FORM 6

61

PROVINCE OF
BRITISH COLUMBIA (Canada)
DEPARTMENT OF HEALTH
Division of Vital Statistics

REGISTRATION OF
DEATH

03-033

Registration No. *(Department use only)*
76-09-009253

NAME OF DECEASED
1. Surname of deceased *(print or type)*: WILLS
All given names in full *(print or type)*: ELIZABETH
2. SEX: FEMALE

PLACE OF DEATH
3. Name of hospital or institution *(otherwise give exact location where death occurred)*: ROYAL Jubilee HOSPITAL
City, town or other place *(by name)*: VICTORIA, B.C.
Inside municipal limits? *(State Yes or No)*: YES

61

USUAL RESIDENCE
4. Complete street address: If rural give exact location *(not Post Office or Rural Route address)*: 3847 CAREY ROAD 03-060-12
City, town or other place *(by name)*: VICTORIA, B.C.
Inside municipal limits? *(State Yes or No)*: NO
Province *(or country)*: B.C.

MARITAL STATUS
5. Single, married, widowed, or divorced *(Specify)*: WIDOW
6. If married, widowed, or divorced, give full name of husband or full maiden name of wife: WILLS FREDRICK HERSEY

OCCUPATION
7. Kind of work done during most of working life: LEGAL SECRETARY
8. Kind of business or industry in which worked: LAW

232
866

BIRTHDATE
9. Month *(by name)*, day, year of birth: JANUARY 3RD. 1897
10. AGE *(years)*: 79
(Months) If under 1 year:
(Days):
(Hours) If under 1 day:
(Minutes):

BIRTHPLACE
11. City or place Province *(or country)* of birth: BERWICKSHIRE SCOTLAND
12. Native Indian? Yes ☐ No ☒ If "yes" state name of band:

FATHER
13. Surname and given names of father *(print or type)*: KIRK WILLIAM
14. BIRTHPLACE – City or place, Province *(or country)*: LARGO SCOTLAND

MOTHER
15. Maiden surname and given names of mother *(print or type)*: BRENNAN MARY ANN
16. BIRTHPLACE – City or place, Province *(or country)*: ALLOWAY SCOTLAND

INFORMANT
17. Signature of informant: X Margaret E Harper
18. Relationship to deceased: EXECUTRIX
19. Address of informant: 5525 Greenleaf Rd. West Vancouver, B.C.
20. Date signed – Month, day, year: June 13/76

DISPOSITION
21. Burial, cremation or other disposition *(specify)*: CREMATION
22. Date of burial or disposition *(month, day, year)*: JUNE 15, 1976
23. Name and address of cemetery, crematorium or place of disposition: ROYAL OAK CREMATORIUM VICTORIA, B.C.

FUNERAL DIRECTOR
24. Name and address of funeral director *(or person in charge of remains)* *(print or type)*: FIRST MEMORIAL SERVICES LTD. VICTORIA, B.C.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
25. Month *(by name)*, day, year of death: June 13/76

CAUSE OF DEATH
26. Part I 1579
Immediate cause of death (a): Pneumonia — I
due to, or as a consequence of
Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the *underlying cause last*
(b): Carcinoma of — 1 yr
due to, or as a consequence of
(c): metastasis to lungs
Part II
Other significant conditions contributing to the death but not causally related to the immediate cause (a) above — II

Approx. interval between onset & death: 5 days; 1 yr

AUTOPSY PARTICULARS
27. Autopsy being held? Yes ☐ No ☒
28. Does the cause of death stated above take account of autopsy findings? Yes ☐ No ☒
29. May further information relating to the cause of death be available later? Yes ☐ No ☐

ACCIDENT OR VIOLENCE *(If applicable)*
30. If accident, suicide, homicide or undetermined *(specify)*:
31. Place of injury *(e.g. home, farm, highway, etc.)*:
32. Date of injury (Month *(by name)*, day, year):
33. How did injury occur? *(describe circumstances)*:

SURGICAL OPERATION
34. If there was a recent surgical operation give date of operation: No
35. State operative findings: Ca Pancreas Dec 1975

CERTIFICATION *(attending physician, coroner, etc.)*
36. I certify that to the best of my knowledge and belief the above-named person died on the date and from the causes stated herein:
Signature *(attending physician, coroner, etc.)*: X Dr. D. M. Whitley
Attending physician ☒ Physician examining body after death ☐ Coroner ☐
37. Name of physician or coroner *(print or type)*: DR. D. M. WHITLEY
Address: 240 - 1105 PANDORA VICTORIA, B.C.
Date: Month, day, year: JUN 15 1976

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.

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Notations:

CERTIFICATION OF DISTRICT REGISTRAR
I certify this return was accepted by me on this date at – VICTORIA. B. C. B.C.
District Registration No.: 1158
Date: Month *(by name)*, day, year: JUN 16 1976
DEPUTY D. Scott
Signature of District Registrar

46

4–2302–3.14: 26-9-73

British Columbia - Division of Vital Statistics, Death Registrations, Elizabeth Wills, registration no. 1976-09-009253 (13 Jun 1976); digital image, *BC Archives - Genealogy - General Search* (https://search-collections.royalbcmuseum.bc.ca/Genealogy : accessed 05 Dec 2024); citing BC Archive Mfilm Number B13352, BC Archives, Victoria.