

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

Reg. No. (Office use only)

67-09-010593

1. PLACE OF DEATH

Name of city, village, town, district municipality or place Town Of Creston B.C.
(If outside city or municipal limits add "Rural")

Street or road Creston Valley Hospital House No. 23-X
(If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY

(In years, months and days)

In Municipality where death occurred
30 years

In Province
30 years

In Canada (if immigrant)
56 years

3. PRINT FULL NAME OF DECEASED

GEIER

Ada

Mabel

(Surname)

(All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED

Name of city, village, town, district municipality or place

Creston B.C.

(Rural)

23-X

(If outside city or municipal limits add "Rural")

Street or road Crawford Hill

House No. 23-X

5. SEX

Female

6. CITIZENSHIP

(See marginal note)

Canadian

7. RACIAL ORIGIN

(See marginal note)

White

8. Single, Married, Widowed or Divorced

(Write the word)

Widowed

9. BIRTHPLACE

(City or Place and Province or Country)

Bobo Indiana U.S.A.

10. Date of Birth

November

30 th

1882

(Month by name)

(Date)

(Year)

11. AGE (Last Birthday)

84

YEARS

If under 1 year

If under 1 month

If under 24 hours

If under 1 hour

MONTHS

DAYS

HOURS

MIN.

OCCUPATION

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

Housewife

(b) Kind of industry or business, as logging, fishing, bank, etc.

At Home

(If labourer specify kind of work above) (If Housewife in own home answer "At Home")

13. Date deceased last worked at this occupation

August 11th 1967

14. Total years spent in this occupation

67

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

William

GEIER

16. Name of father

CHRONISTER

(Surname)

Josiah

(All given or Christian names)

17. Maiden name of mother

MEBREL

(Surname)

Ida

(All given or Christian names)

18. Birthplace -

Father

N/K

U.S.A.

Mother

N/K

U.S.A.

(City or Place and Province or Country)

(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 Creston, this 14th day of August 1967

Signature of informant Harold Geier Relationship to deceased Son
(Married women not to use Husband's initials or given names)

Address of informant R.R. 1 Paradise Valley Bonners Ferry Idaho U.S.A.
(House No.) (Name of Street) (Name of City, Municipality or Place) (Province)

20. Burial, Cremation or Removal

Burial

Date August

16 th

1967

Place of Burial

Erickson

(State which)

Name of (Month by name)

(Date)

(Year)

or Cremation

(Municipality, etc., where Cemetery located)

Cemetery Forest Lawn

21. Undertaker -

Name

George F. Oliver

Address Creston B.C.

(Name of City, Municipality or Place) (Province)

Aug. 14/67

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH

AUGUST

14

1967

(Month by name)

(Date)

(Year)

23. I HEREBY CERTIFY that I attended deceased from October 1967 to 14th August, 1967, and last saw her alive on 14 Aug. 1967

I

481X

Disease or condition directly leading to death (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury, or complication which caused death.)

Antecedent causes

Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.

II

431X

Other significant conditions contributing to the death, but not related to the disease or condition causing it.

CAUSE OF DEATH

(a) Acute myocarditis

due to (or as a consequence of)

(b) Influenza

due to (or as a consequence of)

(c) 2 weeks

Approximate interval between onset and death

2 days

2 weeks

24. If a woman, did the death occur either during pregnancy or within 90 days following pregnancy? No
Yes or No

25. (a) Was there a recent surgical operation? No (b) Date of operation 19

(c) State findings of operation

(d) Was there an autopsy? No

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.g. fracture of skull, left leg, etc., dislocation of -, bum to -, etc.)

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

27. Signed by

Box 670, Creston, B.C.

Designation M.D.

M.D. or Coroner.

Address

Date 15th August,

1967

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

J. Vernon Murray, M.D.

29. Notations

30. I hereby certify that the above return was made to me at

Dated

August 16th

19 67

CRESTON

District Registration No. 43/67

(Signature of District Registrar)

R. S. Allen

(SEE REVERSE SIDE FOR INSTRUCTIONS)

IMPORTANT: Any change or correction made in the completion of this form must be initialled 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.

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY