

## **13 Death Records for Students of St Mary'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/st-marys-mission/>

ABRAHAM, Amy  
BILLY, Daniel Harry  
FIDELE, Virginia  
JAMES, Edward Cassabalt  
JAMES, Harry Frederick  
JOHNSON, Francis  
LEON, Lloyd  
RICHARDSON, Myrtle  
RUSH, Clara Mae  
SMITH, Bradley Thomas  
WELLS, Robert  
WILLIAM, Anastasia  
WILLIAMSON, Catherine

FACULTY OF HUMANITIES

ARCHAEOLOGY

**FINDING THE MISSING:  
RESIDENTIAL SCHOOL CEMETERIES FOR INDIGENOUS CHILDREN IN CANADA.**

**A NATIONAL STRATEGY FOR IDENTIFICATION, RECORDING, PRESERVATION,  
AND COMMEMORATION**

BY

**ALEX MAASS**

Thesis for the degree of Doctor of Philosophy

MAY 2018





Figure 4. Child's headstone inset with marbles. Credit: Kitty Bernick, (2011).

ALEX MAASS



## FINDING THE MISSING, RESIDENTIAL SCHOOL CEMETERIES FOR INDIGENOUS CHILDREN

Although the majority of residential school graves are unmarked, Figure 4 shows a rare marked grave in a well maintained Oblate cemetery in British Columbia. The grave of a young girl, a student at St Mary's IRS who died in 1938 at the age of eight, it shows her name and age inscribed by hand in the wet cement. The edges of this homemade headstone have been inset with children's marbles.

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

58-09-008516

B. C. NO. 00-09-00123

## 1. PLACE OF DEATH

Name of city or place Agassiz Name of Municipality (if any) Kent  
(If outside city or municipality insert "Rural")  
Street or road Maria Slough House No. \_\_\_\_\_  
(If death occurred in a hospital or institution, give the name instead of street and number)

## 2. LENGTH OF STAY

In Municipality where death occurred life In Province life In Canada (if immigrant)

## 3. PRINT FULL NAME OF DECEASED

BILLY Daniel Harry

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

## 4. PERMANENT RESIDENCE OF DECEASED

Name of city or place Agassiz Name of Municipality (if any) Kent  
Street or road Corner McDONALD & Trammer Roads House No. \_\_\_\_\_  
(If outside city or municipality insert "Rural")

## 5. SEX

male

Canadian

## 7. RACIAL ORIGIN

Native Indian

## 6. CITIZENSHIP

Canadian

## 8. SINGLE, MARRIED, WIDOWED OR DIVORCED

single

## 9. BIRTHPLACE

Seabird Island B.C.

## 10. DATE OF BIRTH

January 19, 1950

## 11. AGE (Last Birthday)

8

## 12. (a) TRADE, PROFESSION OR KIND OF WORK AS LOGGERS, FISHERMAN, OFFICE CLERK, ETC.

Student

## 13. DATE DECEASED LAST WORKED AT THIS OCCUPATION

nil

## 14. TOTAL YEARS SPENT IN THIS OCCUPATION

nil

## 15. IF MARRIED, WIDOWED OR DIVORCED GIVE NAME OF HUSBAND OR MARRIED NAME OF WIFE OF DECEASED

nil

## 16. NAME OF FATHER

Billy

## 17. MARRIED NAME OF MOTHER

Thomas

## 18. BIRTHPLACE - FATHER

Pavillion B.C.

## 19. BIRTHPLACE - MOTHER

Seabird Island B.C.

## 20. I CERTIFY THE FOREGOING TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Given under my hand at Chilliwack, this 29 day of July, 1958Signature of Informant [Signature] Relationship to deceased Father  
(MARRIED WOMEN SIGN AS THE HUSBAND'S SISTER OR GIVEN NAME)  
Address of Informant [Address] (Name of City, Municipality or Place) (Province or State)

## 21. BURIAL, CREMATION OR REMOVAL

burial

## 22. DATE OF BURIAL, CREMATION OR REMOVAL

July 31, 1958

## 23. PLACE OF BURIAL OR CREMATION

Kent

## 24. NAME OF UNDERTAKER

Henderson Funeral Homes

## 25. ADDRESS OF UNDERTAKER

Chilliwack B.C.

## 26. DATE OF DEATH

July 28th, 1958

## 27. I HEREBY CERTIFY THAT I CONDUCTED AN INQUIRY INTO DEATH OF DECEASED, JULY 28th, 1958, AND THAT THE ABOVE INFORMATION WAS OBTAINED FROM THE SOURCE INDICATED.

