street address: If rural give exact location *(not Post Office or Rural Route address)*: 1900 Fort St.

City, town or other place *(by name)*: Victoria

Postal Code: V8R 1J8

Inside municipal limits? *(State Yes or No)*: yes

Province *(or country)*: B.C.

MARITAL STATUS

5. Single, married, widowed, or divorced *(Specify)*: widowed

6. If married, widowed, or divorced, give full name of husband or full maiden name of wife: Theodore Severn Sorenson

OCCUPATION

7. Kind of work done during most of working life: home duties

8. Kind of business or industry in which worked:

BIRTHDATE

9. Month *(by name)*, day, year of birth: April 19, 1909

10. AGE *(years)*: 77 *(Months)* If under 1 year: *(Days)* If under 1 day: *(Hours)* *(Minutes)*

BIRTHPLACE

11. City or place / Province *(or country)* of birth: Rossland / B.C.

12. Native Indian? Yes ☐ No ☒ If "yes" state name of band:

FATHER

13. Surname and given names of father *(print or type)*: Dwyer John

14. BIRTHPLACE – City or place, Province *(or country)*: n.k.

MOTHER

15. Maiden surname and given names of mother *(print or type)*: Hartley Mary Ellen

16. BIRTHPLACE – City or place, Province *(or country)*: Newfoundland

INFORMANT

17. Signature of informant: X Thomas Saunders

18. Relationship to deceased: brother

19. Address of informant: 3155 Balfour Ave Victoria, B.C. V9A 1R9

20. Date signed – Month, day, year: Feb 6/87

DISPOSITION

21. Burial, cremation, or other disposition *(specify)*: Cremation

22. Date of burial or disposition *(month, day, year)*: February 10,1987

23. Name and address of cemetery, crematorium or place of disposition: Royal Oak Crematorium Saanich, B.C.

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 5, 1987

CAUSE OF DEATH

26. Approx. interval between onset & death

Part I

Immediate cause of death (a) myocardial infarction — 1 hr.

due to, or as a consequence of

Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last

(b) Previous myocardial infarction

due to, or as a consequence of

(c)

Part II

Other significant conditions contributing to the death but not causally related to the immediate cause (a) above

AUTOPSY PARTICULARS

27. Autopsy being held? Yes ☐ No ☑

28. Does the cause of death stated above take account of autopsy findings? Yes ☐ No ☑

29. May further information relating to the cause of death be available later? Yes ☐ No ☑

ACCIDENT OR VIOLENCE *(If applicable)*

30. If accident, suicide, homicide or undetermined *(specify)*:

31. Place of injury *(e.g. home, farm, highway, etc.)*:

32. Date of injury (Month *(by name)*, day, year):

33. How did injury occur? *(describe circumstances)*:

SURGICAL OPERATION

34. If there was a recent surgical operation give date of operation:

35. State operative findings:

CERTIFICATION *(attending physician)*

36. I certify that to the best of my knowledge and belief the above-named person died on the date and from the causes stated herein:

Signature *(attending physician, coroner, etc.)*: X

Attending physician ☑ Physician examining body after death ☐ Coroner ☐

IMPORTANT: Any change or correction made in the completion of this form must be initialled by the person certifying the original information.

