

## **18 Death Records for Students of Christie Indian Residential School**

**NB: Names are spelled as they appeared on the NCTR Memorial Register in 2021; the spelling on BC death records may differ.**

<https://nctr.ca/residential-schools/british-columbia/christie-tofino/>

AMOS, Agnes  
ANDREWS, Clara  
CAMPBELL, Thomas  
GEORGE, Alice  
JOHNSON, George  
JOHNSON, Rose  
JOSEPH, Stanley  
LUCAS, Jessie  
MANSON, Joan  
MARSHALL, Catherine  
McLEAN, Samson  
MICHAEL, Pearl  
SYE, Anderson  
THOMAS, Lorena  
TOM, Andrew  
TOM, Moses  
VINCENT, Mary  
WILLIAMS, Cecil

DOMINION OF CANADA  
REGISTRATION OF DEATH OF AN INDIAN  
(WITHIN THE MEANING OF THE "INDIAN ACT" OF CANADA)

AREA No. 5B  
1035489

For use of Provincial Office only

Province British Columbia Agency to which deceased belonged Port Alberni

1. PLACE OF DEATH:  
 If on a Reserve \_\_\_\_\_ (Give name and location)  
 or If in a Rural Municipality \_\_\_\_\_ (Give name or number)  
 or If in a City, Town or Village Tofino, B.C. Street \_\_\_\_\_ House No. \_\_\_\_\_  
 and If in a hospital or institution (give name instead of street and number) Tofino General Hospital

2. PRINT FULL NAME OF DECEASED  
 Surname or last name ANDERSON  
 All Given or Christian Names ALBERT EDITH

3. Band or tribe to which deceased belonged Hewulshat No. 3

4. Residence of deceased Hot Springs Cove 055-000  
 (If on a reserve give name and location)

5. Sex Female 6. Single, married, widowed or divorced (write the word) Single 7. Birthplace (Province or country) B. C.

8. DATE OF BIRTH January 27 1943 9. AGE 9 Years 10 Months 23 Days hrs. or min.

10. OCCUPATION  
 (a) Trade, profession or kind of work as taximeter, trapper, canner, etc. Child  
 (b) Kind of industry or business as lumbering, fur trading, fish canning, etc. Child

11. Name of father AMES Alex  
 (Surname or last name) (Given or Christian names)  
 12. Name of mother SMITH Mary  
 (Surname or last name) (Given or Christian names)

13. Birthplace: Father B. C. Mother B. C.  
 (Province or country) (Province or country)

14. I certify the foregoing to be true and correct to the best of my knowledge and belief.  
 Given under my hand at Tofino, B. C. this 4 day of June 1953  
 Signature of informant Alex Anderson Relationship to deceased: Father  
 Address \_\_\_\_\_

15. Burial, Cremation or Removal Burial Date December 22 1952  
 (Write the word) (Month by month) (Day) (Year)  
 Place Christie School Cemetery Christie School

16. Undertaker: Name \_\_\_\_\_ Address \_\_\_\_\_

17. Marginal Notations (Office use only)

IN CASE OF STILLBIRTH CONSULT INSTRUCTIONS ON REVERSE SIDE BEFORE MAKING ANY CERTIFICATE.  
WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.  
Every item of information should be carefully supplied.

MEDICAL CERTIFICATE OF DEATH

18. DATE OF DEATH DECEMBER 19 1952  
 (Month by month) (Day) (Year)

19. I HEREBY CERTIFY that I attended deceased from December 15 1952  
 to Dec. 19 1952 and last saw him alive on Dec. 19 1952

20. CAUSE OF DEATH (2) 7544  
 Immediate cause (a) Cerebral Embolus (2) Yrs. Min. Days  
 Give disease, injury or complication which caused death, and the mode of dying, such as heart failure, apoplexy, convulsion, etc.  
 Medial condition, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause):  
 (b) Subacute Bacterial Endocarditis about 7  
 due to Congenital Heart Disease (1) 9 years  
 (c) Previous Miasmatic Fever

Other medial condition (if important) contributing to death but not usually related to immediate cause: \_\_\_\_\_

21. If a woman, was the death associated with pregnancy? No Duration \_\_\_\_\_ weeks. Was there a delivery? \_\_\_\_\_

22. Was there a surgical operation? No Date of operation \_\_\_\_\_  
 State findings N.A. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:  
 Accident, suicide or homicide? No (State which) Date of injury \_\_\_\_\_  
 Manner of injury \_\_\_\_\_ (How sustained) WIT DIED TO VIOLENCE  
 Nature of injury \_\_\_\_\_  
 Specify whether injury occurred in a dwelling, in house or in public place \_\_\_\_\_

