

Sept 20/22 P14

DIED.—On Sept. 16, 1922, at 1736 Lee
Cogan—On Sept. 16, 1922, at 1736 Lee
Ave., Mrs. Caroline Cogan, widow of
the late Henry Cogan. The deceased
was 68 years of age and was born in
Ireland.

The remains are reposing at the B. C.
Funeral Chapel until Thursday afternoon,
when the funeral will take place at Met-
proceeding service will be conducted at
chopin, where service will be conducted at
2:45. Interment at Melchopin.

PORTER—In this city, on Tuesday, Sept.
19, James Porter, aged 87 years, of
284 Grahame Street, the deceased,
who has been a resident of this city for
the past four years, justly of Canada,
Porter and William, of Medicine Hat,
ford, Neb.; W. Moose Jaw; Knauff,
Ala.; Nat. Sask.; John, of Dauphin,
Shanawon, Thomas, of Cadillac, Sask.;
Man.; Dr. Minnedosa, Man., and Oliver,
Fred, of this city.

The funeral will take place on Saturday
afternoon at 2 o'clock from McCain Bros.,
Funeral Chapel, corner Johnson and Yari-
scover Streets, Rev. W. P. Brennan officiating. Interment will be made at Ross
Bay Cemetery.

SIMPSON—On September 19, at her home,
Coaco, Mrs. Mary Simpson, aged 62 years,
Mrs. Simpson, aged 62 years,
born in Fritchheim, Scotland, and 30
resident of this city for the past 30
years. The deceased Allan Simpson and
three sons, Hugh, Frank, Simpson and
at Cobble Hill; H. Stokes, at home;
one daughter, Mrs. H. Stokes.

The remains will repose at the Sands
Funeral Chapel until next Friday, when the
casket will be removed to the late home
and the funeral will take place leaving the
day, at 2:20 o'clock, and ten minutes
residence services will be held at Mr.
Parker's Church, Esquimalt, by Rev. J. de
Chapman, and interment will be made in
the family plot at Ross Bay Cemetery.

WHITEHEAD—At her residence, 665 Nia-
kara Street, on the 19th, only eight
Gordon Whitehead, in her 80th year,
Year, Scotland, and 47 years. She
Burgh, for thirty-eight years. One
Victoria, survived by her husband and vic-
is sister, Mrs. John Mowat, of Vic-
toria.

The funeral will take place on Thursday
afternoon at 3 o'clock from her late resi-
dence, where Rev. interment will be made
the Rev. Dr. Day. Interment will be made
in the family plot in Ross Bay Cemetery.

— Sir George, Hobbes, New Westminster
— Sir Favorite, Williams, Pt Townsend
— Sir Isabel, Robinson, Napaumo
— Sir North Pacific, Starr, P: Townsend
— Sir California, Hayes, Sitka

IMPORTS.

— Per str North Pacific, fm Puget Sound—251 sheep, 76
bix fruit, 100 lambs, 31 cattle, 2kggs butter.

CONSIGNEES.

Per str California, fm Portland—A Meyers, Janton
Rhodes & Co, H Gerko, Welch, Rithet & Co, OR&Co, R
Carr, D Teneven, L. W. Stahschmidt, Langley & Co, C
Strauss, J Stutz, W.P. HBCo, E Wilson, L&J Boscowitz
Levy Bros, A Rickman, T Hall, Baluce & Pitts, J Huger
Harvey & Dunsmuir, J Cunningham, S D Levi, S Nes-
bitt, Fell & Co, FS, GWA, J Gosnell, Sing Yean, S D
Smith.
— Per str North Pacific, fm Puget Sound—F Reynolds
Stuart & Hutchinson, Tallson, Harrington, T Barnes
Newberry, Wm Patterson.

MARRIED.

On the 6th inst., by the Rev. F. Gribbell, at the resi-
dence of the bridegroom, Glenwood Farm, James Por-
ter, of Victoria District, to Mrs. Rhoda Mullett, of
England
[The occasion was set on by the friends and
neighbors of Mr. Porter to gather at his farm and wish
the pair a long and happy life.]

Municipal Police Court.

[Before A. C. Elliott, Esq., P.M.]

MONDAY, Sept. 8.

CHARGED WITH RAPE.

Joseph Waterman, a man of 50 years of
age, was placed in the dock charged with
attempting to outrage the person of a lit-
tle girl, under circumstances of a most
atrocious character. Shortly after enter-
ing the dock the prisoner, who seemed
greatly agitated and very nervous, was
observed to tremble violently, and finally
fainted dead away and fell heavily on the
floor of the dock, whence he was raised by
the police, given some water to drink and
accommodated with a seat on a bench,
until he had somewhat recovered.

Mr. Theodore Davie appeared for the
defence.

Policeman Wm. Clarke deposed that he
made the arrest, and that he charged him
with committing a criminal assault on a
child. He was drunk, but not incapable
at the time of arrest. He got very drunk
after he heard the charge that was to be
made against him.

Mr. Davie said that his client proposed
to leave on the steamer for the Sound, if
allowed to do so.

The Magistrate said that he could not
consent to any such arrangement.

Wm. Winslow testified that he drove
home on Saturday afternoon, and while
putting his horse in the stable he heard a
man's voice. Looked through the joints
of the boards, and saw the prisoner. Soon
afterwards I heard a child cry; went
round and looked over a fence and saw
the prisoner with the child now in Court.
Witness described the position of the

Daily Cultural Columnist Sept 8, 1878

One of his feet was amputated last week,
and his wounds are healing.

Trolling for Salmon has become a fash-
ionable amusement at Seattle. Large
numbers of very fine fish are taken in this
way.

The officers of the U. S. S. Saranac
were entertained at the Pavilion by the
Seattleites on Wednesday evening. It
was the intention to present Capt. Phelps
with a testimonial of the esteem of the
citizens, on Monday, in recognition of
his services at Seattle during the Indian
war, in 1856.

The Seattle *Intelligencer* refers in terms
of the highest praise to the singing of
Madame Stevenson, who had appeared at
the Pavilion.

A contemporary says, Mr. E. T. Dodge
(La Conner) has shipped the second load
of grain of this season's crop by steamer
J. B. Libby for Seattle and Olympia, and
has over 7,000 bushels more on hand.

A man named Watts Cilly, a native of
East Machies, Maine, dropped dead at a
logging camp near Tulalip yesterday
morning.

