Province of British Columbia

Ministry of Health
DIVISION OF VITAL STATISTICS

BRUNSDON

REGISTRATION OF DEATH

REGISTRATION No (Department Use Only): 002552

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): BRUNSDON; ALL GIVEN NAMES: FLORENCE ELIZABETH	2. SEX: ☐ M ☒ F ☐ U/K
DATE OF DEATH	MM 02 / DD 04 / YY 88; 3. NAME OF HOSPITAL OR INSTITUTION (Otherwise give exact location where death occurred): 932 Alexander Rd.	OFFICE USE ONLY: 5000
PLACE OF DEATH	CITY, TOWN OR OTHER PLACE (by name): Victoria 170-24; POSTAL CODE: V9A 4K5	INSIDE MUNICIPAL LIMITS? STATE ☒ YES ☐ NO
USUAL RESIDENCE	4. COMPLETE STREET ADDRESS If rural give exact location (Not Post Office or Rural Route address): 932 Alexander Rd.; CITY, TOWN OR OTHER PLACE (by name): Victoria; POSTAL CODE: V9A 4K5; INSIDE MUNICIPAL LIMITS? STATE ☒ YES ☐ NO	PROVINCE (or country): B. C.
MARITAL STATUS	5. STATE: ☐ SINGLE ☐ MARRIED ☒ WIDOWED ☐ DIVORCED (3)	6. IF MARRIED, WIDOWED OR DIVORCED GIVE FULL NAME OF HUSBAND OR FULL MAIDEN NAME OF WIFE: Thomas James Brunsdon
OCCUPATION	7. KIND OF WORK DONE DURING MOST OF WORKING LIFE: home duties; OFFICE USE ONLY:	8. KIND OF BUSINESS OR INDUSTRY IN WHICH WORKED:
BIRTHDATE	9. MONTH (by name), DAY, YEAR OF BIRTH: August 25, 1896; 10. AGE (YEARS): 91	IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 1 DAY: HOURS / MINUTES
BIRTHPLACE	11. CITY, TOWN OR OTHER PLACE: Gravesend, Kent	PROVINCE (or country) OF BIRTH: England 992
FATHER	SURNAME AND GIVEN NAMES OF FATHER (Print or Type): Levings Arthur	BIRTHPLACE — CITY OR PLACE, PROVINCE OR COUNTRY: England 992
MOTHER	MAIDEN SURNAME AND GIVEN NAMES OF MOTHER (Print or Type): Swann Mary Frances Elizabeth	BIRTHPLACE — CITY OR PLACE, PROVINCE OR COUNTRY: England 992
SIGNATURE OF INFORMANT	SIGNATURE: X H Brunsdon; DATE SIGNED: Feb. 5/88	RELATIONSHIP TO DECEASED: Daughter
	ADDRESS OF INFORMANT: 932 Alexander Rd., Victoria, B. C.	POSTAL CODE: V9A 4K5

TO BE COMPLETED BY FUNERAL DIRECTOR ONLY

DISPOSITION	TYPE OF DISPOSITION: ☐ BURIEL ☒ CREMATION ☐ OTHER (SPECIFY): 2	DATE OF BURIEL/DISPOSITION: MM 02 DD 09 YY 88
	NAME AND ADDRESS OF CEMETARY, CREMATORIUM OR PLACE OF DISPOSITION: Royal Oak Crematorium Saanich	
FUNERAL DIRECTOR	NAME OF FUNERAL DIRECTOR OR PERSON IN CHARGE OF REMAINS (Print or Type): McCall Bros.	
	ADDRESS: 1400 Vancouver St., Victoria, B. C. V8V3W3	

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 Victoria, B.C		
	DATE MM Feb DD 9 YY 88	SIGNATURE OF DISTRICT REGISTRAR: [signature]	DISTRICT REGISTRATION No: 46
NOTATIONS			

HLTH 406 REV 87/12