Signed by Alex Anderson Designation Physician M.D., O.C.M.S., etc.  
 Address Tofino, B.C. Date Dec. 20 1952

24. I hereby certify that the above return was made by me at Port Alberni, B.C.  
 Dated June 18 1953 W. J. Anderson  
 Indian Agent  
 Indian Agency No. 244 19-00 (SEE REVERSE SIDE FOR INSTRUCTIONS)



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» Mammalogy

» Ornithology

» Paleontology

#### BC Archives

» Archival Records

» Genealogy

» Archives Library

## BC Archives

### Genealogy - General Search

Search Results

10

Event Date

Help

[New Search](#) | [Refine Search](#)

Currently Displaying 1 to 1 of 1 | Page 1

Event Type:	Death
Registration Number:	1935-09-019224
BC Archives Mfilm Number:	B13363
GSU Mfilm Number:	1983213
Event Date (YYYY-MM-DD):	1935-05-19
Event Place:	HESQUIAT
Age at Death:	16
Person:	CLARA MARY ANDREWS

Currently Displaying 1 to 1 of 1 | Page 1

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

42 Ref. No. (Office use only)  
58-09-009185  
C. I. No. 11-000-0248

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

DO NOT WRITE BELOW  
DOUBLE LINE  
OFFICE USE ONLY

**1. PLACE OF DEATH**  
Name of city or place: Vancouver, B.C. Name of Municipality (if any):  
Street or road: Vancouver General Hospital (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: 2 Months In Province: Life In Canada (if immigrant): Life

**3. PRINT FULL NAME OF DECEASED** Txx Campbell Thomas  
(Surname or family name) (All given or Christian names in full)

**4. PERMANENT RESIDENCE OF DECEASED:**  
Name of city or place: Abousat, B.C. Name of Municipality (if any): Port Alberni  
Street or road: \_\_\_\_\_ House No. \_\_\_\_\_

**5. SEX** Male **6. CITIZENSHIP** Canadian **7. RACIAL ORIGIN** Indian **8. MARRIAGE STATUS** Single **9. BIRTHPLACE:** Abousat, B.C.

**10. Date of Birth:** February 16th 1948 10 Years  
(Month by name) (Date) (Year) (Age) (Last Birthday) (Years) MONTHS DAYS HOURS MIN.

**11. (a) Trade, profession or kind of work as logger, fisherman, office clerk, etc.** Child  
**(b) Kind of industry or business, as logging, fishing, bank, etc.**  
**12. Date deceased last worked at this occupation:** \_\_\_\_\_ **14. Total years spent in this occupation:** \_\_\_\_\_

**13. If married, widowed or divorced give name of husband or maiden name of wife of deceased:** \_\_\_\_\_

**15. Name of father:** Campbell Angus Peter  
(Surname or family name) (All given or Christian names)  
**16. Maiden name of mother:** Dick Josephine  
(Surname or family name) (All given or Christian names)  
**17. Birthplace - Father:** Abousat, B.C. Heaquiat, B.C.  
(City or Place and Province or Country) (City or Place and Province or Country)

**18. I certify the foregoing to be true and correct to the best of my knowledge and belief.**  
Given under my hand at Vancouver, B.C. this 11th day of August 1958.

**Signature of Informant:** Angus Campbell Relationship to deceased: Father  
(Married woman use her husband's initials or give name)  
**Address of Informant:** Abousat, British Columbia  
(Street No.) (Name of Street) (Name of City, Municipality or Place) (Province or State)

**19. Burial, Cremation or Removal:** Removal Date: August 11th 1958.  
(State which) (Month by name) (Date) (Year)  
**Place of Burial or Cremation:** Abousat, B.C. Name of Cemetery: \_\_\_\_\_  
(Municipality, etc., where Cemetery located)

**20. Undertaker:** Center & Hanna Ltd. Address: 1049 W. Georgia St. Van. B.C.  
Name (Name of City, Municipality or Place) (Province or State)