Mr. Geo. A. Woolner of Seattle has
been tendered the position of Deputy
Collector of Internal Revenue, to reside
at Walla Walla.

The Methodist Conference of Oregon
and Washington Territory met at Olym-
pia on Wednesday. About one hundred
clergymen were present. Bishop Peck
presided.

The ship Elizabeth Kimball, Albert W.
Keller, master, sailed from Port Gamble
about the 28th of February last, bound
for Inquiqui, Peru, and has not since
been heard from. It is feared that she is
lost though hopes are entertained that
the crew will yet be heard from. Captain
Keller is the last of three sons of Captain
G. D. Keller, now residing on White
river, and brother of Mrs. E. T. Munson,
wife of the publisher of this paper. The
other two brothers were lost at sea.
Capt. Keller's wife, our youngest sister,
was with him. Surely, dangers encom-
pass those who "go down to the sea in
ships." *Echo.*

A TERRIBLE FIGHT occurred at Burrard
Inlet on Sunday between the crews
of two ships loading at Moody, Deitz &
Nelson's Mills. The mate of one of the
ships was attacked and brutally beaten
with staves. Revolvers and knives were
drawn, and but for the personal efforts of
Mr. S. P. Moody murder would have re-
sulted. The mate jumped overboard to
escape his assailants and swam to his ship.
The people at the Inlet are loud in their
denunciation of the Local Government
for leaving them unprotected by a suffi-
cient police force.

St. Paul's Footwear

POLLING DIVISION No. 5.

- 14813 Chamberlin, Hannah, 451 Superior street, married woman.
 14814 Chambers, Walter Scott, 74 Wellington avenue, retired.
 14815 Champlain, Kate, 104 Menzies street, seamstress.
 14816 Chaney, Ernest Thomas, 149 Medina street, compositor.
 14817 Chaney, Gertrude Eliza, 149 Medina street, married woman.
 14818 Chapin, Violet Marion, suite 9, "Allandale Apts.," housewife.
 14819 Chapman, Alice, 67 Menzies street, married woman.
 14820 Chapman, Ellen Jane, 61 Oswego street, spinster.
 14821 Chapman, Isabel, 61 Oswego street, stenographer.
 14822 Chapman, John Howard Arthur, 67 Menzies street, photographer.
 14823 Chapman, Richard, 61 Oswego street, labourer.
 14824 Charlesworth, Harry, 628 Battery street, general secretary. P120VL
 14825 Charlesworth, Mabel Nellie, 628 Battery street, housewife.
 14826 Charlewood, Charles Benjamin, 516 Rupert street, retired.
 14827 Charlewood, Pamela Elizabeth Blackwood, 516 Rupert street, housewife.
 14828 Charlton, Arthur Charles, 157 Wellington avenue, inspector of post offices.
 14829 Charlton, Linda, 157 Wellington avenue, housewife.
 14830 Charlton, Mabel Alma, 157 Wellington avenue, clerk.
 14831 Chatters, Ernest Stanleigh, P.W.D. Dredge Ajax, scowman.
 14832 Cheesebrough, John Graham, 1480 Dallas road, ship fitters' helper.
 14833 Cheney, Annie, 58 South Turner street, housewife.
 14834 Cheney, Thomas Arthur, 58 South Turner street, marker.
 14835 Chester, Helen Barbara, 5 "Linden Apts.," housewife.
 14836 Chester, Thomas Edward, 5 "Linden Apts.," accountant.
 14837 Chesworth, Arthur, 66 Lewis street, motorman.
 14838 Chesworth, Thomasina, 66 Lewis street, housewife.
 14839 Chetham, Leonard Dickinson, "Glenshiel Inn," ticket agent.
 14840 Child, Beatrice Monica, 602 Battery street, spinster.
 14841 Child, Beryl, 602 Battery street, stenographer.
 14842 Child, Eleanor Constance, 522 Simcoe street, housewife.
 14843 Child, Sydney, 522 Simcoe street, barrister.
 14844 Chilton, Angus Everett, 409 Superior street, auto owner.
 14845 Chirnside, Mabel Dyson, 414 Helmcken street, housewife.
 14846 Chirnside, William, 414 Helmcken street, tailor.
 14847 Choate, Jessie Maria, 1143 Leonard street, bookkeeper.
 14848 Choate, Sarah Augusta, 1143 Leonard street, housewife.
 14849 Chrimes, Chrishance, 562 Toronto street, housewife.
 14850 Chrimes, John William, 562 Toronto street, holderon.
 14851 Christensen, James, 224 Kingston street, pilot.
 14852 Christian, Florence Louisa, 417 Parry street, housewife.
 14853 Christian, Gladys Maud, 521 Superior street, housewife.
 14854 Christie, Alexander, 410 Superior street, waiter.
 14855 Christie, Alexander Forbes, 410 Superior street, clerk.
 14856 Christie, Annie, 410 Superior street, married woman.
 14857 Christie, George McHardy, 147½ Menzies street, engineer.
 14858 Christie, Jessie Mary, 69 Moss street, housewife.
 14859 Christie, Martina, 410 Superior street, housewife.
 14860 Christie, William Henry, 1117 Chapman street, boat builder.
 14861 Christopher, Marion Elizabeth, 1148 Chapman street, housewife.
 14862 Chungranes, Constantine Demetrius, 655 Toronto street, manager.
 14863 Chungranes, John Vigelius, 503 Government street, clerk.
 14864 Church, Emily E., 46 Douglas street, widow.
 14865 Church, William John Victor, 46 Douglas street, clerk.
 14866 Churchill, Robert, 190 Joseph street, salesman.
 14867 Clapham, Sarah Ellen, Empress hotel, lady attendant.
 14868 Clapp, Wilfred Norman, 801 Collinson street, salesman.
 14869 Clare, George Richard, 316 Simcoe street, police constable.
 14870 Clare, Hannah, 316 Simcoe street, housewife.
 14871 Clark, Alice Marion Margaret, 214 Government street, housewife.
 14872 Clark, Catherine Maclaurin, 1326 Bond street, housewife.
 14873 Clark, Gladys Mary, 1118 Chapman street, housewife.
 14874 Clark, Harry, 334 Michigan street, butcher.
 14875 Clark, Harry, 214 Government street, chauffeur.
 14876 Clark, Henry Bourne, 868 Humboldt street, electrician.

