

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

VICTORIA
49-09-001243

1. PLACE OF DEATH

Name of city or place Victoria, B. C. Name of Municipality (if any) _____
(If outside city or municipal limits add "Rural")
Street or road Yates Street House No. 544
(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) 8 years 16 years Life

3. PRINT FULL NAME OF DECEASED

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

4. PERMANENT RESIDENCE OF DECEASED:

Name of city or place Victoria, B. C. Name of Municipality (if any) _____
(If outside city or municipal limits add "Rural")
Street or road Yates Street House No. 544

5. SEX Male 6. CITIZENSHIP Canadian 7. RACIAL ORIGIN Scotch 8. Single, Married, Widowed or Divorced Widowed 9. BIRTHPLACE: Nova Scotia
(See marginal note) (Write the word) (City or Place and Province or Country)

10. Date of Birth Unknown 11. AGE 74 Years Months Days If less than one day
(Month by name) (Date) (Year) hrs. or min.

12. (a) Trade, profession or kind of work as logger, fisherman, office clerk, etc. Retired
(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 Valerie Bell

16. Name of father Bell Alexander
(Surname or family name) (All given or Christian names)

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

18. Birthplace: Unknown Unknown
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, B. C., this 8th, day of January, 1949

Signature of informant [Signature] Relationship to deceased son

Address Hope, B. C. (Box 4)

20. Burial, Cremation or Removal Cremation Date January 10th 1949
(Month by name) (Date) (Year)

Place of Burial Saanich, B. C. Cemetery Royal Oak Crematorium
(Municipality)

21. Undertaker: Sands Mortuary Ltd. Address 1803 Quadra Street
Name

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH January 6th 1949
(Month by name) (Date) (Year)

23. I HEREBY CERTIFY that I ~~attended~~ held an inquest held an inquest
to _____ 19____ and last saw h _____ alive on _____ 19____

I	CAUSE OF DEATH	DURATION		
		Yrs.	Mos.	Dys.
Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, aethenia, etc. Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). Other morbid conditions (if important) contributing to death but not causally related to immediate cause.	(a) <u>Sudden Death</u> due to (b) <u>Natural Cause</u> due to (c) <u>Myocardial</u>			

24. If a woman, was the death associated with pregnancy? _____ Duration _____ weeks. Was there a delivery? _____

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

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

Signed by [Signature] Designation Coroner M.D., Coroner, etc.
Address Victoria Date January 10 19 49

27. Marginal Notations (Office use only)

28. I hereby certify that the above return was made to me at Victoria, B. C.
Dated January 11th 1949. [Signature]
District Registration No. 34 (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 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 CITIZENSHIP (NATIONALITY).

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