**MEDICAL CERTIFICATE OF DEATH**

**22. DATE OF DEATH** August 8th 1958.  
(Month by name) (Date) (Year)

**23. I HEREBY CERTIFY that I attended deceased from** \_\_\_\_\_ **19** \_\_\_\_\_ **to** \_\_\_\_\_ **19** \_\_\_\_\_ **and last saw him** \_\_\_\_\_ **alive on** \_\_\_\_\_ **19** \_\_\_\_\_

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.)	CAUSE OF DEATH		Approximate interval between onset and death
	(a)	(b)	
	<u>204.4</u>	<u>Blast Cell Leukemia</u>	
<b>Antecedent causes:</b> Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.	(b)	due to (or as a consequence of)	
<b>Other significant conditions contributing to the death, but not related to the disease or condition causing it.</b>	(c)		

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

**25. (a) Was there a recent surgical operation?** \_\_\_\_\_ (b) Date of operation \_\_\_\_\_ 19\_\_\_\_\_  
(c) State findings of operation \_\_\_\_\_ (d) Was there an autopsy? \_\_\_\_\_

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

**27. Signed by** Catriona D. MacLean Designation M.D. M.D., Coroner, etc.  
Address Vancouver General Hospital Date August 11th 1958.

**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** Port Alberni, B.C.  
Dated 15 August 1958.  
District Registration No. 402  
(SEE REVERSE SIDE FOR INSTRUCTIONS) [Signature]  
Registrar of District Registrar

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» [Paleontology](#)

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» [Archival Records](#)

» [Genealogy](#)

» [Archives Library](#)

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Search Results

10

Event Date

[Help](#)

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Currently Displaying 1 to 1 of 1 | Page 1

Event Type:	Death
Registration Number:	1939-09-023452
BC Archives Mfilm Number:	B13374
GSU Mfilm Number:	1983214
Event Date (YYYY-MM-DD):	1939-10-19
Event Place:	TOFINO
Age at Death:	8
Person:	ALICE GEORGE

Currently Displaying 1 to 1 of 1 | Page 1

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» Mammalogy

» Ornithology

» Paleontology

#### BC Archives

» Archival Records

» Genealogy

» Archives Library

## BC Archives

### Genealogy - General Search

#### Search Results

10 ▾

Event Date ▾

Help ?

[New Search](#) | [Refine Search](#)

Currently Displaying 1 to 1 of 1 | Page 1

Event Type:	Death
Registration Number:	1939-09-023458
BC Archives Mfilm Number:	B13374
GSU Mfilm Number:	1983214
Event Date (YYYY-MM-DD):	1939-10-23
Event Place:	PORT ALBERNI
Age at Death:	9
Person:	GEORGE JOHNSON

Currently Displaying 1 to 1 of 1 | Page 1

VITAL STATISTICS ACT.

(Being Chapter 302, R.S.B.C. 1936.)

995143

41 09 995253

RETURN OF DEATH OF AN INDIAN.

To the Indian Agent,

West Coast Agency.  
Port Alberni, B.C.

1. Full name of deceased.	Rose Johnson		
2. Where died.	Kakamis BC		
3. Reserve and band or tribe.	Maachlat 5E		
4. When died.	April 10 1941		
5. Sex.	female		
6. Single, married, widowed, or divorced.	single		
7. Age.	Years.	Months.	Days.
	6		
8. Where born.	Nootka BC		
9. Religious denomination.	Roman Catholic		
10. *Occupation of deceased.	fisherman		
11. Name of father.	Sam Johnson		
12. Birthplace of father.	Nootka BC		
13. Maiden name of mother.	Agnes Murphy		
14. Birthplace of mother.	Nootka		
15. In case no physician attended, reported cause of death to be herein entered, together with duration of illness.	201 C		
16. Place of burial.	Kakamis BC		
17. Name and address of informant.	J. P. Mulvihill, Kakamis BC		

This is a correct return of the death of Rose Johnson  
as reported to me this 20 day of Apr, 1941  
P. B. Courtney  
Indian Agent.