929 Catherine St - Families

1901 Census - Violet Harper

6 McCaskill St

20/10/37 **Harper, Wesley**, m, head, m, 30 Apr 1868, 32, NS, CE, Policeman.
……**Rems:** DRI: James Wesley Harper, 11 Sep 1949, 80, Esquimalt.
20/10/38 **Harper, Isabel**, f, wife, m, 10 Feb 1872, 29, ENG, to Can: 1889, CE.
……**Rems:** Obit Search: Isobel Harper, w.o.James Wesley Harper, d.11 Mar 1938, 67, r.2644 Quadra St, Victoria, b.Darlington, ENG, to CAN 50 y ago, in Victoria 47 y, leaves, husband, sons: W.J. Carter, Victoria; F.C. Carter, Vancouver & Wesley Harper, Port Renfrew; daus: Mrs R.M. Elliott, Port Renfrew; Mrs H. Shadley; Mrs L. McKay & Mrs M.H. Barry, Victoria. RBCR: Carter, Benjamin, 38 y, 19 Apr 1894 at Victoria, b.YKS, ENG (same plot as son Fred. Chas. Carter).
20/10/39 **Carter, Willie**, m, step son, s, 10 Feb 1890, 11, ON, CE.
20/10/40 **Carter, Frederick**, m, step son, s, 23 Nov 1891, 9, BC, CE.
……**Rems:** BR: Frederik Garrett, b.23 Dec 1891, s.o.Benjamin Carter, saloon keeper & Isabella Carter, r.St. George's Inn, Victoria District. Notes: child's name changed to Frederick Charles Carter & mother's name corrected to Isabella Garrett on 9 Jul 1949. RBCE: Carter, Frederick Charles, 78 y, 4 Oct 1970, b. & d.Victoria.
20/10/41 **Harper, Dora**, f, dau, s, 23 Nov 1895, 5, BC, CE.
……**Rems:** BR (late reg, 1958): Dora Lillian Harper, b.3 Dec 1896, McCaskill St, Victoria West, father: James Wesley Harper, 30 (in 1896), b.NB, butcher; mother: Isobel Garrett, 28, b.ENG. MRI: Robert Mathison Elliott mar Dora Lillian Harper, 1 Aug 1923, Victoria.
20/10/42 **Harper, Violet V.**, f, dau, s, 20 Nov 1899, 1, BC, CE.
……**Rems:** BRI: Violet Victoria Harper, 20 Nov 1899, Victoria. MRI: Charles Horace Shandley (d.20, p.1, l.50) mar Violet Victoria Harper, 3 Jul 1925, Victoria.
20/10/43 **Harper, Alma W.**, f, dau, s, 9 Feb 1901, 2/12, BC, CE.
……**Rems:** DRI: Alma Winnifred Mckay, 17 Dec 1980, 79, Langford.
20/10/44 **Brayfield, Charles**, m, lodger, w, 16 Oct 1826, 74, ENG, to Can: 1862, CE.
……**Rems:** DN, Times, 15 May 1901, p.5: CharlesBrayfield, d.14 May 1901, Victoria, 73, b.ENG.

1901 Census - Charles Horace Shandley

Lot 7 Springfield Ave

20/01/47 **Shandley, Peter**, m, head, m, 2 Jan 1867, 34, ENG, to Can: 1889, CE, Painter.
……**Rems:** MRI: Peter Shandley mar Martha Hallwood, 26 Jul 1890, Victoria. RBCR: Shandley, Peter, 88 y, 7 Jan 1953 at Saanich, b.ENG.
20/01/48 **Shandley, Martha**, f, wife, m, 2 Jan 1868, 33, ENG, to Can: 1890, CE.
……**Rems:** RBCR: Shandley, Martha, 71 y 9 m, 11 Oct 1937 at Victoria, b.ENG.
20/01/49 ***Shandley, Francis M.***, *m, son*, s, 24 Apr 1898, 4, BC, CE.
……**Rems:** MRI: Francis Mouat Shandley mar Lillian Rose Martin (d.3, p.10, l.9), 12 Aug 1921, Victoria. RBCR: Shandley, Francis Mouat, 75 y, 1 Dec 1972, b. & d.Victoria.
20/01/50 **Shandley, Charles H.**, m, son, s, 24 Apr 1898, 4, BC, CE.
……**Rems:** Married Violet Victoria Harper (d.20, p.10, l.42), 3 Jul 1925, Victoria.
20/02/01 **Shandley, Peter**, m, son, s, 3 Dec 1899, 1, BC, CE.

ORIGINAL
No. 476655
Folio.

