

## **5 Death Records for Students of St Augustine's 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/sechelt-st-augustines/>

DAN, Rawley Isadore  
GEORGE, George Freddie\*  
JEFFRIES, Simon Francis  
JOE, Stephanie  
MOSES, Joe\*

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.

1. Name of deceased (print or type) <b>DAN</b>	2. SEX <b>M</b>
3. Name of hospital or institution (if otherwise give exact location where death occurred) <b>Cariboo Memorial Hospital</b>	4. Complete street address, if rural give exact location (Post Office or Rural Route address) <b>Williams Lake BC</b>
5. Usual residence <b>Williams Lake BC</b>	6. Province (or country) <b>B.C.</b>
7. Marital status <b>Single</b>	8. Kind of business or industry in which worked <b>N/A</b>
9. Occupation <b>student at school</b>	10. Date of birth (month, day, year) <b>August 13 1950</b>
11. Birthplace <b>Vancouver BC</b>	12. Date of death (month, day, year) <b>July 19 1974</b>
13. Name and given names of father (print or type) <b>Dan Henry</b>	14. Birthplace - City or place, Province (or country) <b>Mount Currie BC</b>
15. Maiden surname and given names of mother (print or type) <b>Billie U/S</b>	16. Birthplace - City or place, Province (or country) <b>Mount Currie BC</b>
17. Signature of informant <i>[Signature]</i>	18. Relationship to deceased <b>SON</b>
19. Address of informant <b>180 Corner St Williams Lake BC</b>	20. Date signed (month, day, year) <b>July 19 1974</b>
21. Name and address of cemetery, crematorium or place of disposition <b>Indian Burial Grounds Mount Currie BC</b>	22. Date of burial or disposition (month, day, year) <b>July 22 1974</b>
23. Name and address of funeral director (or person in charge of remains) (print or type) <b>Gregory's Williams Lake Funeral Home Ltd, Williams Lake BC</b>	

24. Date of death (month, day, year) <b>19 - July 1974</b>	25. Approximate interval between onset & death <b>15 min</b>
26. Cause of death Part I 5832 Immediate cause of death <b>Cardiac arrest</b>	27. Other significant conditions contributing to the death but not necessarily related to the immediate cause (a) above Part II 375A <b>Rheumatic "Heart disease"</b>
28. Underlying cause of death (e.g. chronic renal failure) <b>Chronic renal failure</b>	29. Date of injury (month, day, year) <b>22-7-74</b>
30. Name of physician or surgeon (print or type) <b>DR R.J. WHITMAN</b>	31. Address <b>112 N. 3rd W. LAC</b>

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

32. District Registrar  
**Williams Lake BC**

33. Date of registration (month, day, year)  
**July 22 1974**

34. Signature of District Registrar  
*[Signature]*

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Event Type:	Death
Registration Number:	1936-09-020158
BC Archives Mfilm Number:	B13363
GSU Mfilm Number:	1983213
Event Date (YYYY-MM-DD):	1936-03-29
Event Place:	SECHELT
Age at Death:	8
Person:	FREDDIE GEORGE

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Event Type:	Death
Registration Number:	1935-09-019397
BC Archives Mfilm Number:	B13363
GSU Mfilm Number:	1983213
Event Date (YYYY-MM-DD):	1935-09-14
Event Place:	VANCOUVER
Age at Death:	13
Person:	SIMON FRANCIS JEFFRIES

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

Reg. No. (Office use only)

65-09-006383

1. PLACE OF DEATH

Name of city, village, town, district municipality or place North Vancouver, B.C.  
(If outside city or municipal limits add "Rural")  
Street or road Rivers Road (If death occurred in a hospital or institution, give the name instead of street and number) House No. 221

2. LENGTH OF STAY  
(In years, months and days)  
In Municipality where death occurred 9 Years In Province Life In Canada (if immigrant) Life

3. PRINT FULL NAME OF DECEASED JOE Stephania Amelia  
(Surname) (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED  
Name of city, village, town, district municipality or place North Vancouver, B.C.  
(If outside city or municipal limits add "Rural")  
Street or road Rivers Road House No. 221

5. SEX & CITIZENSHIP (See marginal note) F Canadian  
7. RACIAL ORIGIN (See marginal note) Native Indian  
8. Single, Married, Widowed or Divorced Single  
9. BIRTHPLACE (City or Place and Province or Country) Squamish, B.C.

10. Date of Birth April 2nd 1959  
(Month by name) (Date) (Year)  
11. AGE (Last Birthday) 15  
YEARS MONTHS DAYS HOURS MIN.

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

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

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

16. Name of father JOE Frank  
(Surname) (All given or Christian names)

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

18. Birthplace - B.C. Moche, B.C.  
(City or Place and Province or Country) (City or Place and Province or Country)

19. I certify the foregoing to be true and correct to the best of my knowledge and belief.  
Given under my hand at North Vancouver, B.C. this 17th day of April 19 65

Signature of informant Beatrice Joe Relationship to deceased Mother  
(Identify woman not to give Registrar's initials or given names)

Address of informant 221 Rivers Road - North Vancouver, B.C.  
(House No.) (Name of Street) (Name of City, Municipality or Place) (Province)

20. Burial, Cremation or Removal Burial Date April 21st 19 65  
(State which) (Date) (Date)

Place of Burial West Vancouver, B.C. Name of Cemetery Capilano Indian Cemetery  
(Municipality, etc., where Cemetery located)

21. Undertaker North Vancouver Funeral Chapel Address North Vancouver, B.C.  
Name (Name of City, Municipality or Place) (Province)

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH April 17th 19 65  
(Month by name) (Date) (Year)

23. I HEREBY CERTIFY that I attended the deceased from held an Inquest Apr. 19th 19 65  
(Date) (Year)

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 condition which caused death.)  
Asphyxia due to carbon  
due to (a) as a consequence of (1)  
An antecedent cause (Monoxide poisoning and in-  
due to (b) as a consequence of (2)  
(c) halation of smoke.  
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? - (b) Date of operation 19  
(c) State findings of operation - (d) Was there an autopsy? Yes

26. If a violent death, fill in also: (a) Accident  Suicide  Homicide  (b) Date of injury Apr. 17 1965  
(c) How did injury occur? Fire caused by children playing.

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

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

27. Signed by H.A. Campbell Designation Coroner W.D. Coroner  
Address 170 Granville St., Vancouver 2, B.C. Date April 26th 19 65

28. Print name of Doctor or Coroner, whose signature appears above W.D. Campbell, Coroner

29. Notations

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

Dated April 29, 19 65

District Registration No. 19/65 S.F. Bellish  
(Signature of District Registrar)

IMPORTANT: Any change or correction made in the completion of this form must be initialed 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.

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Registration Number:	1937-09-021079
BC Archives Mfilm Number:	B13363
GSU Mfilm Number:	1983213
Event Date (YYYY-MM-DD):	1937-01-19
Event Place:	SECHELT
Age at Death:	11
Person:	MOSES JOE

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