Province of British Columbia

Ministry of Health
DIVISION OF VITAL STATISTICS

REGISTRATION OF DEATH

REGISTRATION No (Department Use Only) 022569

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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): EASTON
ALL GIVEN NAMES: Marlene Iris
2 SEX: M ☐ F ☒ U/K ☐

DATE OF DEATH
MM 12 DD 26 YY 88
3 NAME OF HOSPITAL OR INSTITUTION (Otherwise give exact location where death occurred): Royal Inland Hospital
OFFICE USE ONLY: 1-401

PLACE OF DEATH
CITY, TOWN OR OTHER PLACE (by name): Kamloops 23042
POSTAL CODE: V2C 2T1
INSIDE MUNICIPAL LIMITS? STATE ☒ YES ☐ NO

USUAL RESIDENCE
4 COMPLETE STREET ADDRESS If rural give exact location (Not Post Office or Rural Route address): 2210 Crescent Dr.,
CITY, TOWN OR OTHER PLACE (by name): Kamloops 23042
POSTAL CODE: V2C 4S6
INSIDE MUNICIPAL LIMITS? STATE ☒ YES ☐ NO
PROVINCE (or country): B.C.

MARITAL STATUS
5 STATE: ☐ SINGLE ☐ MARRIED ☒ WIDOWED ☐ DIVORCED 2
6 IF MARRIED, WIDOWED OR DIVORCED GIVE FULL NAME OF HUSBAND OR FULL MAIDEN NAME OF WIFE: EASTON, William George

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

BIRTHDATE
9 MONTH (by name), DAY, YEAR OF BIRTH: June 11, 1935
10. AGE (YEARS): 53 5
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 1 DAY: HOURS / MINUTES

BIRTHPLACE
11 CITY, TOWN OR OTHER PLACE: Edmonton, 008
PROVINCE (or country) OF BIRTH: Alberta
NATIVE INDIAN? STATE ☐ YES ☒ NO

FATHER
SURNAME AND GIVEN NAMES OF FATHER (Print or Type): ALLEN, Francis George
BIRTHPLACE — CITY OR PLACE, PROVINCE OR COUNTRY: England 012

MOTHER
MAIDEN SURNAME AND GIVEN NAMES OF MOTHER (Print or Type): THOMPSON, Edna
BIRTHPLACE — CITY OR PLACE, PROVINCE OR COUNTRY: U.S.A. 301

SIGNATURE OF INFORMANT
SIGNATURE: X Colleen Nabata
DATE SIGNED: Dec.27/88
RELATIONSHIP TO DECEASED: Daughter
ADDRESS OF INFORMANT: 221 MacEwan Glen Dr NW, Calgary
POSTAL CODE: T3K 2G5

TO BE COMPLETED BY FUNERAL DIRECTOR ONLY

DISPOSITION
TYPE OF DISPOSITION: 1 ☒ BURIAL ☐ CREMATION ☐ OTHER (SPECIFY)
DATE OF BURIAL/DISPOSITION: MM 12 DD 30 YY 88
NAME AND ADDRESS OF CEMETERY, CREMATORIUM OR PLACE OF DISPOSITION: Hillside Cemetery, Kamloops, B.C.

FUNERAL DIRECTOR
NAME OF FUNERAL DIRECTOR OR PERSON IN CHARGE OF REMAINS (Print or Type): Schoening Funeral Service
ADDRESS: 513 Seymour St., Kamloops, B.C.

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: Kamloops BC
DATE MM 12 DD 29 YY 88
SIGNATURE OF DISTRICT REGISTRAR
DISTRICT REGISTRATION No: 498

NOTATIONS

HLTH 406 REV 08/02

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