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname?	Shandley
1a. What are your Christian names?	Horace Chorley
1b. What is your present address?	1131 Burdette ave. Victoria B.C.
2. In what Town, Township or Parish, and in what Country were you born?	Victoria B.C.
3. What is the name of your next-of-kin?	Peter Shandley
4. What is the address of your next-of-kin?	1131 Burdette ave Victoria B.C.
4a. What is the relationship of your next-of-kin?	Father
5. What is the date of your birth?	April 24th 1897
6. What is your Trade or Calling?	Printman
7. Are you married?	No
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	YES
9. Do you now belong to the Active Militia?	YES
10. Have you ever served in any Military Force? If so, state particulars of former service.	5TH. RGT. C. G. A. 3/12 yr
11. Do you understand the nature and terms of your engagement?	YES
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	YES

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Horace Chorley Shandley, 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.

H.C. Shandley (Signature of Recruit)

Date NOV 11 1915 191 . G. J. Carr (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Horace Chorley Shandley, 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.

H.C. Shandley (Signature of Recruit)

Date NOV 11 1915 191 . G. J. Carr (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

Married 1923
Violet Victoria Harper Newman

929 Gathering
25-09-234473

85473

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

FORM 2.

PROVINCE OF BRITISH COLUMBIA

CERTIFICATE OF REGISTRATION OF MARRIAGE

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

City, Town or District ..... Municipality .....

PRETTY WEDDING AT REFORMED CHURCH

Marriage Last Night of Miss Violet Harper and Horace Shandley

A quiet wedding at which only relatives and intimate friends were present took place Friday evening at the Reformed Episcopal Church, when Rev. A. de B. Owen united in marriage Violet, daughter of Mr. and Mrs. Wesley Harper, Quadra Street, and C. Horace Shandley, son of Mr. and Mrs. P. Shandley, Head Street, Victoria.

Given in marriage by her brother, Mr. W. Carter, the bride looked very smart in a grey and navy suit with hat to match, and carried a bouquet of Ophelia roses and sweet peas.

The bride was attended by Miss Elsie Jenkins, who wore a dress of green crepe de Chine, her bouquet being composed of pink and mauve sweet peas.

The groom was supported by Mr. F. Martin.

Following the ceremony a reception was held at the home of Mr. and Mrs. F. M. Shandley, Menzies Street. After a short honeymoon motoring up to Island points the young couple will return to make their home in Victoria.

Times July 4, 1925 p. 08
929 Gathering

BRIDEGROOM

Shandley (Surname) Charles Horace (Given name)
Clerk
Widower or Divorced Bachelor
8 5. Religious Denomination Reformed Episcopal
Victoria B.C. (If in Canada, province, county and post office address. If foreign, state country)
th Victoria B.C. (If born in Canada, province, county and post office address. If foreign-born—country)
ther Peter Shandley
th of father Egremont Lane, England
me of mother Martha Hallwood
rth of mother Egremont Lane - England
room read? Yes Write? Yes

BRIDE

Harper (Surname) Violet Victoria (Given name)
Stenographer
Widow or Divorced Spinster
6 17. Religious Denomination C. of E.
Victoria B.C. (If in Canada, province, county and post office address. If foreign, state country)
th Victoria B.C. (If born in Canada, province, county and post office address. If foreign-born—country)
ther Wesley Harper
th of father ~~Victoria B.C.~~ Dumfries York Co. N.B.
me of mother Isabella Carter
rth of mother Darlington England
read? Yes Write? Yes

ried 3rd day of July (Month) 1926 (Year)
arriage Church of Our Lord Victoria, B.C. (Name of church or clergyman's residence or location of dwelling house)
or banns License 88887 (If by license, give number)
of Groom Horace C. Shandley
Bride Violet V. Harper

Name Elsie Jenkins
Address 1009 Chamberlain Street
Name F. Martin
Address 130 Govt St. Victoria

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

Clergyman Arthur de B. Owen (Signature)
Address 473 Superior St Victoria B.C.
Religious Denomination Reformed Episcopal

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

..... District Registrar

SEE OTHER SIDE

929 Catherine 51 60

Form 6

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

Reg. No. (Office use only) 67-09-013

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

2. LENGTH OF STAY (in years, months and days)	In Municipality where death occurred	In Province	In Canada (if immigrant)
	69 years	69 years	69 years

3. PRINT FULL NAME OF DECEASED Shandley (Surname) Charles Horace (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED
Name of city, village, town, district municipality or place: Saanich, B.C. 51-029-13 (If outside city or municipal limits add "Rural")
Street or road: Broadway House No. 512

5. SEX	6. CITIZENSHIP (See marginal note)	7. RACIAL ORIGIN (See marginal note)	8. Single, Married, Widowed or Divorced (Write the word)	9. BIRTHPLACE (City or Place and Province or Country)
Male	Canadian	White	Married	Victoria, B.C.