\* If under 16 years of age, give occupation of father.  
O.K. TO ACCEPT AS CURRENT REGISTRATION. (OVER)

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- » [Archival Records](#)
- » [Genealogy](#)
- » [Archives Library](#)

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### Genealogy - General Search

#### Search Results

10 ▾

Event Date ▾

[Help](#) ⓘ

[New Search](#) | [Refine Search](#)

Currently Displaying 1 to 1 of 1 | Page 1

Event Type:	Death
Registration Number:	1939-09-023340
BC Archives Mfilm Number:	B13374
GSU Mfilm Number:	1983214
Event Date (YYYY-MM-DD):	1939-06-06
Event Place:	OPITSAT
Age at Death:	12
Person:	STANLEY JOSEPH

Currently Displaying 1 to 1 of 1 | Page 1



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» [Indigenous Collections](#)

» [Modern History](#)

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» [Invertebrate Zoology](#)

» [Ichthyology](#)

» [Mammalogy](#)

» [Ornithology](#)

» [Paleontology](#)

#### BC Archives

» [Archival Records](#)

» [Genealogy](#)

» [Archives Library](#)

## BC Archives

### Genealogy - General Search

Search Results

10 ▾

Event Date ▾

[Help](#) ?

[New Search](#) | [Refine Search](#)

Currently Displaying 1 to 1 of 1 | [Page 1](#)

Event Type:	Death
Registration Number:	1940-09-024262
BC Archives Mfilm Number:	B13374
GSU Mfilm Number:	1983214
Event Date (YYYY-MM-DD):	1940-04-26
Event Place:	UNKNOWN
Age at Death:	9
Person:	JESSIE ANNA LUCAS

Currently Displaying 1 to 1 of 1 | [Page 1](#)

DOMINION OF CANADA  
REGISTRATION OF DEATH OF AN INDIAN  
(WITHIN THE MEANING OF THE "INDIAN ACT" OF CANADA)

84-5E

035487

For use of Provincial Office only

Province British Columbia Agency to which deceased belonged Indian Agent

1. PLACE OF DEATH:  
If on a Reserve (Give name and location)  
or If in a Rural Municipality (Give name or number)  
or If in a City, Town or Village Tofino, B.C. Street \_\_\_\_\_ House No. \_\_\_\_\_  
(Give name)  
and If in a hospital or institution (give name instead of street and number) Tofino General Hospital

2. PRINT FULL NAME OF DECEASED  
Surname or last name M A Y S O N  
All Given or Christian Names J O H N D A R I A

3. Band or tribe to which deceased belonged: Clayoquot No. 86

4. Residence of deceased: Tofino, B. C.  
(If on a reserve give name and location)

5. Sex Female 6. Single, married, widowed or divorced (write the word) Single 7. Birthplace (Province or country) B.C.

8. DATE OF BIRTH October 22 1944 9. AGE 7 Years 9 Months 19 Days If less than one day (Month by name) (Day) (Year) hrs. or min.

10. (a) Trade, profession or kind of work as Child  
mechanic, trapper, farmer, etc.  
(b) Kind of industry or business as Child  
farming, fur trading, fish canning, etc.

11. Name of father: MASON (Surname or last name) John (Given or Christian name)

12. Name of mother: MACK (Surname or last name) Eugene (Given or Christian name)

13. Birthplace: B.C. (Province or country) B.C. (Province or country)

14. I verify the foregoing to be true and correct to the best of my knowledge and belief.

Given under my hand at Tofino this 7 day of June 1953

Signature of Informant [Signature] Relationship to deceased: \_\_\_\_\_  
Address 1520 Harwood

15. Burial, Cremation or Removal: Interial (Write the word) Date Jan. 5 1952  
(Month by name) (Day) (Year)  
Place Tofino (Write the word) Cemetery Indian

16. Undertaker: Indians (Write the word) Address Tofino, B. C.

17. Marginal Notations (Office use only)  
S.D. FILE NO. 20152

MEDICAL CERTIFICATE OF DEATH

18. DATE OF DEATH JANUARY 3 1952  
(Month by name) (Day) (Year)

19. I HEREBY CERTIFY that I attended deceased from December 16 1951  
to January 3 1952, and last saw him alive on January 3 1952

20. CAUSE OF DEATH  
Immediate cause (a) Infectious Hepatitis  
Give names, injury or occupation which caused death, and the mode of dying, such as heart failure, rupture, aneurism, etc. due to  
Under conditions, if any, giving rise to immediate cause (b) \_\_\_\_\_ due to  
(State name (stated in order proceeding backwards from immediate cause).) (c) \_\_\_\_\_ due to  
Other medical conditions (if important) contributing to death but not immediately related to immediate cause. { \_\_\_\_\_

21. If a woman, was the death associated with pregnancy? N.A. Duration \_\_\_\_\_ weeks. Was there a delivery? \_\_\_\_\_

22. Was there a surgical operation? No Date of operation \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
State findings \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide or homicide? N.A. Date of injury \_\_\_\_\_  
Manner of injury \_\_\_\_\_ (State which)  
Nature of injury \_\_\_\_\_ (How wounded)