T Jan 1/27 P. 20

DIED

PORTER—On December 30, 1926, there passed away at his residence, 62 Government Street, James Porter, aged seventy-five years. Born at Lane- ford, H. C., the late Mr. Porter was a resident of this city for the past fifty years, and was a member of the Columbia Lodge, No. 2, I. O. O. F. He leaves to mourn his loss besides his widow, two sisters, Mrs. Mary A. Cooper at Luxton, H. C., and Mrs. Sarah H. Sandwith of San Juan Island, Washington.

The remains are reposing at Hayward's H. C. Funeral Chapel, from where the funeral will take place on Monday afternoon at 2 o'clock. Rev. F. A. P. Chadwick will officiate. Interment will be made in Royal Oak Burial Park.

6028 Battery

Form 6

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

Reg. No. (Office use only)

7332

1. PLACE OF DEATH
Name of city or place Vancouver Name of Municipality (if any) _____
Street or road West 35th Ave House No. 3726
(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 18 years In Province 32 years In Canada (if immigrant) 32 years
(in years, months and days)

3. PRINT FULL NAME OF DECEASED CHARLES WORTH HARRY
(Surname or last name) (Given or Christian names)

4. PERMANENT RESIDENCE OF DECEASED:
Name of city or place Vancouver Name of Municipality (if any) _____
Street or road West 35th Ave House No. 3726

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

10. Date of Birth April 10 1884 11. AGE 60 Years 5 Months 24 Days If less than one day hrs. or min.

12. (a) Trade, profession or kind of work as spinner, grader, clerk, etc. or business, bank, etc. Secretary B.C. Teachers Federation
(If labourer specify kind of work above)

14. Total years spent in this occupation _____

15. (a) Name of wife of deceased Mabel N. Dickenson
(Surname or last name) (Given or Christian names)
(b) Name of father John
(Surname or last name) (Given or Christian names)
(c) Name of mother Adeline
(Surname or last name) (Given or Christian names)
(d) Province or Country of birth of mother England (Province or Country)

16. I hereby certify and correct to the best of my knowledge and belief.
I died at Vancouver this 4 day of Oct. 1944
Signed at Mabel N. Charlesworth Relationship to deceased Wife

Address 3726 - W-35th Ave Vancouver

RECORD.
Should be used as descriptive of a person of another country.
In, Scottish, French, German, or other NATIONALITY.

DEATHS 6028 Battery Province

CHARLES WORTH — On Oct. 4, 1944, Harry Charlesworth of 3726 W. 35th, aged 60 years. General secretary of B.C. Teachers' Federation. Survived by his loving wife, 2 sons, Barrie and Douglas, city; also relatives in England. Funeral Sat., Oct. 7, at 3 p.m. from St. Mary's Anglican Church, 37th and Larch, Rev. Lieut.-Colonel C. C. Owen, D.D., officiating. Interment Ocean View Burial Park. T. Edwards Co., funeral directors.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK.
CITIZENSHIP (NATIONALITY) is defined in terms of the country to which the person owes allegiance or to which he claims the right of citizenship in Canada, unless he is a person who was born in Canada or who has rights of citizenship in Canada, unless he is a person who was born in another country.
RACIAL ORIGIN is defined in terms of the people or race to which the person—traced through his father's side—belongs, whether "Canadian", "American", "Russian", "Ukrainian", etc. The terms "Canadian" or "American" should not be used for RACIAL ORIGIN.

20. Burial, Cremation or Removal Buried Date Oct 7 1944
Place of Burial Burnaby Cemetery Ocean View Burial Park

21. Undertaker THE T. EDWARDS CO. 10TH & GRANVILLE. Address 10th and Granville St Vancouver

22. Marginal Notations (Office use only)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH October 4 1944
(Month by name) (Day) (Year)

24. I HEREBY CERTIFY that I attended deceased from September 25 1944 and last saw him alive on Sept 24 1944
to October 4 1944

I CAUSE OF DEATH DURATION
Immediate cause (a) Coronary Thrombosis due to acute
World conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b) Hypertensive Heart due to 12 years
(c) _____

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

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

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

27. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide? _____ Date of injury _____ 19____
Manner of injury _____ (How sustained)
Nature of injury _____
Specify whether injury occurred in industry, in home or in public place _____

Signed by [Signature] Designation M.P. M.D., Coroner, etc.
Address _____ Date Oct 5 1944

28. I hereby certify that the above return was made to me at Vancouver, B.C.
Dated October 5 1944 [Signature] (District Registrar)
District Registration No. 2704

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

628 Battery

61-09-013718

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

REGISTRATION OF DEATH

1. PLACE OF DEATH

Name of city or place North Vancouver, B.C. Name of Municipality (if any) North Vancouver
(If outside city or municipal limits add "Rural")
Street or road Lions Gate Hospital House No. 4441
(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)

In Municipality where death occurred 4 months In Province 49 years In Canada (if immigrant) 49 years

3. PRINT FULL NAME OF DECEASED

CHARLESWORTH, MABEL NELLIE
(Surname or family name) (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED:

Name of city or place West Vancouver, B.C. Name of Municipality (if any) West Vancouver
(If outside city or municipal limits add "Rural")
Street or road Piccadilly North House No. 4441

5. SEX

6. CITIZENSHIP

7. RACIAL GROUP
(See marginal note)

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

9. BIRTHPLACE:
(City or Place and Province or Country)

8628 Battery DEATHS Province

CHARLESWORTH—On December 2, 1961, in hospital, Mabel Nellie Charlesworth, of 4441 Piccadilly, North West Vancouver, in her 73rd year, widow of the late Harry Charlesworth. Survived by 1 son, F. H. B. Charlesworth, 4 grandchildren, 1 sister in England. Funeral service Tuesday, December 5, at 2 p.m. in the St. Phillips Anglican Church, 27th Ave. and Dunbar, Rev. A. H. Cummings officiating. Interment in the family plot, Ocean View Burial Park. T. Edwards Company funeral directors.

White Widowed England

11. AGE (Last Birthday) 72
(Year) (YEARS) MONTHS DAYS HOURS MIN.

Place of death at home

14. Total years spent in this occupation

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

Name of father Harry Charlesworth

Name of mother not known

Name of father (All given or Christian names)

Name of mother (All given or Christian names)

Place of birth (City or Place and Province or Country)

Signature and correct to the best of my knowledge and belief.