10. Date of Birth (Month by name)	(Date)	(Year)	11. AGE (Last Birthday) YEARS	If under 1 year MONTHS	If under 1 month DAYS	If under 24 hours HOURS	If under 1 hour MIN.
April	24th	1897	69				

OCCUPATION
12. (a) Trade, profession or kind of work as logger, fisherman, office clerk, etc.: Queens' Printer
(b) Kind of industry or business, as logging, fishing, bank, etc.: B.C. Government
(If labourer specify kind of work above) (If Housewife in own home answer "At Home")
13. Date deceased last worked at this occupation: 1962
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: Violet Victoria Harper

16. Name of father: Shandley (Surname) Peter (All given or Christian names)
17. Maiden name of mother: Hallwood (Surname) Martha (All given or Christian names)
18. Birthplace — Father: England (City or Place and Province or Country) Mother: England (City or Place and Province or Country)

19. I certify the foregoing to be true and correct to the best of my knowledge and belief.
Given under my hand at Victoria, B.C., this 9th day of January 19 67
Signature of informant: John F Shandley (Married women not to use Husband's initials or given names) Relationship to deceased: Son
Address of informant: 512 Broadway (House No.) (Name of Street) Saanich, B.C. (Name of City, Municipality or Place) (Province)

20. Burial, Cremation or Removal: Burial (State which) Date: January 11th 19 67 (Month by name) (Date) (Year)
Place of Burial or Cremation: Esquimalt, B.C. (Municipality, etc., where Cemetery located) Name of Cemetery: Veterans' Cemetery
Undertaker: Sands Mortuary Limited Address: Victoria, B.C. (Name of City, Municipality or Place) (Province)

929 Catherine Colonist
11 JAN 1967 pg 21
5 DEATHS AND FUNERALS

SHANDLEY—At the Veterans' Hospital on January 9, 1967, Mr. Charles Horace Shandley, aged 69 years, a native son of Victoria, B.C., late residence, 512 Broadway. He leaves his wife, Violet; sons Robert and Lorne, Victoria, B.C.; four grandchildren, and brothers Frank, Victoria, B.C., and Dr. F. Shandley, Seattle, Washington. Mr. Shandley served with the Canadian Field Artillery during the First World War.
Services will be held in the Sands Mortuary Limited "Memorial Chapel of Chimes" on Wednesday, January 11, 1967, at 1:00 p.m., Padre Douglas Kendell officiating. Interment in the Veterans' Cemetery.

MEDICAL CERTIFICATE OF DEATH

IF DEATH January 9th 19 67 (Month by name) (Date) (Year)
I CERTIFY that I attended deceased from January 9th 19 67, and last saw him alive on Jan. 8th 19 67

CAUSE OF DEATH	Approximate interval between onset and death
I 4201 condition directly leading to death (not mean the mode of dying, e.g., ..., asthenia, etc. It means the ..., or complication which caused	
(a) Coronary Thrombosis	7 days
due to (or as a consequence of)	
(b) Arteriosclerotic Heart Disease	3 yrs.
due to (or as a consequence of)	
(c)	
II 592 x other conditions contributing to ... not related to the disease ... causing it.	
Chronic glomerulonephritis	5 yrs
Hypertension Heart Failure	4 yrs

... did the death occur either during pregnancy or within 90 days following pregnancy? ... Yes or No
... there a recent surgical operation? No (b) Date of operation ... 19...
... findings ... (d) Was there an autopsy? Yes

26. If a violent death, fill in also: (a) Accident ☐, Suicide ☐, Homicide ☐ (b) Date of injury ... 19...
(c) How did injury occur? ...
(d) Injuries sustained? ... (e.g. fracture of skull, left leg, etc., dislocation of -, burn to -, etc.)
(e) Where did injury occur? (home, farm, industrial place, highway, etc.) ...