Specify whether injury occurred in a motor, in a motor or in public place  
Signed by [Signature] Designation M.D. M.D., Coroner, etc.  
Address 1520 Harwood Date 7 June 1953

24. I hereby certify that the above return was made by me at Tofino, B. C.  
Dated June 12 1953 [Signature]  
Indian Agency No. 248 79 Indian Agent

IN CASE OF STILLBIRTHS COMPLETELY INSTRUCTIONS ON REVERSE SIDE BEFORE MAKING OUT CERTIFICATE.  
WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.  
Every item of information should be carefully supplied.  
S.K. TO ACCEPT AS CURRENT REGISTRATION.



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HUMAN HISTORY

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#### Human History

» BC Archaeology

» Indigenous Collections

» Modern History

#### Natural History

» Botany

» Entomology

» Geology

» Herpetology

» Invertebrate Zoology

» Ichthyology

» Mammalogy

» Ornithology

» Paleontology

#### BC Archives

» Archival Records

» Genealogy

» Archives Library

## BC Archives

### Genealogy - General Search

Search Results

10

Event Date

Help

[New Search](#) | [Refine Search](#)

Currently Displaying 1 to 1 of 1 | Page 1

Event Type:	Death
Registration Number:	1941-09-025097
BC Archives Mfilm Number:	B13375
GSU Mfilm Number:	1983215
Event Date (YYYY-MM-DD):	1941-02-14
Event Place:	UNKNOWN
Age at Death:	11
Person:	CATHERINE MARSHALL

Currently Displaying 1 to 1 of 1 | Page 1

DOMINION OF CANADA  
REGISTRATION OF DEATH OF AN INDIAN  
(WITHIN THE MEANING OF THE "INDIAN ACT" OF CANADA)

AREA No. 5E

095106  
Registered No.  
For use of Provincial Office only

Province BRITISH COLUMBIA Agency to which deceased belonged ALBERNI

1. PLACE OF DEATH:  
If on a Reserve: \_\_\_\_\_  
If in a Rural Municipality: \_\_\_\_\_  
If in a City, Town or Village: TOFINO GENERAL HOSPITAL  
and if in a hospital or institution (give name instead of street and number): \_\_\_\_\_

2. PRINT FULL NAME OF DECEASED: McLEAN  
BEATRICE BERTRAM SIMMONS

3. Band or tribe to which deceased belonged: Mowasht  
4. Residence of deceased: NOOTKA

5. Sex: MALE 6. Single, married, widowed or divorced (write the word): SINGLE 7. Birthplace (Province or country): British Columbia  
8. DATE OF BIRTH: APRIL 26 1940 9. AGE: Years 8 Months 8 Days 11 If less than one day: hrs. 2 min. ✓

10. (a) Trade, profession or kind of work as teamster, trapper, miner, etc. ATTENDING SCHOOL  
(b) Kind of industry or business as lumbering, fur trading, fish catching, etc. ✓

11. Name of father: McLEAN MARRUS  
12. Name of mother: McLean Jane  
13. Birthplace: Father: BRITISH COLUMBIA Mother: British Columbia

14. I verify the foregoing to be true and correct to the best of my knowledge and belief.  
Given under my hand at: TOFINO Alberni this 21 day of MARCH 1949  
Signature of informant: J. Mincham Relationship to deceased: FATHER  
Address: NOOTKA B.C. Indian Agent

15. Burial, Cremation or Removal: Burial Date: Mar 22 1949  
Place: Tofino Cemetery: Indian  
16. Undertaker: Name: Indians Address: Tofino, B.C.

17. Marginal Notations (Office use only)

MEDICAL CERTIFICATE OF DEATH

18. DATE OF DEATH: MARCH 21 1949  
19. I HEREBY CERTIFY that I attended deceased from: MARCH 20 1949 to: MARCH 21 1949 and last saw him alive on: MARCH 21 1949

CAUSE OF DEATH

I	CAUSE OF DEATH	DURATION		
		Yrs.	Mos.	Days
Immediate cause Give disease, injury or complication which caused death, with the mode of living, such as heart failure, apoplexy, pneumonia, etc.	(a) <u>Epitaxin</u>			
	(b) <u>measles</u>			
	(c) <u>tuberculosis of lungs</u>			
Other medical conditions (if important) contributing to death but not causally related to immediate cause.				

