



REGISTRATION OF DEATH

Registration No. (Department Use Only)  
009450

SHADED AREAS - FOR OFFICE USE ONLY

NAME OF DECEASED	1. SURNAME (Print or Type) Gilley		2. SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/> U/K <input type="checkbox"/>		DATE OF DEATH MM DD YY 05 20 1991	
	ALL GIVEN NAMES (Print or Type) Annie May					
PLACE OF DEATH	3. NAME OF HOSPITAL OR INSTITUTION (Otherwise give exact location where death occurred) Blenheim Lodge 3263 Blenheim Street					4-000
	CITY, TOWN OR OTHER PLACE (by name) Vancouver, B.C.		15022	POSTAL CODE V6L 2X7	INSIDE MUNICIPAL LIMITS? STATE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
RESIDENCY INFORMATION AND USUAL ADDRESS	B.C. RESIDENT <input checked="" type="checkbox"/> NON-RESIDENT <input type="checkbox"/>		IF BRITISH COLUMBIA RESIDENT, B.C. CARE CARD NO.			
	4. COMPLETE STREET ADDRESS if rural give exact location (Not Post Office or Rural Route address) 3263 Blenheim Street					1502
MARITAL STATUS	5. STATE 3		6. IF MARRIED, WIDOWED OR DIVORCED GIVE FULL NAME OF HUSBAND OR FULL MAIDEN NAME Gilley Harold Lee			
	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED					
OCCUPATION	7. KIND OF WORK DONE DURING MOST OF WORKING LIFE Homemaker		8. KIND OF BUSINESS OR INDUSTRY IN WHICH WORKED Domestic			
BIRTHDATE	9. MONTH (by name), DAY, YEAR OF BIRTH August 1, 1902		10. AGE (YEARS) 88	5	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 1 DAY HOURS MINUTES
BIRTHPLACE	11. CITY, TOWN OR OTHER PLACE Agassiz, B.C.		PROVINCE (or country) OF BIRTH		12. NATIVE INDIAN? STATE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
			009			
FATHER	13. SURNAME AND GIVEN NAMES OF FATHER (Print or Type) Burkitt John		14. BIRTHPLACE - CITY OR PLACE, PROVINCE OR COUNTRY England			
MOTHER	15. MAIDEN SURNAME AND GIVEN NAMES OF MOTHER (Print or Type) Munro Mary Ann		16. BIRTHPLACE - CITY OR PLACE, PROVINCE OR COUNTRY Canada			
INFORMANT	SIGNATURE X <i>Marilyn C. Hart</i>		DATE SIGNED 05/21/91		RELATIONSHIP TO DECEASED Daughter	
	ADDRESS OF INFORMANT #1904-615 Belmont Street New Westminster, B.C.		POSTAL CODE V3M 6A1			

TO BE COMPLETED BY FUNERAL DIRECTOR ONLY

DISPOSITION	17. TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> OTHER (SPECIFY): 2		18. BURIAL PERMIT No. AF8516		19. DATE OF BURIAL / DISPOSITION MM DD YY 05 23 1991	
	NAME AND ADDRESS OF CEMETERY, CREMATORIUM OR PLACE OF DISPOSITION Victory Memorial Park Crematorium 2977 King George Hwy. Surrey, B.C.					
FUNERAL DIRECTOR	NAME OF FUNERAL DIRECTOR OR PERSON IN CHARGE OF REMAINS (Print or Type) Royal Oak Woodlawn-Bowell				CLIENT NO. 861	
	ADDRESS 219 Sixth Street New Westminster, B.C.				V3L 3A3	

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

NOTATIONS

CERTIFICATION OF DISTRICT REGISTRAR	I CERTIFY THAT THIS RETURN WAS ACCEPTED BY ME ON THIS DATE AT: NEW WESTMINSTER			BRITISH COLUMBIA REGISTRATION DISTRICT NO. #35	
	DATE Month Day Year 05 22 1991	SIGNATURE OF DISTRICT REGISTRAR <i>Murphy</i>			

THIS IS A PERMANENT LEGAL RECORD - TYPE OR PRINT PLAINLY - COMPLETE ALL ITEMS DO NOT USE RED OR GREEN INK (See reverse for legal requirements under the Vital Statistics Act) IMPORTANT: Any change or correction made in the completion of this form must be initialled by the person certifying the original information