27. Signed by [signature] Designation M.D. M.D. or Coroner.
Address Veterans Hospital, Victoria, B.C. Date January 10th 19 67

DO NOT WRITE BELOW THIS LINE ▸ OFFICE USE ONLY

28. Print name of Doctor or Coroner, whose signature appears above S.P. Kenning, M.D., FRCP(C)
29. Notations

30. I hereby certify that the above return was made to me at ... 19...
Dated ... 19...
District Registration No. ... (Signature of District Registrar)

9004-3,14: 23-12-63

(SEE REVERSE SIDE FOR INSTRUCTIONS)

FORM 6

929 Catherine

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

REGISTRATION OF
DEATH

Registration No. (Department use only)
82-09-012497

NAME OF DECEASED	1. Surname of deceased (print or type): HILTON	
	All given names in full (print or type): Mildred Irene Mabel	2. SEX: female
PLACE OF DEATH	3. Name of hospital or institution (otherwise give exact location where death occurred): Victoria General Hospital	
	City, town or other place (by name): Victoria, B.C.	Postal Code: V8V 3B6 — Inside municipal limits? (State Yes or No): yes
USUAL RESIDENCE	4. Complete street address: If rural give exact location (not Post Office or Rural Route address): 3936 Helen Road	
	City, town or other place (by name): Victoria	Postal Code: V8Z 5C5 — Inside municipal limits? (State Yes or No): yes — Province (or country): B.C.
MARITAL STATUS	5. Single, married, widowed, or divorced (Specify): married	6. If married, widowed, or divorced, give full name of husband or full maiden name of wife: Richard Biddulph Hilton
OCCUPATION	7. Kind of work done during most of working life: home duties	8. Kind of business or industry in which worked:
BIRTHDATE	9. Month (by name), day, year of birth: September 20, 1912	10. AGE (years): 69 — If under 1 year (Months) (Days): — If under 1 day (Hours) (Minutes):
BIRTHPLACE	11. City or place: Saskatoon — Province (or country) of birth: Saskatchewan	12. Native Indian? Yes ☐ No ☒ — If "yes" state name of band:
FATHER	13. Surname and given names of father (print or type): Gartly James	14. BIRTHPLACE – City or place, Province (or country): Scotland
MOTHER	15. Maiden surname and given names of mother (print or type): McCloy Mabel	16. BIRTHPLACE – City or place, Province (or country): Winnipeg, Manitoba
INFORMANT	17. Signature of informant: X [signature] (Douglas Howard Hilton)	18. Relationship to deceased: son
	19. Address of informant: 3936 Helen Road, Victoria, B.C.	20. Date signed – Month, day, year: August 8, 1982
DISPOSITION	21. Burial, cremation or other disposition (specify): Burial	22. Date of burial or disposition (month, day, year): August 11, 1982
	23. Name and address of cemetery, crematorium or place of disposition: Hatley Memorial Gardens Colwood, B.C.	
FUNERAL	24. Name and address of funeral director (or person in charge of remains) (print or type): McCall Bros. Victoria, B.C.	

WRITE PLAINLY – COMPLETE ALL ITEMS
...K INK ONLY
...structions
...ade in the completion of this form
...ying the original information.

FIRST MEMORIAL SERVICES. Aug 8-9, 1982 p.29

HILTON — In Victoria, B.C. on August 6, 1982, Mrs. Mildred (Mid) Irene Mable Hilton, aged 69 years, born in Saskatoon, Saskatchewan and a resident of Victoria since 1939. She was predeceased by her sisters Grace and April. She is survived by her husband, Richard B. Hilton; son, Howard; daughter and son-in-law, Lorraine and Bob Hartley; her grandchildren; also one brother, James Gartley, of Saskatoon and many relatives and friends.