## 28. 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.)

## 29. ANTECEDENT DISEASE

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

## 30. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

## 31. IF A WOMAN, WAS THE DEATH

(a) Associated with pregnancy? (b) Duration \_\_\_\_\_ weeks. (c) Was there a delivery? \_\_\_\_\_

## 32. (a) Was there a recent surgical operation?

(b) Date of operation \_\_\_\_\_

## 33. (c) State findings of operation

(d) Was there an autopsy? Yes34. IF A VIOLENT DEATH, (ILL IN ALSO) (A) Accident  Suicide  Homicide  (B) Date of injury

19

## 35. (C) How did injury occur?

## 36. (d) Injuries sustained?

(e.g., fractures of skull, left leg, etc.; lacerations of, back, etc.)

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

Maria Slough, Agassiz, B.C.

## 38. Signed by

A. M. Harrison

## 39. Address

Harrison Hot Springs, B.C.

## 40. Designation

Coroner M.D., Coroner, etc.

## 41. Date

July 31st, 1958

## 42. Print name of M.D., Coroner, etc., whose signature appears above

Coroner A.M. Haimith Col.

## 43. Notations

## 44. I hereby certify that the above return was made to me at

Chilliwack

## 45. Date

1st August 1958

## 46. District Registration No.

131-11

## 47. Signature of District Registrar

[Signature]

MARGIN RESERVED FOR BINDING. WRITE PLAINLY. WITH UNPAID INC. THIS IS A PERMANENT RECORD.  
CITIZENSHIP (NATIONALITY) is defined in terms of the country in which the person was born. The term "Canadian" should be used as designator 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 is traced through the father - belongs, whether English, Irish, Scottish, French, German, Russian, Christian, etc. The term "Canadian" should not be used as RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

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Event Type:	Death
Registration Number:	1931-09-015813
BC Archives Mfilm Number:	B13362
GSU Mfilm Number:	1983212
Event Date (YYYY-MM-DD):	1931-01-16
Event Place:	VICTORIA
Age at Death:	12
Person:	VIRGINIA FIDELLE

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

41 Reg. No. (OFFICE USE ONLY)  
45-09-01205

1. PLACE OF DEATH

Name of city or place: North Bend (rural) Name of Municipality (if any):  
Street or road: (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: Life In Province: Life In Canada (if immigrant): Life

3. PRINT FULL NAME OF DECEASED: JAMES, Edward Cassabalt (Surname or family name) (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED: Name of city or place: North Bend, B.C. Name of Municipality (if any):

5. SEX: Male 6. CITIZENSHIP: Canadian 7. RACIAL ORIGIN: Indian 8. Single, Married, Widowed or Divorced: Single 9. BIRTHPLACE: Chilliwack, B.C.

10. Date of Birth: January 28, 1958 11. AGE (Last Birthday): 7 YEARS 12. (a) Trade, profession or kind of work: Schoolboy

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: JAMES, Harry 17. Maiden name of mother: JONES, Mary Margaret 18. Birthplace - Father: Spuzzum, B.C. Mother: Keefers, B.C.

19. I certify the foregoing to be true and correct to the best of my knowledge and belief. Given under my hand at: Lytton, B.C. this 22nd day of April, 1966. Signature of Informant: Harry Jones Relationship to deceased: Father

20. Burial, Cremation or Removal: Burial Date: December 30, 1965 Place of Burial: Chamaux, B.C. Name of Cemetery: Chamaux Indian Cemetery 21. Undertaker - Name: Family Address: North Bend, B.C.

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH: December 26, 1965

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

24. CAUSE OF DEATH: (a) Burned to death due to (or as a consequence of) Overheated furnace (b) Overheated furnace 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. Other significant conditions contributing to the death, but not related to the disease or condition causing it.

25. (a) Was there a recent surgical operation? (b) Date of operation: (c) Nature of operation: (d) Was there an autopsy?

26. If a violent death, fill in also: (a) Accident (b) Suicide (c) Homicide (d) Date of injury: (e) How did injury occur? (f) Injuries sustained? (g) Where did injury occur? (h) Date of injury:

27. Signed by: P. O. Box 1058, Hope, B.C. Designation: M.D. Date: May 2, 1966

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

29. I hereby certify that the above record was made to me at Lytton, B.C. Dated: May 13, 1966

30. District Registration No. 728 (SEE REVERSE SIDE FOR INSTRUCTIONS) Deputy

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. CITIZENSHIP (NATIONALITY) is defined in terms of the country in which the person was born. The term "Canadian" should be used as descriptive of a person who was born in Canada or who has rights of citizenship in Canada, subject to the fact that 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 - be Anglo, whether English, Irish, Scottish, French, German, Russian, Ukrainian, etc. The term "Canadian" or "American" should not be used for RACIAL ORIGIN, as they represent CITIZENSHIP (NATIONALITY).