20. If a woman: was the death associated with pregnancy? ✓ Duration: \_\_\_\_\_ weeks. Was there a delivery? ✓  
21. Was there a surgical operation? no Date of operation: \_\_\_\_\_  
State findings: \_\_\_\_\_ Was there an autopsy? ✓

22. If death was due to external causes (violence) fill in also the following:  
Accident, suicide or homicide? \_\_\_\_\_ Date of injury: \_\_\_\_\_  
Manner of injury: \_\_\_\_\_  
Nature of injury: \_\_\_\_\_  
Specify whether injury occurred in a conveyance, in house or in other place: \_\_\_\_\_

Signed by: J. D. Silbuck Designation: Physician  
Address: Tofino Date: March 21 1949

23. I hereby certify that the above return was made by me at:  
Dated: 7 April 1949  
Indian Agency No.: 102  
Signature: J. Mincham  
Indian Agent

IN CASE OF STILLBIRTH CONSULT INSTRUCTIONS ON REVERSE SIDE BEFORE MAKING OUT CERTIFICATE.  
WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.  
Every item of information should be carefully supplied.

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

58-09-011882

D. I. No.  
46-09-025883

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

**1. PLACE OF DEATH**  
Name of city or place: LOPINE Name of Municipality (if any): NOT ORGANIZED  
Street or road: LOPINE GENERAL HOSPITAL (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: 12 YEARS In Province: 12 YEARS In Canada (if immigrant):

**3. PRINT FULL NAME OF DECEASED** MICHAEL PEARL GRACE  
(Surname or family name) (All given or Christian names in full)

**4. PERMANENT RESIDENCE OF DECEASED:**  
Name of city or place: NOCHATLAHT Name of Municipality (if any): NOT ORGANIZED  
Street or road: \_\_\_\_\_ House No.: \_\_\_\_\_

**5. SEX** F **6. CITIZENSHIP** CANADIAN **7. RACIAL ORIGIN** INDIAN **8. Single, Married, Widowed or Divorced** SINGLE **9. BIRTHPLACE:** ESPERANZA  
(See marginal note) (See marginal note) (From the word) (City or Place and Province or Country)

**10. Date of Birth** Oct 31 1946 **11. AGE (Last Birthday)** 12 YEARS MONTHS DAYS HOURS MIN.  
(Month by name) (Date) (Year)

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

**13. Date deceased last worked at this occupation** Sept 21 1958 **14. Total years spent in this occupation** 6

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

**16. Name of father** MICHAEL ALBIN  
(Surname or family name) (All given or Christian names)

**17. Maiden name of mother** SMITH ROSKIA  
(Surname or family name) (All given or Christian names)

**18. Birthplace—** NOOTKA NOCHATLAHT  
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 LoPine this 25 day of Sept 1958  
Signature of informant: Albert Michael Relationship to deceased: Father  
(Married women not to use husband's initials or given names)  
Address of informant: LoPine, B.C. (Name of City, Municipality or Place) (Province or State)

**20. Burial, Cremation or Removal:** Buried Date: 24 September 1958  
(State which) (Date) (Year)  
Place of Burial or Cremation: Ross's Cove Name of Cemetery: Chattahatchee  
(Municipality, etc., where Cemetery located)

**21. Undertaker:** Name: Indians Address: Compoose, B.C.  
(Name of City, Municipality or Place) (Province or State)

MEDICAL CERTIFICATE OF DEATH

**22. DATE OF DEATH** SEPTEMBER 24 1958  
(Month by name) (Date) (Year)

**23. I HEREBY CERTIFY that I attended deceased from** SEPT 22 to SEPT 24 (Date) (Date) and last saw him alive on SEPT 24 (Date)

**24. CAUSE OF DEATH**  
Disease or condition directly leading to death: 590 X (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.) (a) HYPERKALEMIA due to (or as a consequence of) (b) Acute glomerulonephritis due to (or as a consequence of) (c) \_\_\_\_\_  
Antecedent causes: Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (c) \_\_\_\_\_  
Other significant conditions contributing to the death, but not related to the disease or condition causing it. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (c) \_\_\_\_\_

**25. If a woman, was the death** (a) Associated with pregnancy? \_\_\_\_\_ (b) Duration \_\_\_\_\_ weeks. (c) Was there a delivery? \_\_\_\_\_