Funeral service on Wednesday, August 11 at 1:00 p.m. in McCall Bros. Chapel, Johnson at Vancouver Streets. Interment at Hatley Memorial Gardens.

929 Catherine (Danish) Tinnos

MEDICAL CERTIFICATE OF DEATH

		Approx. interval between onset & death
...y name), day, year of death: ...gust 6, 1982		
Part I 4100 ...ause of death	(a) Myocardial Infarction	60 hrs
	due to, or as a consequence of	
...causes, ...g rise to ...te cause (a) ...ng the under- ...last	(b) Coronary Atherosclerosis	years
	due to, or as a consequence of	
	(c) Hypertension	years
Part II ...icon: ...ontributing ...but not ...ated to the ...ause (a) above		

...Yes ☐ No ☑ — 28. Does the cause of death stated above take account of autopsy findings? Yes ☐ No ☐ — 29. May further information relating to the cause of death be available later? Yes ☐ No ☑

...nt, suicide, homicide or ...ined (specify) — 31. Place of injury (e.g. home, farm, highway, etc.) — 32. Date of injury (Month (by name), day, year)

...injury occur? (describe circumstances)

SURGICAL OPERATION	...was a recent surgical operation give date of operation	35. State operative findings
CERTIFICATION (attending physician, coroner, etc.)	36. I certify that to the best of my knowledge and belief the above-named person died on the date and from the causes stated herein:	Signature (attending physician, coroner, etc.): X [signature] — Attending physician ☑ — Physician examining body after death ☐ — Coroner ☐
	37. Name of physician or coroner (print or type): J. A. Fowler	Address: 201-1595 McKenzie Ave — Date: Month, day, year: 8/9/82

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Notations:

CERTIFICATION OF DISTRICT REGISTRAR	I certify this return was accepted by me on this date at – VICTORIA, B. C.	B.C.
	District Registration No.: 1532	AUG 17 1982 — Date: Month (by name), day, year — Signature of District Registrar

8-2300-39: 15-9-81

929 Catherine 033

FORM 6

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

REGISTRATION OF
DEATH

Registration No. (Department use only)
79-09-001051

NAME OF DECEASED
1. Surname of deceased (print or type): Hobbis
All given names in full (print or type): Hilda Eva
2. SEX: Female

PLACE OF DEATH
3. Name of hospital or institution (otherwise give exact location where death occurred): Victoria General Hospital
City, town or other place (by name): Victoria, B.C.
Inside municipal limits? (State Yes or No): Yes

USUAL RESIDENCE
4. Complete street address: If rural give exact location (not Post Office or Rural Route address): 934 Page Ave.
City, town or other place (by name): Langford
Inside municipal limits? (State Yes or No): No
Province (or country): B.C.

MARITAL STATUS
5. Single, married, widowed, or divorced (Specify): Married
6. If married, widowed, or divorced, give full name of husband or full maiden name of wife: William Parker Hobbis

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

BIRTHDATE
9. Month (by name), day, year of birth: March 2nd 1897
10. AGE (years): 81 (Months) (Days) If under 1 year: (Hours) (Minutes) If under 1 day:

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

FATHER
13. Surname and given names of father (print or type): Crasweller William Jesse
14. BIRTHPLACE – City or place, Province (or country): Southsea England

MOTHER
15. Maiden surname and given names of mother (print or type): Budge Amelia Esther
16. BIRTHPLACE – City or place, Province (or country): Southsea England

INFORMANT
17. Signature of informant: X Clive Hobbis
18. Relationship to deceased: Son
19. Address of informant: 936 Page Ave., Langford, B.C.
20. Date signed – Month, day, year: January 4th 1979

DISPOSITION
21. Burial, cremation or other disposition (specify): Burial
22. Date of burial or disposition (month, day, year): January 8th 1979
23. Name and address of cemetery, crematorium or place of disposition: Hatley Memorial Gardens, Colwood, B.C.

FUNERAL DIRECTOR
24. Name and address of funeral director (or person in charge of remains) (print or type): Sands Funeral Chapel of Heather, Colwood, B.C.