VANCOUVER, B.C. this 3 day of December 1961

Signature of informant [Signature] Relationship to deceased Son

Address of informant 4441 Piccadilly North, West Vancouver, B.C.

20. Burial, Cremation or Removal

Place of Burial Burnaby, B.C. Date December 5 1961
(Site which) (Month by name) (Date) (Year)

21. Undertaker:

Name THE T. EDWARDS CO. LTD. Address VANCOUVER, B.C.
(Municipality or City) (Municipality or City) (Province or State)

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH December 2nd 1961
(Month by name) (Date) (Year)

23. I HEREBY CERTIFY that I attended deceased from Dec 1st 1961 to Dec 2nd 1961, and last saw him alive on Dec 2nd 1961.

CAUSE OF DEATH
Disease or condition directly leading to death (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.)
Antecedent causes Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.
Other significant conditions contributing to the death, but not related to the disease or condition causing it.

57. Oedema lung failure
(a) due to (or as a consequence of) pericarditis of liver
(b) due to (or as a consequence of) pericarditis of liver
(c) unknown

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

25. (a) Was there a recent surgical operation? No (b) Date of operation 1961
(c) State findings of operation (d) Was there an autopsy?

26. If a violent death, fill in also: (a) Accident ; Suicide ; Homicide (b) Date of injury 1961
(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., Coroner, etc.
Address [Address] Date Dec 6 1961

28. Print name of M.D., Coroner, etc., whose signature appears above L. B. JANZ

29. Notations

30. I hereby certify that the above return was made to me at West Vancouver, B.C. DEC 8 1961

Dated 1961 District Registration No. 287 [Signature]
(Signature of District Registrar)

is descriptive of country, as traced

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFAD CITIZENSHIP (NATIONALITY) is defined in terms of the country to which the person owes of a person who was born in Canada or who has rights of Citizenship in Canada, unless he RACIAL GROUP: For purposes of this registration it is necessary to specify only to which through the father—White, native Indian, Negro, Chinese, Japanese, or other.

DO NOT WRITE BELOW THIS LINE OFFICE USE ONLY

CHARLESWORTH HOUSE, 1912
628 BATTERY ST.

Harry and Mabel Charlesworth were married in Greve, England in 1912 and left for Australia via Canada. They got as far as Victoria and decided to go no further, ^{then} moving into this new house in 1913, ~~for~~ having paid \$6,000 for it. Mr. Charlesworth was a teacher and became Principal ~~of George Jay School~~. In 1926 he became first General Secretary of the BC Teachers' Federation and the family moved to Vancouver.

of Oaklands School, ~~then~~ and later George Jay School.

by Githson Studios

These portraits of the Charlesworths were given as Christmas gifts in 1916 and 1917 to the Burnett family on Niagara Street. The Charlesworths ~~Burnetts~~ were two musical families, Mr. Charlesworth being organist at First Presbyterian Church (now United) and Mr. G. J. Burnett at St. John's Anglican Church.

VICTORIA, B.C. 1917



Harry Charlesworth [Principal of
Oaklands School 1914, then George Jay
1915. Lived at 628 Battery from 1914-
1926. In 1920 became General Secretary
of the B.C. Teacher's Federation.] //
Gibson

1 photograph: b&w(sepia; 19.9x12.2 cm.
Mounted on gold bevelled cardboard
20.4 x 12.8 cm. - -

Loaned

1 copy neg: b&w; 7.4 x 6.15 cm. - -
[V.C.A. 1985 Sept. / HH]

cont'd

628 Battery
14109

VITAL STATISTICS ACT.

SCHEDULE F.—Marriage Certificate.

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

No.	
Name and surname of bridegroom	<u>Frank William Briers</u>
Age.	<u>20</u>
Condition, bachelor or widower.	<u>B</u>
Rank or profession.	<u>Fireman</u>
Residence	<u>Victoria</u>
Place of birth.	<u>London England</u>
Name and surname of father.	<u>Frank Briers</u>
Name and maiden surname of mother.	<u>Fottie Nye</u>
Rank or profession of father.	<u>Fruitlerer</u>
Religious denomination of bridegroom.	<u>Anglican</u>
Name and surname of bride.	<u>Margaret Christina Morrison</u>
Age.	<u>21</u>
Condition, spinster or widow.	<u>S</u>
Rank or profession.	<u>Waitress</u>
Residence.	<u>Victoria</u>
Place of birth.	<u>Prince Edward Island</u>
Name and surname of father.	<u>Lachlan Morrison</u>
Name and maiden surname of mother.	<u>Christina Gillies</u>
Rank or profession of father.	<u>Farmer</u>
Religious denomination of bride.	<u>Presbyterian</u>
Date of marriage.	<u>Apr 8th 1918</u>

RECEIVED
APR 11 1918
REGISTRAR B. D. & M.
VICTORIA, B. C.

Married at 2540 Fernwood Ave, B.C., according to the rites and ceremonies of the Presbyterian Church by Rever

No. 60482

This marriage was solemnized between us

Frank William Briers
Margaret Christina Morrison

In the presence of Arthur Hilda Briers
James R

(Signature of Minister or Clergyman) Robt M. Leister

628 Battery

51/18
Reg. No. (Office use only)
60-09-003432

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 or place (If outside city or municipal limits add "Rural") Name of Municipality (if any)
Street or road House No.

2. LENGTH OF STAY
(in years, months and days) In Municipality where death occurred In Province In Canada (if immigrant)
45 years 45 years 45 years

3. PRINT FULL NAME OF DECEASED
4. PERMANENT RESIDENCE OF DECEASED:
Name of city or place (If outside city or municipal limits add "Rural") Name of Municipality (if any)
Street or road House No.

5. SEX Male
6. CITIZENSHIP Canadian
7. RACIAL GROUP English
8. Single, Married, Widowed or Divorced Married
9. BIRTHPLACE: (City or Place and Province or Country) London, England

10. Date of Birth December 1st 1917
11. AGE (Last Birthday) 49
if under 1 year if under 1 month if under 24 hours if under 1 hour

12. (a) Trade, profession or kind of work as logger, fisherman, office clerk, etc. Retired Victoria Fire Chief
(b) Kind of industry or business, as logging, fishing, bank, etc.
13. Date deceased last worked Dec. 1917
14. Total years spent in this occupation 41 years

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

16. Name of father Briers
17. Maiden name of mother M.K.
18. Birthplace - Father England Mother England
19. I certify the foregoing to be true and correct to the best of my knowledge and belief.