**26. (a) Was there a recent surgical operation?** \_\_\_\_\_ (b) Date of operation \_\_\_\_\_ (c) State findings of operation \_\_\_\_\_ (d) Was there an autopsy? No

**27. 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? (home, farm, industrial place, highway, etc.) \_\_\_\_\_

**28. Signed by** Margaret E. Janson Designation: M.D., Coroner, etc.  
Address: LoPine, B.C. Date: 27 SEPT 1958

**29. Prior name of M.D., Coroner, etc., whose signature appears above** MARGARET E. JANSEN

**30. I hereby certify that the above return was made to me at** Port Alhambra, B.C.  
Dated: October 10th 1958  
District Registration No.: 606 Signature of District Registrar: A.M. Johnson

DO NOT WRITE BELOW  
 DOUBLE LINE  
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» [Ornithology](#)

» [Paleontology](#)

#### BC Archives

» [Archival Records](#)

» [Genealogy](#)

» [Archives Library](#)

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### Genealogy - General Search

Search Results

10

Event Date

[Help](#)

[New Search](#) | [Refine Search](#)

Currently Displaying 1 to 1 of 1 | Page 1

Event Type:	Death
Registration Number:	1935-09-019168
BC Archives Mfilm Number:	B13363
GSU Mfilm Number:	1983213
Event Date (YYYY-MM-DD):	1935-03-17
Event Place:	AHOUSAT
Age at Death:	10
Person:	ANDERSON SYE

Currently Displaying 1 to 1 of 1 | Page 1

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» [Keyword Search](#)

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» [BC Archaeology](#)

» [Indigenous Collections](#)

» [Modern History](#)

#### Natural History

» [Botany](#)

» [Entomology](#)

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» [Herpetology](#)

» [Invertebrate Zoology](#)

» [Ichthyology](#)

» [Mammalogy](#)

» [Ornithology](#)

» [Paleontology](#)

#### BC Archives

» [Archival Records](#)

» [Genealogy](#)

» [Archives Library](#)

## BC Archives

### Genealogy - General Search

#### Search Results

10 ▾

Event Date ▾

[Help](#) ⓘ

[New Search](#) | [Refine Search](#)

Currently Displaying 1 to 1 of 1 | Page 1

Event Type:	Death
Registration Number:	1944-09-028552
BC Archives Mfilm Number:	B13375
GSU Mfilm Number:	1983215
Event Date (YYYY-MM-DD):	1944-11-25
Event Place:	TOFINO
Age at Death:	8
Person:	LORENA THOMAS

Currently Displaying 1 to 1 of 1 | Page 1

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- » [BC Archaeology](#)
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## BC Archives

### Genealogy - General Search

#### Search Results

10 ▾

Event Date ▾

[Help](#) ?

[New Search](#) | [Refine Search](#)

Currently Displaying 1 to 1 of 1 | Page 1

Event Type:	Death
Registration Number:	1939-09-023444
BC Archives Mfilm Number:	B13374
GSU Mfilm Number:	1983214
Event Date (YYYY-MM-DD):	1939-09-08
Event Place:	OPITSAT INDIAN RESERVE
Age at Death:	9
Person:	ANDREW TOM

Currently Displaying 1 to 1 of 1 | Page 1



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- » [BC Archaeology](#)
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- » [Botany](#)
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- » [Ornithology](#)
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- » [Archival Records](#)
- » [Genealogy](#)
- » [Archives Library](#)

## BC Archives

### Genealogy - General Search

#### Search Results

10 ▾

Event Date ▾

[Help](#) ⓘ

[New Search](#) | [Refine Search](#)

Currently Displaying 1 to 1 of 1 | Page 1

Event Type:	Death
Registration Number:	1943-09-027502
BC Archives Mfilm Number:	B13375
GSU Mfilm Number:	1983215
Event Date (YYYY-MM-DD):	1943-09-21
Event Place:	KILDONAN
Age at Death:	9
Person:	MOSES TOM

Currently Displaying 1 to 1 of 1 | Page 1

DOMINION OF CANADA  
REGISTRATION OF DEATH OF AN INDIAN  
(WITHIN THE MEANING OF THE "INDIAN ACT" OF CANADA)

AREA No. 57  
Registered No. 095406  
For use of Provincial Office only

Province: British Columbia Agency to which deceased belonged: West Coast

1. PLACE OF DEATH:  
If on a Reserve: Kyuquot Village (Give name and location)  
or If in a Rural Municipality: \_\_\_\_\_ (Give name or number)  
or If in a City, Town or Village: \_\_\_\_\_ Street: \_\_\_\_\_ House No. \_\_\_\_\_ (Give name)  
and If in a hospital or institution (give name instead of street and number)