See Reverse for Instructions

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
25. Month (by name), day, year of death: January 3rd 1979

Approx. interval between onset & death

26. Immediate cause of death — Part I
(a) 5819 Hypostatic Pneumonia — 1 day
due to, or as a consequence of
(b) Nephritis nephritis — 2 months
due to, or as a consequence of
(c)
Part II 4281 Untilled Heart Failure — 2 years

28. Does the cause of death stated above take account of autopsy findings? Yes ☐ No ☒
29. May further information relating to the cause of death be available later? Yes ☐ No ☒

31. Place of injury (e.g. home, farm, highway, etc.)
32. Date of injury (Month (by name), day, year)

35. State operative findings

Signature (attending physician, coroner, etc.): X John Lane
Attending physician ☒ Physician examining body after death ☐ Coroner ☐
Address: 582 Goldstream, Victoria
Date: Month, day, year: January 4 1979

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

VICTORIA, B.C.
JAN 10 1979
Date: Month (by name), day, year
Signature of District Registrar

929 Catherine Colonist Jan 6, 1979 P C

HOBBIS – Peacefully in hospital on January 3, 1979, Mrs. Hilda Eva Hobbis, age 81 years, born in Southsea, England, came to the Regina, Saskatchewan, area in 1912, and a resident of Glen Lake, B.C., for the past 37 years, late residence, 934 Page Avenue. Mrs. Hobbis was predeceased by her daughter, Mrs. Joyce Lamb, in 1974. She leaves her loving husband, William Parker Hobbis; five sons, Harold, Langford, B.C., Leonard, Saturna Island, B.C., Clifford, Nanaimo, B.C., Ronald, Victoria, B.C. and Wilfred, Langford, B.C.; three daughters, Mrs. A. (Norah) Low, Kamloops, B.C., Mrs. W. (Joan) Henderson, Langford, B.C., and Mrs. M. (Grace) Preston, Victoria, B.C.; 31 grandchildren; 24 great-grandchildren; nieces and nephews; one sister, Mrs. Norah Bell, Regina Beach, Saskatchewan. Mrs. Hobbis was active with The Salvation Army; past member of Carne Rebekah Lodge No. 45, Victoria, B.C.; past member of Happy Valley Women's Institute.

Service in the Sands Funeral Chapel of Heather, Colwood, B.C., on Monday, January 8, 1979, at 1:00 p.m., Capt. G. Cassell officiating. Interment at the Hatley Memorial Gardens, Colwood, B.C.

SANDS – COLWOOD

929 Catherine

FORM 6

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

REGISTRATION OF
DEATH

Registration No. (Department use only)
81-09-015015

NAME OF DECEASED	1. Surname of deceased (print or type): Hobbis
	All given names in full (print or type): William Parker — 2. SEX: Male
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. — Postal Code: V8R 1J8 — Inside municipal limits? (State Yes or No): Yes
	4. Complete street address: If rural give exact location (not Post Office or Rural Route address): ...y Lodge 2251 Cadboro Bay
	...or other place (by name): ...ria — Postal Code: V8R 5H3 — Inside municipal limits? (State Yes or No): Yes — Province (or country): B.C.
	...ried, widowed, ...married — 6. If married, widowed, or divorced, give full name of husband or full maiden name of wife: Hilda Eva Crassweller
	...k done during most of working life: ...liceman — 8. Kind of business or industry in which worked: R.C.M.P.
	...ame), day, year of birth: 1890 — 10. AGE (years): 91 — (Months) (Days) If under 1 year — (Hours) (Minutes) If under 1 day
	...ace — Province (or country) of birth: ...y, Berks. England — 12. Native Indian? Yes ☐ No ☒ — If "yes" state name of band
	...nd given names of father (print or type): Jethro William — 14. BIRTHPLACE – City or place, Province (or country): Grove, Berks. England
	...rname and given names of mother (print or type): Mary Charlotte Thackham — 16. BIRTHPLACE – City or place, Province (or country): Silchester, Berks. England
	...of informant: [signature] — 18. Relationship to deceased: son
	...f informant: ...ke River Rd. FR3 Sooke B.C. — 20. Date signed – Month, day, year: September 28, 1981
	...emation or other disposition (specify): ...rial — 22. Date of burial or disposition (month, day, year): September 30, 1981
	...address of cemetery, crematorium or place of disposition: ...Memorial Gardens, 2050 Sooke Rd. Victoria B.C.
	...address of funeral director (or person in charge of remains) (print or type): ...neral Chapel of Heather, 317 Goldstream Ave. Victoria B.C.