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

41 Reg. No. (Office use only) 45-09-01088

1. PLACE OF DEATH

Name of city or place North Bend (rural) Name of Municipality (if any)

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

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

3. PRINT FULL NAME OF DECEASED JAMES Harry Frederick (Surname or family name) (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED: Name of city or place North Bend, B.C. Name of Municipality (if any) Street or road

5. SEX Male 6. CITIZENSHIP Canadian 7. RACIAL ORIGIN Indian 8. Single, Married, Widowed or Divorced 9. BIRTHPLACE Lytton, B.C.

10. Date of Birth August 18, 1953 11. AGE (Last Birthday) 12 years 13 months 14 hours 15 min.

12. (a) Trade, profession or kind of work as logger, fisherman, office clerk, etc. Schoolboy (b) Kind of industry or business, as logging, fishing, bank, etc. (c) (Indicate special kind of work above) (d) If housewife in any home answer "At Home"

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

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

16. Name of father JAMES Harry (Surname or family name) (All given or Christian names)

17. Maiden name of mother JAMES Mary Margaret (Surname or family name) (All given or Christian names)

18. Birthplace - Father Spuzzum, B.C. Mother Keefers, B.C. (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 Lytton, B.C., this 22nd day of April, 1966

Signature of informant (Married women put in one husband's initials or give name) Relationship to deceased Father

Address of informant (House No.) North Bend, B.C. (Name of City, Municipality or Place) (Province or State)

20. Burial, Cremation or Removal Burial Date December 30, 1965 (Date) (Year)

Place of Burial or Cremation Chaumox, B.C. Name of Cemetery Chaumox Indian Cemetery (Municipality, etc., where Cemetery located)

21. Undertaker - Name Family Address North Bend, B.C. (Name of City, Municipality or Place) (Province or State)

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH December 26, 1965 (Month by name) (Date) (Year)

23. I HEREBY CERTIFY that I attended deceased from 19 and last saw him/her alive on 19

24. CAUSE OF DEATH Burned to death (a) due to (or as a consequence of) Overheated furnace (b) due to (or as a consequence of) (c) Disease in 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.) (d) Apparent cause (e) Other significant conditions contributing to the death, but not related to the disease or condition causing it.

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) Some findings of operation (d) Was there an autopsy?

27. If a violent death, did it also: (a) Accident (b) Suicide (c) Homicide (d) Date of injury (e) How did injury occur? (f) Injuries sustained? (g) Where did injury occur? (Home, farm, industrial place, highway, etc.)

28. Signed by R. B. Morrison Designation M.D. M.D., Coroner, etc. Date May 2nd, 1966

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

30. Notations

31. I hereby certify that the above record was made to me at Lytton, B.C. Date May 13, 1966

32. District Registration No. 727 (Signature of Registrar) Deputy

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK, THIS IS A PERMANENT RECORD. CITIZENSHIP (NATIONALITY) is defined in terms of the country in which the person was born. The term "Canadian" should be used as descriptive of a person who was born in Canada or who has taken Canadian 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 terms "Canadian" or "American" should not be used for RACIAL ORIGIN, as they express ETHNIC ORIGIN.

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22 09 995124

AN ACT TO AMEND THE VITAL STATISTICS ACT.

(Being chapter 73 of the Statutes of 1916.)

RETURN OF DEATH OF AN INDIAN.

New Westminster.

Indian Agency.

No. of report.	
Name and surname of deceased.	Francis Johnson.
Reserve and band or tribe.	Katzie <span style="float: right;">4A</span>
When died.	Nov. 13 <sup>th</sup> 1922.
Where died.	Katzie I.R. Port Hammond St.
Sex.	Male.
Age.	10 Years.
Where born.	Katzie I.R.
Religious denomination.	R. C.
Certified cause of death, and duration of illness, as per physician's certificate on back hereof.	
In case no physician attended, signature, description, and residence of informant to be herein given, with reported cause of death, and duration of illness.	2000
When registered.	
RE MARKS.	

This is a correct return of the death of Francis Johnson  
 as reported to me this 13<sup>th</sup> day of November, 1922.

Edmund  
 Indian Agent.



