

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

Reg. No. (Office use only)

67-09-014127

1. PLACE OF DEATH

Name of city, village, town, district municipality or place Sidney B.C.
Street or road Resthaven Hospital
House No.

2. LENGTH OF STAY
In Municipality where death occurred 35 Years
In Province Life
In Canada (if immigrant) Life

3. PRINT FULL NAME OF DECEASED Doney Albert
(Surname) (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED
Name of city, village, town, district municipality or place Central Saanich
Street or road Mt. Newton X. Road
House No. I784

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

10. Date of Birth January 3rd 1897
11. AGE (Last Birthday) 70 YEARS

12. (a) Trade, profession or kind of work as logger, fisherman, office clerk, etc. Farmer
(b) Kind of industry or business, as logging, fishing, bank, etc.
13. Date deceased last worked at this occupation 1967
14. Total years spent in this occupation 40 Years

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

16. Name of father Doney John
17. Maiden name of mother Unknown
18. Birthplace - Father Wales Mother Nova Scotia Canada

19. I certify the foregoing to be true and correct to the best of my knowledge and belief.
Given under my hand at Sidney, this 30th day of October 1967
Signature of informant Relationship to deceased Son
Address of informant 1810 Doney Road Saanichton B.C.

20. Burial, Cremation or Removal Cremation
Date November 2nd 1967
Place of Burial or Cremation Saanich
Name of Cemetery Royal Oak Crematorium

21. Undertaker: - Name Sands Funeral Chapel of Roses
Address Sidney B.C.

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH October 20th 1967

23. I HEREBY CERTIFY that I attended deceased from December 1953 to December 1953, and last saw him alive on October 28 1967

CAUSE OF DEATH
I 4201
Disease or condition directly leading to death
Antecedent causes
II
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?

26. 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) Where did injury occur? (home, farm, industrial place, highway, etc.)

27. Signed by Designation M.D. M.D. or Coroner,
Address Date 19

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

29. Notations

30. I hereby certify that the above return was made to me at Sidney B.C.
Dated Oct 31st 1967

District Registration No. 764
(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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