Province of British Columbia

Ministry of Health
DIVISION OF VITAL STATISTICS

REGISTRATION OF DEATH

REGISTRATION No (Department Use Only)
013191

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.

NAME OF DECEASED
1 SURNAME (Print or Type): MCGAVIN
ALL GIVEN NAMES: GARFIELD ALEXANDER
2 SEX: M ☒ F ☐ U/K ☐

DATE OF DEATH
MM DD YY: 08 | 03 | 89

PLACE OF DEATH
3 NAME OF HOSPITAL OR INSTITUTION (Otherwise give exact location where death occurred): EVERGREEN HOUSE-230 E 13TH ST
OFFICE USE ONLY: 1-112
CITY, TOWN OR OTHER PLACE (by name): NORTH VANCOUVER LIONS GATE HOSPITAL 15046
POSTAL CODE: V7L 2L7
INSIDE MUNICIPAL LIMITS? STATE ☒ YES ☐ NO

USUAL RESIDENCE
4 COMPLETE STREET ADDRESS (If rural give exact location (Not Post Office or Rural Route address)): 4631 CEDARCREST AVENUE
CITY, TOWN OR OTHER PLACE (by name): NORTH VANCOUVER 15046
POSTAL CODE: V7R 3R4
INSIDE MUNICIPAL LIMITS? STATE ☒ YES ☐ NO
PROVINCE (or country): B.C.

MARITAL STATUS
5 STATE: 2
☐ SINGLE ☒ MARRIED ☐ WIDOWED ☐ DIVORCED
6 IF MARRIED, WIDOWED OR DIVORCED GIVE FULL NAME OF HUSBAND OR FULL MAIDEN NAME OF WIFE: HIRST ROSEMARIE TENIA

OCCUPATION
7 KIND OF WORK DONE DURING MOST OF WORKING LIFE: SHEET METAL
OFFICE USE ONLY:
8 KIND OF BUSINESS OR INDUSTRY IN WHICH WORKED: RETIRED

BIRTHDATE
9 MONTH (by name), DAY, YEAR OF BIRTH: APRIL 02, 1909
10 AGE (YEARS): 80 5
IF UNDER 1 YEAR — MONTHS / DAYS:
IF UNDER 1 DAY — HOURS / MINUTES:

BIRTHPLACE
11 CITY, TOWN OR OTHER PLACE: VANCOUVER
PROVINCE (or country) OF BIRTH: BC 009
NATIVE INDIAN? STATE ☐ YES ☐ NO

FATHER
SURNAME AND GIVEN NAMES OF FATHER (Print or Type): MCGAVIN ALEXANDER FINLEY
BIRTHPLACE — CITY OR PLACE, PROVINCE OR COUNTRY: UNKNOWN ONTARIO 005

MOTHER
MAIDEN SURNAME AND GIVEN NAMES OF MOTHER (Print or Type): TOWLE OLIVE ADA
BIRTHPLACE — CITY OR PLACE, PROVINCE OR COUNTRY: LANGLEY BC 009

SIGNATURE OF INFORMANT
SIGNATURE: Rosemarie Tenia McGavin
DATE SIGNED: 08/05/1989
RELATIONSHIP TO DECEASED: WIFE
ADDRESS OF INFORMANT: 4631 CEDARCREST AVE NORTH VAN BC V7R3R4
POSTAL CODE:

TO BE COMPLETED BY FUNERAL DIRECTOR ONLY

DISPOSITION
TYPE OF DISPOSITION: 2 AC 3643
☐ BURIAL ☒ CREMATION ☐ OTHER (SPECIFY)
DATE OF BURIAL/DISPOSITION (MM DD YY): 08 09 89
NAME AND ADDRESS OF CEMETERY, CREMATORIUM OR PLACE OF DISPOSITION: NORTH SHORE CREM NORTH VAN BC V7J 2J1

FUNERAL DIRECTOR
NAME OF FUNERAL DIRECTOR OR PERSON IN CHARGE OF REMAINS (Print or Type): FIRST MEMORIAL FUNERAL SERVICE #845
ADDRESS: 1505 LILLOOET RD N.VANCOUVER B.C. V7J 2J1

DO NOT WRITE BELOW THIS LINE -- OFFICE USE ONLY

CERTIFICATION OF DISTRICT REGISTRAR
I CERTIFY THAT THIS RETURN WAS ACCEPTED BY ME ON THIS DAY AT VANCOUVER, B.C AUG 8 1989 , B.C
DATE MM DD YY:
SIGNATURE OF DISTRICT REGISTRAR:
DISTRICT REGISTRATION No:

NOTATIONS
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HLTH 406 REV 88.02