Given under my hand at Victoria, B.C., this 7th day of March 1960
Signature of informant Walter Briers Relationship to deceased Son
Address of informant 628 Battery St. Victoria, B.C.

20. Burial, Cremation or Removal Burial Date March 9th 1960
Place of Burial or Cremation Seaside Cemetery Name of Cemetery Royal Oak Burial Park
21. Undertaker - Seaside Mortuary Limited Address Victoria, B.C.

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH March 5th 1960

23. I HEREBY CERTIFY that I attended deceased from home on Sunday, March 5th 1960 to the hospital where he died last saw him alive on Sunday, March 5th 1960

CAUSE OF DEATH
Disease or condition directly leading to death (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury, or complication which caused death.)
Antecedent causes Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.
Other significant conditions contributing to the death, but not related to the disease or condition causing it.

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
(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
(c) How did injury occur?
(d) Injuries sustained?
(e) Where did injury occur? (house, farm, industrial place, highway, etc.)

27. Signed by Doctor C. Hart Designation Coroner, M.D., Coroner, etc.
Address Victoria Date March 8 1960

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

30. I hereby certify that the above return was made to me at VICTORIA, B. C.
Dated MAR 10 1960
District Registration No. 418
(Signature of District Registrar)

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
CITIZENSHIP (NATIONALITY) is defined in terms of the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of a person who was born in Canada or who has rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country.
RACIAL GROUP: For purposes of this registration it is necessary to specify only to which of the following broad racial groups the person belongs, as traced through the father: - White, native Indian, Negro, Chinese, Japanese, or other.

DO NOT WRITE BELOW THIS LINE OFFICE USE ONLY

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

REGISTRATION OF
DEATH

Registration No.
(Department use only)

82-09-019020

628 Battery

033

1. Surname of deceased (print or type) Briers		2. SEX Female	
NAME OF DECEASED All given names in full (print or type) Margaret Christina		3. Name of hospital or institution (otherwise give exact location where death occurred) Glengarry Hospital	
PLACE OF DEATH City, town or other place (by name) Victoria, B. C.		Postal Code V8S 1G7	Inside municipal limits? (State Yes or No) Yes
4. Complete street address: If rural give exact location (not Post Office or Rural Route address) 1780 Fairfield Road			
USUAL RESIDENCE City, town or other place (by name) Victoria		Postal Code V8S 1G7	Province (or country) B. C.
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 Frank William Briers	
7. Kind of work done during most of working life Housewife		8. Kind of business or industry in which worked	
OCCUPATION			
9. Month (by name), day, year of birth September 17, 1896		10. AGE (years) 86 If under 1 year: (Months) (Days) (Hours) (Minutes) If under 1 day:	
BIRTHDATE			
11. City or place Flat River, Prince Edward Island		12. Native Indian? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If "yes" state name of band	
BIRTHPLACE			
13. Surname and given names of father (print or type) Morrison Lauchlin		14. BIRTHPLACE - City or place, Province (or country) Prince Edward Island	
FATHER			
15. Maiden surname and given names of mother (print or type) Gillies Christina		16. BIRTHPLACE - City or place, Province (or country) Prince Edward Island	
MOTHER			
17. Signature of informant <i>X Edith Isabelle Margaret O'Connell</i>		18. Relationship to deceased Daughter	
INFORMANT			
19. Address of informant 209-1537 Belchior Ave Victoria V8R 4N2		20. Date signed - Month, day, year Nov. 25 1982	
DISPOSITION			
21. Burial, cremation or other disposition (specify) Burial		22. Date of burial or disposition (month, day, year) November 30, 1982	
23. Name and address of cemetery, crematorium or place of disposition Royal Oak Burial Park, Saanich, B. C.		FUNERAL DIRECTOR Sands Mortuary Limited, 1803 Quadra Street, Victoria, B. C.	

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.

DATE OF DEATH November 24, 1982		Approx. interval between onset & death	
26. Part I Immediate cause of death (a) Cerebral vascular accident (I.H.T.) 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) _____ (c) _____		Part II Other significant conditions contributing to the death but not causally related to the immediate cause (a) above Arteriosclerosis Hypertension	
CAUSE OF DEATH			
27. Autopsy being held? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		28. Does the cause of death stated above take account of autopsy findings? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
AUTOPSY PARTICULARS			
30. If accident, suicide, homicide or undetermined (specify)		31. Place of injury (e.g. home, farm, highway, etc.)	
ACCIDENT OR VIOLENCE (If applicable)			
33. How did injury occur? (describe circumstances)		32. Date of injury (Month (by name), day, year)	
SURGICAL OPERATION			
34. If there was a recent surgical operation give date of operation		35. State operative findings	
36. I certify that to the best of my knowledge and belief the above-named person died on the date and from the causes stated herein: X		Signature (attending physician, coroner, etc.) D. C. Fishburne Attending physician <input checked="" type="checkbox"/> Physician examining body after death <input type="checkbox"/> Coroner <input type="checkbox"/>	
CERTIFICATION (attending physician, coroner, etc.)			
37. Name of physician or coroner (print or type) D. C. Fishburne		Address 2241 St. McKenzie	
		Date: Month, day, year Nov 30/82	

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

Notations:

I certify this return was accepted by me on this date at - VICTORIA, B. C.		B C	
CERTIFICATION OF DISTRICT REGISTRAR		Date: Month (by name), day, year DEC - 7 1982	
District Registration No.		Signature of District Registrar DEPUTY <i>D. Scott</i>	

628 Battery

15-09-181379

31970 ✓

VITAL STATISTICS ACT.

SCHEDULE F.—Marriage Certificate.

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

No.	19
Name and surname of bridegroom.	Colin Kenneth MacKenzie
Age.	24
Condition, bachelor or widower.	B
Rank or profession.	Army
Residence.	Victoria B.C.
Place of birth.	Victoria B.C.
Name and surname of father.	James R MacKenzie
Name and maiden surname of mother.	Irmy Shields
Rank or profession of father.	Whitelight
Religious denomination of bridegroom.	Pres
Name and surname of bride.	Estella Etta Sharpe
Age.	25
Condition, spinster or widow.	S.
Rank or profession.	Stenographer
Residence.	Vancouver
Place of birth.	Sumas Wash
Name and surname of father.	William Sharpe
Name and maiden surname of mother.	Helin Lee Hopkins
Rank or profession of father.	Farmer.
Religious denomination of bride.	Pres
Date of marriage.	July 17 1915

Married at 437 Seymour Ave. Vancouver B.C., according to the rites and ceremonies of Presbyterian Church by + Rev. J. C. ...