2. PRINT FULL NAME OF DECEASED: Surname or last name: VINCENT  
Given or Christian names: Mary Mercedes

3. Band or tribe to which deceased belonged: Kyuquot Band  
4. Residence of deceased: Kyuquot, B.C. (If on a Reserve give name and location)

5. Sex: Female 6. Single, married, widowed or divorced (write the word): Single 7. Birthplace (Province or country): British Columbia

8. DATE OF BIRTH: June 11 1939 9. AGE: Years: 9 Months: 1 Days: 10 If less than one day: hrs. or min. \_\_\_\_\_

10. (a) Trade, profession or kind of work as trapper, trapper, canoe, etc.: Child  
(b) Kind of industry or business as lumbering, fur trading, fish canning, etc.: Child

11. Name of father: VINCENT Paul (dead)  
(Surname or last name) (Given or Christian names)

12. Name of mother: VINCENT Emma  
(Surname or last name) (Given or Christian names)

13. Birthplace: British Columbia Mother: British Columbia  
Father: (Province or country) Mother: (Province or country)

14. I certify the foregoing to be true and correct to the best of my knowledge and belief.  
Given under my hand at: Kyuquot this 27 day of August 1948  
Signature of informant: X Emma Vincent Relationship to deceased: mother

15. Burial, Cremation or Removal: Buried Date: Aug 10 1948  
(Write the word) (Date) (Date)  
Place: Kyuquot Village Cemetery: Cemetery Indian  
(Municipality)

16. Undertaker: Indian Address: \_\_\_\_\_  
Name

17. Marginal Notations (Office use only)

MEDICAL CERTIFICATE OF DEATH

18. DATE OF DEATH: August 10 19 48  
(Month by name) (Day) (Year)

19. I HEREBY CERTIFY that I attended deceased from Aug 7 1948  
to Aug 10 1948 and last saw him/her alive on Aug 10 1948

IMMEDIATE CAUSE Give disease, injury or complication which caused death, and the mode of dying, such as heart failure, nephritis, pneumonia, etc. Mortal conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	CAUSE OF DEATH		DURATION		
	(a)	(b)	Yrs.	Mos.	Dys.
Other mortal conditions (if important) contributing to death but not causally related to immediate cause.	<u>Ear Infection</u>	due to <u>possible abscess of</u>			<u>10</u>
	<u>Brain</u>	due to			
		due to			

20. If a woman, was the death associated with pregnancy? N/A

21. Was there a surgical operation? \_\_\_\_\_ Date of operation: \_\_\_\_\_ 19\_\_\_\_  
Was there an autopsy? \_\_\_\_\_

22. If death was due to external causes (violence) fill in also the following—  
Accident, suicide or homicide? N/A Date of injury: \_\_\_\_\_ 19\_\_\_\_  
(State which)

Nature of injury: \_\_\_\_\_ (How sustained)  
Specify whether injury occurred in workshop, in house or in public place

Signed by: Janet M. Card R.N. Designation: R.N. M.D., Coroner, etc.  
Address: Kyuquot B.C. Date: Aug 27 1948

23. I hereby certify that the above return was made by me at Alberni, B.C.  
Dated: Sept 25 1948 W. J. Hayward  
Indian Agent

Indian Agency No. 81 (SEE REVERSE SIDE FOR INSTRUCTIONS)

IN CASE OF STILLBIRTH CONSULT INSTRUCTIONS ON REVERSE SIDE BEFORE MAKING OUT CERTIFICATE.  
WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.  
Every item of information should be carefully supplied.

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- » [Archival Records](#)
- » [Genealogy](#)
- » [Archives Library](#)

## BC Archives

### Genealogy - General Search

#### Search Results

10

Event Date

[Help](#)

[New Search](#) | [Refine Search](#)

Currently Displaying 1 to 1 of 1 | [Page 1](#)

Event Type:	Death
Registration Number:	1939-09-023466
BC Archives Mfilm Number:	B13374
GSU Mfilm Number:	1983214
Event Date (YYYY-MM-DD):	1939-09-14
Event Place:	OPITSAT
Age at Death:	8
Person:	CECIL WILLIAMS

Currently Displaying 1 to 1 of 1 | [Page 1](#)