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Event Type:	Death
Registration Number:	1936-09-020032
BC Archives Mfilm Number:	B13363
GSU Mfilm Number:	1983213
Event Date (YYYY-MM-DD):	1936-01-06
Event Place:	MISSION
Age at Death:	10
Person:	LLOYD LEON

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Event Type:	Death
Registration Number:	1928-09-012256
BC Archives Mfilm Number:	B13361
GSU Mfilm Number:	1983211
Event Date (YYYY-MM-DD):	1928-10-19
Event Place:	MISSION CITY
Age at Death:	10
Person:	MYRTLE RICHARDSON

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

43-037  
Reg. No. (Other use only)

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

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

3. PRINT FULL NAME OF DECEASED Rush Clara May  
(Surname) (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED  
Name of city, village, town, district municipality or place Kildonan, B.C. 54-000  
(If outside city or municipal limits add "Rural")  
Street or road General Delivery House No. \_\_\_\_\_

5. SEX & CITIZENSHIP 7. RACIAL ORIGIN 8. Single, Married, Widowed or Divorced (Write the word) 9. BIRTHPLACE (City or Place and Province or Country)  
Female Canadian Indian Indian Single Refuge Cove-Sidney Inlet

10. Date of Birth February 11th 1948 11. AGE (Last birthday) 18  
(Month by name) (Year) (Years) (Months) (Days) (Hours) (Min.)

12. (a) Trade, profession or kind of work at logger, fisherman, office clerk, etc. (b) Kind of industry or business, as logging, fishing, bank, etc. School Girl  
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 Rush Warren  
(Surname) (All given or Christian names)

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

18. Birthplace - Uxvallet Tofino, 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 Vancouver, B.C. this 11th day of March 1966

Signature of Informant (Maiden name not to use husband's initials or given names) Relationship to deceased Father  
Address of informant 400-8th Street, Port Alberni, B.C.  
(House No.) (Name of Street) (Name of City, Municipality or Place) (Province)

20. Burial, Cremation or Removal (State which) Date March 16th 1966  
Place of Burial or Cremation Port Alberni, B.C. Name of Cemetery unknown  
(Municipality, town, where Cemetery located) (City or Place and Province or Country)

21. Undertaker - Hall Funeral Home Address Vancouver, B.C.  
(Name) (Name of City, Municipality or Place) (Province)

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH MARCH 12 1966  
(Month by name) (Date) (Year)

23. I HEREBY CERTIFY that I attended deceased from MARCH 11 1966 to MARCH 12 1966, and last saw him/her alive on MARCH 12 1966

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 (Morbidity 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? No  
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? Yes

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? (Home, farm, industrial place, highway, etc.) \_\_\_\_\_

27. Signed by Kenneth Berry Designation M.D. M.D. or Coroner.  
Address 1081 Burrard St Vancouver Date Apr 22 1966

28. Print name of Doctor or Coroner, whose signature appears above Kenneth Berry

29. Notations \_\_\_\_\_

30. I hereby certify that the above return was made to me at VANCOUVER APR 23 1966  
Dated \_\_\_\_\_ 19 \_\_\_\_\_  
District Registration No. 2014 (Signature of District Registrar)

IMPORTANT: Any change or correction made in the completion of this form must be indicated 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 designative 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, Negrit, Chinese, Japanese or other.

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

59-09-012712

B. I. No. AB-09-095765

**1. PLACE OF DEATH**  
Name of city or place Mission City, B.C. Name of Municipality (if any) \_\_\_\_\_  
(If outside city or municipal limits add "Rural") \_\_\_\_\_  
Street or road \_\_\_\_\_ (If death occurred in a hospital or institution, give the name instead of street and number) \_\_\_\_\_ (House No.) \_\_\_\_\_

**2. LENGTH OF STAY**  
(In years, months and days) In Municipality where death occurred 1 Month. In Province Life. In Canada (if immigrant) \_\_\_\_\_

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

**4. PERMANENT RESIDENCE OF DECEASED:**  
Name of city or place Mount Currie, B.C. Name of Municipality (if any) 55-0-0  
(If outside city or municipal limits add "Rural") \_\_\_\_\_  
Street or road Samahquam Indian Reserve. House No. \_\_\_\_\_

**5. SEX** Male **6. CITIZENSHIP** Canadian **7. RACIAL ORIGIN** Indian **8. SINGLE, MARRIED, WIDOWED OR DIVORCED** Single. **9. BIRTHPLACE:** Vancouver, B.C.  
(See marginal note) (See marginal note) (Write the word) (City or Place and Province or Country)

**10. Date of Birth** September 7th, 1948. **11. AGE (Last Birthday)** 11 **12. BIRTHPLACE:** Vancouver, B.C.  
(Month by name) (Date) (Year) YEARS MONTHS DAYS HOURS MIN.