No. 51610

This marriage was solemnized between us

Colin Kenneth MacKenzie
Estella Etta Sharpe

In the presence of

Wm John Service
John James Service
Robert ...

(Signature of Minister or Clergyman)

* Enter place and situation.
† Banns or licence—give No. of licence.
7,500, 6, 14.

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

REGISTRATION OF
DEATH

Registration No.
(Department use only)

74-09-007387

608 Battery

NAME OF DECEASED	1. Surname of deceased (print or type) MACKENZIE		
	All given names in full (print or type) Colin Kenneth		2. SEX Male
PLACE OF DEATH	3. Name of hospital or institution (otherwise give exact location where death occurred) Saanich Extended Care 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) Sidney B.C.		
	City, town or other place (by name) 101-03-3rd St. Sidney B.C.		Province (or country) B.C.
MARRIAGE 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 Estella Lottie	
	7. Kind of work done during most of working life Policeman		
OCCUPATION	8. Kind of business or industry in which worked B.C. Police		
	9. Month (by name), day, year of birth April 6 1891	10. AGE (years) 83	If under 1 year (Months) (Days) (Hours) (Minutes)
BIRTHDATE	11. City or place Province (or country) of birth Victoria B.C.		
	12. Native Indian? Yes No If "yes" state name of band <input type="checkbox"/> <input checked="" type="checkbox"/>		
FATHER	13. Surname and given names of father (print or type) James Robert Mackenzie		14. BIRTHPLACE - City or place, Province (or country) Nova Scotia
	15. Maiden surname and given names of mother (print or type) Unknown		16. BIRTHPLACE - City or place, Province (or country) Unknown
MOTHER	17. Signature of informant <i>X Mrs Helen Hunter</i>		
	18. Relationship to deceased Daughter		19. Address of informant 374 Spanton Road Victoria B.C.
DISPOSITION	20. Date of death - Month, day, year May 13 1974		21. Burial, cremation or other disposition (specify) Cremation
	22. Date of burial or disposition (month, day, year) May 14 1974		
FUNERAL DIRECTOR	23. Name and address of cemetery, crematorium or place of disposition Royal Oak Crematorium, Victoria, B.C.		
	24. Name and address of funeral director (or person in charge of remains) (print or type) Hayward's Funeral Chapel		

See Reverse for Instructions
IMPORTANT: Any change or correction made in the completion of this form must be initialed by the person certifying the original information.

MEDICAL CERTIFICATE OF DEATH			
DATE OF DEATH	25. Month (by name), day, year of death May 11 1974		Approx. interval between onset & death
CAUSE OF DEATH	26. Part I 185 X Immediate cause of death CARCINOMA PROSTATE		2 YEAR
	(a) due to, or as a consequence of		
	(b) due to, or as a consequence of		
AUTOPSY PARTICULARS	27. Autopsy being held? Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>		28. Does the cause of death stated above take account of autopsy findings? Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>
	29. May further information relating to the cause of death be available later? Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>		
ACCIDENT OR VIOLENCE (if applicable)	30. If accident, suicide, homicide or undetermined (specify)		31. Place of injury (e.g. home, farm, highway, etc.)
	32. Date of injury (Month, day, year)		
SURGICAL OPERATION	33. How did injury occur? (Describe circumstances)		
	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: <i>X</i> <i>James M. Moffoot</i> Signature (attending physician, coroner, etc.) Attending physician <input checked="" type="checkbox"/> Physician examining body after death <input type="checkbox"/> Coroner <input type="checkbox"/>		
	37. Name of physician or coroner (print or type) A. G. MOFFOOT Address Sidney		Date: Month, day, year 13/5/74

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

Notations:

I certify this return was accepted by me on this date at - **VICTORIA, B. C.**

District Registration No. **892**

Date: Month (by name), day, year **MAY 15 1974**

Signature of District Registrar *W. Andrew*

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

Reg. No. (Office use only)

73-09-004391

628 Battery

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.

1. PLACE OF DEATH

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

Street or road St Marys Priory 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)

In Municipality where death occurred 60yrs in Province 00yrs in Canada (if immigrant) 60yrs

3. PRINT FULL NAME OF DECEASED Mackenzie Estella Lottie
(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.
(If outside city or municipal limits add "Rural")

Street or road Stewart Ave House No. 291

5. SEX female 6. CITIZENSHIP canadian 7. RACIAL ORIGIN white 8. Single, Married, Widowed or Divorced married 9. BIRTHPLACE Sumas Washington
(See marginal note) (Write the word)

10. Date of Birth March 9th 1890 11. AGE (Last Birthday) 83
(Month by name) (Date) (Year) YEARS MONTHS DAYS HOURS MIN.

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

13. Date deceased last worked at this occupation _____ 14. Total years spent in this occupation _____

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

16. Name of father Sharpe UK
(Surname) (All given or Christian names)

17. Maiden name of mother UK UK
(Surname) (All given or Christian names)

18. Birthplace - U.S.A. U.S.A.
Father (City or Place and Province or Country) Mother (City or Place and Province or Country)

19. I certify the foregoing to be true and correct to the best of my knowledge and belief.
Given under my hand at Victoria this 9th day of March 19 73

Signature of informant Sherrill-Hope Relationship to deceased son-in-law
(Married woman not to use Husband's initials or given names)
Address of informant 291 Stewart Ave Victoria, B.C.
(House No.) (Name of Street) (Name of City, Municipality or Place) (Province)

20. Burial, Cremation or Removal Burial Date March 14th 1973
Place of Burial or Cremation Saanich Name of Cemetery Royal Oak Burial Park
(Municipality, etc., where Cemetery located)

21. Undertaker: Haywards Funeral Chapel Address 734 Broughton St
Name (Name of City, Municipality or Place) (Province)

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH March 9th 1973
(Month by name) (Date) (Year)

23. I HEREBY CERTIFY that I attended deceased from May 1967 to March 1973 and last saw her alive on July 1973

CAUSE OF 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.)
Antecedent causes Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.
Other significant conditions contributing to the death, but not related to the disease or condition causing it.
H409
General arteriosclerosis
due to (or as a consequence of)
broncho pneumonia
due to (or as a consequence of)
Parkinson's disease
Approximate interval between onset and death 4 yrs
3 days

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? _____

27. Signed by JAMES A. FOWLER Designation M.B. LL.B. M.D. or Coroner.
Address 214-175 Cook St. VICTORIA B.C. Date March 12 1973

28. Print name of Doctor or Coroner, whose signature appears above JAMES A. FOWLER

29. Notations _____

30. I hereby certify that the above return was made to me at VICTORIA, B. C.
Dated Mar 21 1973

District Registration No. 654 H. Anderson
(Signature of District Registrar)

(SEE REVERSE SIDE FOR INSTRUCTIONS)

DO NOT WRITE BELOW THIS LINE OFFICE USE ONLY

963

628 Battery

81819

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

FORM 2.

PROVINCE OF BRITISH COLUMBIA

24-09-269319

CERTIFICATE OF REGISTRATION OF MARRIAGE

REGISTERED Number 7-7-211 (For use of Registrar of Vital Statistics.)

City, Town or District Municipality

BRIDEGROOM

- 1. Full name Ferris Clarence Richard Douglas (Surname) (Given name)
2. Occupation Clerk
3. Bachelor, Widower or Divorced Bachelor
4. Age 25/9 5. Religious Denomination C of C
6. Residence 1025 Yates St Victoria B.C.
7. Place of birth Victoria B.C.
8. Name of father Richard Mansup
9. Place of birth of father Jersey Island U.K.
10. Maiden name of mother Fernie Maude Levinson
11. Place of birth of mother New Westminster B.C.
12. Can bridegroom read? Yes Write? Yes

BRIDE

- 13. Full name Welch Violet Francis (Surname) (Given name)
14. Occupation Clerk
15. Spinster, Widow or Divorced Spinster
16. Age 25/3 17. Religious Denomination C of C
18. Residence 1413 Medina St Victoria B.C.
19. Place of birth Winnipeg Man
20. Name of father Thomas Welch
21. Place of birth of father Bridport Dorset U.K.
22. Maiden name of mother Cooke Ellen Jane
23. Place of birth of mother Bromleyhurst - Staffordshire U.K.
24. Can bride read? Yes Write? Yes

25. When married 26th day of September 1927 (Month) (Year)

26. Place of marriage St John's Church Victoria (Name of church or clergyman's residence or location of dwelling house)

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

28. Signature of Groom and Bride

29. Witnesses Name and Address: L. M. E. Welch, 1413 Medina St, Victoria B.C.

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

Clergyman Signature, Address, Religious Denomination

Registered Number, Filed at this office, day of

REGISTRAR, B. D. & M.

(SEE OTHER SIDE) VICTORIA B. C.

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

628 Battery

66-07-012146

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 Saanich, B.C.
(If outside city or municipal limits add "Rural")

Street or road Veterans' Hospital (If outside city or municipal limits add "Rural")
House No. 9620

2. LENGTH OF STAY
(In years, months and days)
In Municipality where death occurred 7 days
In Province 67
In Canada (if immigrant) 67

3. PRINT FULL NAME OF DECEASED FERRIS Clarence Richard Douglas
(All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED
Name of city, village, town, district municipality or place West Saanich, B.C. (R.R. 2 Sidney, B.C.)
(If outside city or municipal limits add "Rural")
Street or road West Saanich Road House No. 9620

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

11. AGE (Last Birthday) 67
If under 1 year: MONTHS 5 DAYS 19
If under 1 month: HOURS 66 MIN. 19

Trade, profession or kind of work as logger, fisherman, office clerk, etc. ret. Commissionaire
Kind of industry of business, logging, fishing, bank, etc. (If labourer specify kind of work above) (If Housewife in own home answer "At Home")

14. Total years spent in this occupation 9 years
deceased last worked in his occupation 1964

15. Name of spouse (All given or Christian names)
Name of father Ferris (Surname) Unknown
Name of mother Unknown (Surname) Unknown
Place of birth Unknown (City or Place and Province or Country) Unknown
Relationship to deceased Son

16. Date of death October 5th 1966
under my hand at Victoria, B.C. this 5th day of October 1966

17. Signature of informant S. P. H. Ferris (Municipality, etc., where Cemetery located) Victoria, B.C.
Address 3906 Douglas Street, Saanich, B.C. (Province) Victoria, B.C.

18. Date of death October 5th 1966
to October 5th 1966, and last saw him alive on October 4th 1966

19. Cause of death
(a) Myocardial Infarction due to (or as a consequence of) Arteriosclerosis
(b) Refractory Atrial Fibrillation due to (or as a consequence of) Arteriosclerosis
(c) None

20. If a woman, did the death occur either during pregnancy or within 90 days following pregnancy? Yes
21. (a) Was there a recent surgical operation? Yes (b) Date of operation Sept. 29 1966
(c) State findings Removal of gallbladder (d) Was there an autopsy? Yes

22. If a violent death, fill in also: (a) Accident ; Suicide ; Homicide (b) Date of injury 1966
(c) How did injury occur?
(d) Injuries sustained?
(e) Where did injury occur? (home, farm, industrial place, highway, etc.)

23. Signed by G. F. Homer Designation M.D. M.D. or Coroner.
Address Veterans Hospital, Victoria, B.C. Date October 6th 1966

24. Print name of Doctor or Coroner, whose signature appears above G. F. HOMER, M.D., FRCS (Eng.)
25. Notations

26. I hereby certify that the above return was made to me at Victoria, B.C.
Dated October 6th 1966
District Registration No. 1029 (Signature of District Registrar)

27. I hereby certify that the above return was made to me at Victoria, B.C.
Dated October 6th 1966
District Registration No. 1029 (Signature of District Registrar)

28. I hereby certify that the above return was made to me at Victoria, B.C.
Dated October 6th 1966
District Registration No. 1029 (Signature of District Registrar)

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Dated October 6th 1966
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Dated October 6th 1966
District Registration No. 1029 (Signature of District Registrar)

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Dated October 6th 1966
District Registration No. 1029 (Signature of District Registrar)