SANDS—DUNCAN
pg 34

HOBBIS — On September 27, 1981 in the Royal Jubilee Hospital, Victoria, B.C., Mr. William Parker Hobbis, aged 91 years, of Victoria, B.C. Predeceased by his wife, Hilda Eva, in 1979, and daughter, Joyce Lamb, in 1974, Victoria, B.C. He leaves eight children, Harold, Sooke, B.C., Leonard, Saturna Island, B.C., Clifford, Nanaimo, B.C., Ronald and Wilfred, Victoria, B.C., Norah Low, Kamloops, B.C., Joan Henderson and Grace Preston, Victoria, B.C.; many grandchildren and great grandchildren; nieces and many friends. Mr. Hobbis served first with the R.N.W.M. Police and then with the R.C.M.P. He is from a family of nine, five sisters, three brothers. Survived by Pretoria Beggs, Calgary, Alta., Mary Corlett, Vermilion, Alta., Patricia Rhodes, Edmonton, Alta., Norman Hobbis, Coquitlam, B.C.

Funeral service in the Sands Funeral Chapel of Heather, 317 Goldstream Ave., Colwood, B.C. on Wednesday, Septemeber 30, 1981 at 2:00 p.m. with Colonel Jack Nelson officiating. Interment at Hatley Memorial Gardens, Colwood B.C. Flowers gratefully declined. Donations if desired may be made to the Salvation Army, 769 Pandora Ave., Victoria, B.C. V8W 1N9.

929 Catherine Colonist Sept 29, 1981 Tues

MEDICAL CERTIFICATE OF DEATH

		Approx. interval between onset & death
...y name), day, year of death: ...ber 27, 1981		
Part I 4109 ...use of death	(a) Gastrointestinal hemorrhage, myocardial infarction	less than 24 hours
...auses, ...g rise to ...e cause (a) ...g the under- ...last	due to, or as a consequence of (b) atherosclerotic heart disease	years
	due to, or as a consequence of (c)	
Part II ...icant ...ontributing ...but not ...ated to the ...ause (a) above	congestive heart failure (2° to I(a))	years
	renal failure	days

Yes ☐ No ☒	28. Does the cause of death stated above take account of autopsy findings? Yes ☐ No ☒	29. May further information relating to the cause of death be available later? Yes ☐ No ☒

ACCIDENT OR VIOLENCE (If applicable)	...nt, suicide, homicide or undetermined (specify)	31. Place of injury (e.g. home, farm, highway, etc.)	32. Date of injury (Month (by name), day, year)
	33. How did injury occur? (describe circumstances)		
SURGICAL OPERATION	34. If there was a recent surgical operation give date of operation	35. State operative findings	
CERTIFICATION (attending physician, coroner, etc.)	36. I certify that to the best of my knowledge and belief the above-named person died on the date and from the causes stated herein:	Signature (attending physician, coroner, etc.): x Stephen Lundy — Attending physician ☒ — Physician examining body after death ☐ — Coroner ☐	
	37. Name of physician or coroner (print or type): Dr. Stephen Lundy	Address: 226 - 649 Fort St., Vic.	Date: Month, day, year: Sept. 29/81

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Notations:

9

CERTIFICATION OF DISTRICT REGISTRAR	I certify this return was accepted by me on this date at – VICTORIA, B. C.	B.C.
	District Registration No. 1759 — OCT - 7 1981 — Date: Month (by name), day, year	Signature of District Registrar

4-2302-3 14 16-10-80