**13. (a) Trade, profession or kind of work as Singer, fisherman, office clerk, etc.** Student.  
(b) Kind of industry or business, as logging, fishing, bank, etc. \_\_\_\_\_  
(If laborer specify kind of work above) (If housewife in own home answer "At home")

**14. Date deceased last worked** N/A **15. Total years spent in this occupation** N/A

**16. If married, widowed or divorced give name of husband or maiden name of wife of deceased** N/A.

**17. Name of father** SMITH, Joseph  
(Surname or family name) (All given or Christian names)

**18. Name of mother** FRANK, Bibiana  
(Surname or family name) (All given or Christian names)

**19. Birthplace—** Mount Currie, B.C. Mount Currie, B.C.  
(City or Place and Province or Country) (City or Place and Province or Country)

**20. I hereby certify that I am and correct to the best of my knowledge and belief.**  
Given under my hand at New Westminster, B.C. this 15th day of October 1959  
Signature of Informant [Signature] Relationship to deceased None  
(Print name and print in Roman's letters or given name) (Name of City, Municipality or Place) (Province or State) (District No.) (Name of Street)

**21. Burial, Cremation or Removal** Removal October 16th, 1959  
(Name which) (Date) (Month by name) (Date) (Year)  
Place of Burial or Cremation Mount Currie, B.C. Name of Cemetery Mount Currie Band.  
(Municipality, etc., where Cemetery located) (Name of City, Municipality or Place) (Province or State)

**22. Undertaker—** Mission Funeral Home, Ltd. Mission City, B.C.  
Name (Name of City, Municipality or Place) (Province or State)

**23. DATE OF DEATH** October 14th, 1959  
(Month by name) (Date) (Year)

**24. I HEREBY CERTIFY** that I attended deceased from held on Inquest to \_\_\_\_\_ and last saw him alive on \_\_\_\_\_

**25. 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 direct, injury, or complication which caused death.) 830.3 Acute meningomyelitis  
Antecedent causes (a) due to (or as a consequence of) Probable schistosomiasis  
(b) due to (or as a consequence of) \_\_\_\_\_  
(c) \_\_\_\_\_  
Other significant conditions contributing to the death, but not related to the disease or condition causing it. 422.2 Myocarditis - acute  
Broncho pneumonia

**26. If a woman, was the death** (a) Associated with pregnancy? No (b) Duration \_\_\_\_\_ weeks. (c) Was there a delivery? \_\_\_\_\_

**27. (a) Was there a recent surgical operation?** No (b) Date of operation \_\_\_\_\_ 19\_\_\_\_  
(c) State findings of operation \_\_\_\_\_ (d) Was there an autopsy? No

**28. 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, laceration of, etc.)  
(e) Where did injury occur? (Home, farm, industrial place, highway, etc.) \_\_\_\_\_

**29. Signed by** [Signature] Designation Doctor M.D., Coroner, etc.  
Address Mount Currie, B.C. Date October 20th 1959

**30. Print name of M.D., Coroner, etc., whose signature appears above** HARRY BEAUP

**31. Notations** \_\_\_\_\_

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 designator of a person who was born in Canada or who has rights of Citizenship in Canada, unless he or she has voluntarily become the citizen of another country.  
RACIAL ORIGIN is defined in terms of the people or race to which the person is traced through the father—belonging, whether English, Irish, Scottish, French, German, Russian, Ukrainian, etc. The term "Canadian" or "American" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

DO NOT WRITE BELOW  
DOUBLE LINE  
OFFICE USE ONLY

**31. I hereby certify that the above return was made to me at** New Westminster, B.C.  
Dated October 23rd, 1959  
District Registration No. 351

[Signature]  
Registrar of District Registrar

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Event Type:	Death
Registration Number:	1934-09-018223
BC Archives Mfilm Number:	B13362
GSU Mfilm Number:	1983212
Event Date (YYYY-MM-DD):	1934-02-08
Event Place:	MISSION CITY
Age at Death:	11
Person:	ROBERT WELLS

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Event Type:	Death
Registration Number:	1934-09-018224
BC Archives Mfilm Number:	B13362
GSU Mfilm Number:	1983212
Event Date (YYYY-MM-DD):	1934-03-30
Event Place:	MISSION CITY
Age at Death:	14
Person:	ANASTASIA WILLIAMS

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Event Type:	Death
Registration Number:	1929-09-013807
BC Archives Mfilm Number:	B13361
GSU Mfilm Number:	1983211
Event Date (YYYY-MM-DD):	1929-03-13
Event Place:	NEW WESTMINSTER
Age at Death:	16
Person:	CATHERINE WILLIAMSON

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