32. I hereby certify that the above return was made to me at Victoria, B.C.
Dated October 6th 1966
District Registration No. 1029 (Signature of District Registrar)

33. I hereby certify that the above return was made to me at Victoria, B.C.
Dated October 6th 1966
District Registration No. 1029 (Signature of District Registrar)

34. I hereby certify that the above return was made to me at Victoria, B.C.
Dated October 6th 1966
District Registration No. 1029 (Signature of District Registrar)

35. I hereby certify that the above return was made to me at Victoria, B.C.
Dated October 6th 1966
District Registration No. 1029 (Signature of District Registrar)

36. I hereby certify that the above return was made to me at Victoria, B.C.
Dated October 6th 1966
District Registration No. 1029 (Signature of District Registrar)

37. I hereby certify that the above return was made to me at Victoria, B.C.
Dated October 6th 1966
District Registration No. 1029 (Signature of District Registrar)

628 Battery Colonel
5 DEATHS AND FUNERALS

FERRIS At the Veterans' Hospital on October 5, 1966. Mr. Clarence Richard Douglas Ferris, aged 67 years, a native son of Victoria, B.C.; late residence, 9620 West Saanich Road. He leaves his wife, Violet, 628 Battery Street; sons, Thomas Ferris, 3506 Douglas St. and Gordon Ferris, R.C.A.F., Namao, Alberta; his daughter, Mrs. W. R. (Ruth) Brain, Halifax, Nova Scotia; seven grandchildren. Mr. Ferris was a veteran of the First World War, and a member of the Royal Canadian Legion, Saanich Peninsula Branch No. 37, and the Army, Navy and Air Force Veterans of Sidney, B.C. Services will be held in the Sands Mortuary Limited, "Memorial Chapel of Chimes," Victoria, B.C. on Saturday, October 8, 1966, at 11:00 a.m. Padre Douglas Kendall officiating. Interment in the Halley Memorial Gardens. Flowers gratefully declined. Friends wishing may contribute to the Heart Fund, 630 View Street, Victoria, B.C.

IMPORTANT: Any change or correction made in the CITIZENSHIP (NATIONALITY) is defined in terms of the country of a person who was born in Canada or who has rights of Citizenship in Canada. - State the racial origin, traced through the German, etc. or in terms of one of the following:

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

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

REGISTRATION OF
DEATH

Registration No.
(Department use only)
83-09-009740

NOTE ALL ITEMS

1. Surname of deceased (print or type) FERRIS		2. SEX female	
NAME OF DECEASED All given names in full (print or type) Violet Frances			
3. Name of hospital or institution (otherwise give exact location where death occurred) Glengarry Hospital		Postal Code	Inside municipal limits? (State Yes or No) yes
PLACE OF DEATH City, town or other place (by name) Victoria, B.C.			
4. Complete street address: If rural give exact location (not Post Office or Rural Route address) 1780 Fairfield Rd.			
USUAL RESIDENCE City, town or other place (by name) Victoria		Postal Code	Province (or country) B.C.
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 Clarence Ferris	
MARITAL STATUS			
7. Kind of work done during most of working life home duties		8. Kind of business or industry in which worked	
OCCUPATION			
9. Month (by name), day, year of birth June 24, 1899		10. AGE (years) (Months) (Days) (Hours) (Minutes) 83	
BIRTHDATE			
11. City or place Province (or country) of birth Winnipeg, Manitoba		12. Native Indian? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If "yes" state name of band	
BIRTHPLACE			
13. Surname and given names of father (print or type) Welch Thomas		14. BIRTHPLACE - City or place, Province (or country) England	
FATHER			
15. Maiden surname and given names of mother (print or type)		16. BIRTHPLACE - City or place, Province (or country) England	
MOTHER			

628 Battery T-C June 21, 1983

FERRIS - On June 19, 1983, in Victoria, B.C., Violet Frances Ferris, born in Winnipeg, Manitoba, and a long-time resident of Victoria. Predeceased by her husband, Clarence in 1966, she is survived by her daughter, and son-in-law, Ruth, and Walter Brain, son, and daughter-in-law, Thomas and Doreen, and son, Gordon, all of Victoria; seven grandchildren; 10 great-grandchildren; brother, and his wife, Mr. and Mrs. J. P. T. Welch and brother-in-law, William Murray, of Victoria.

PRIVATE funeral service in the FAMILY CHAPEL of McCall Bros. on Wednesday, June 22, at 11:00 a.m. Interment at Hatley Memorial Gardens. (Flowers gratefully declined).

17. Signature of informant <i>Clarence D. Ferris</i>		18. Relationship to deceased son	
19. Address of informant Douglas St. Victoria, B.C.		20. Date signed - Month, day, year June 20/83	
21. Date of cremation or other disposition (specify) nil		22. Date of burial or disposition (month, day, year) June 22, 1983	
23. Name and address of cemetery, crematorium or place of disposition Hatley Memorial Gardens Colwood, B.C.		24. Name and address of funeral director (or person in charge of remains) (print or type) 1 Bros. Victoria, B.C.	

MEDICAL CERTIFICATE OF DEATH

(by name), day, year of death
19, 1983

Approx. interval between onset & death
> 5 YRS

Part I
cause of death **4280. CONGESTIVE HEART FAILURE**
due to, or as a consequence of

(a) **4280. CONGESTIVE HEART FAILURE**
due to, or as a consequence of

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

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

Part II
significant contributing cause (a) but not related to the cause (a) above
CEREBROVASCULAR ACCIDENT

Approx. interval between onset & death
2 WEEKS

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

THIS IS A

CERTIFICATION (attending physician, coroner, etc.)	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	
	36. I certify that to the best of my knowledge and belief the above-named person died on the date and from the causes stated herein: X R Donaldson Signature (attending physician, coroner, etc.) Attending physician <input checked="" type="checkbox"/> Physician examining body after death <input type="checkbox"/> Coroner <input type="checkbox"/>			
CERTIFICATION OF DISTRICT REGISTRAR	37. Name of physician or coroner (print or type) R. DONALDSON		Address 1710 RICHMOND AVE. VICTORIA	Date: Month, day, year JUNE 20/83

Notations:

I certify this return was accepted by me on this date at - **VICTORIA, B. C.**

District Registration No. **1162**

Date: Month (by name), day, year **JUN 28 1983**

Signature of District Registrar *N. Scott* **DEPUTY**