

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

49-09-003854

1. PLACE OF DEATH

Name of city or place Oreston Name of Municipality (if any) Oreston
 (If outside city or municipal limits add "Rural")

Street or road Oreston Valley Hospital House No. _____
 (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) 11 mo 11 mo 35 yrs

3. PRINT FULL NAME OF DECEASED GEIER WILLIAM
 (Surname or family name) (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED: Unorganized
 Name of city or place Oreston 023-00 Name of Municipality (if any) _____
 (If outside city or municipal limits add "Rural")

Street or road Oreston - Erickson Rd. House No. _____

5. SEX M **6. CITIZENSHIP** Can **7. RACIAL ORIGIN** German **8. Single, Married, Widowed or Divorced** married **9. BIRTHPLACE:** Indiana U.S.A.
 (See marginal note) (See marginal note) (Write the word) (City or Place and Province or Country)

10. Date of Birth Aug 31 1876 **11. AGE** 72 6 26 hrs. or min.
 (Month by name) (Date) (Year)

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

13. Date deceased last worked at this occupation Mar. 2, 1949 **14. Total years spent in this occupation** 11 yrs

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

16. Name of father Geier Edward
 (Surname or family name) (All given or Christian names)

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

18. Birthplace: German German
 (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 Oreston, this 26, day of March, 1949

Signature of informant E. W. Geier Relationship to deceased Son

Address Cranbrook B.C.

20. Burial, Cremation or Removal Burial Date March 29 1949
 (Month by name) (Date) (Year)

Place of Burial Oreston Cemetery Forest Lawn
 (Municipality)

21. Undertaker Henderson Address Oreston B.C.

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH March 26 1949
 (Month by name) (Date) (Year)

23. I HEREBY CERTIFY that I attended deceased from March 19 1949
 to March 26 1949, and last saw him alive on March 25 1949

CAUSE OF DEATH
 I 83E
 Immediate cause Cerebral Hemorrhage
 Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, assthenia, etc. (a) due to
 Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b) Hypertension
 (c) Arteriosclerosis
 II 102
 Other morbid conditions (if important) contributing to death but not causally related to immediate cause.

DURATION

Yrs.	Mos.	Dys.
		<u>3</u>
	<u>2</u>	

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

25. Was there a surgical operation? No. 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 homicide? _____ Date of injury _____ 19____

Manner of injury _____ (State which)

Nature of injury _____ (How sustained)

Specify whether injury occurred in **Industry**, in **home** or in **public place**

Signed by James Ryley Designation M.D., Coroner, etc.

Address Oreston B.C. Date March 28 1949

27. Marginal Notations (Office use only)

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

Dated March 29th, 1949 James Ryley
 (Signature of District Registrar)

District Registration No. 12/49

(SEE REVERSE SIDE FOR INSTRUCTIONS)

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

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).