

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

44-065
Reg. No. (Office use only)

65-09-008321

1. PLACE OF DEATH

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

Street or road Centennial Park Rest Home

2. LENGTH OF STAY

In Municipality where death occurred 2 yrs. In Province 58 yrs. In Canada (if immigrant) 60 yrs.

3. PRINT FULL NAME OF DECEASED LEVINGS, Stephen Herbert Odell

4. PERMANENT RESIDENCE OF DECEASED Surrey

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

Street or road 159 A Street

5. SEX Male 6. CITIZENSHIP Canadian 7. RACIAL ORIGIN White 8. Single, Married, Widowed or Divorced Widowed 9. BIRTHPLACE North Avesford, Kent

10. Date of Birth June 24, 1876 11. AGE (Last Birthday) 88

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

13. Date deceased last worked at this occupation 1940 14. Total years spent in this occupation 40 yrs.

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

16. Name of father Levings, William

17. Maiden name of mother Pateman, Julia

18. Birthplace - Father England Mother England

19. I certify the foregoing to be true and correct to the best of my knowledge and belief.

Given under my hand at Whalley, B.C., this 22nd day of June, 1965

Signature of informant David Levings Relationship to deceased Son

Address of informant 9415 - 159 A Street North Surrey, B.C.

20. Burial, Cremation or Removal Removal Date June 23, 1965

21. Undertaker: - SURREY FUNERAL HOME LTD. Address 13288 - 108 Ave. N Surrey

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH June 21, 1965

23. I HEREBY CERTIFY that I attended deceased from June 8th to June 21, 1965, and last saw him alive on June 21, 1965

CAUSE OF DEATH (a) Coronary thrombosis due to (or as a consequence of) (b) A.S.D. due to (or as a consequence of) (c) Age

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

25. (a) Was there a recent surgical operation? No (b) Date of operation (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 (c) How did injury occur? (d) Injuries sustained? (e) Where did injury occur? (home, farm, industrial place, highway, etc.)

27. Signed by Euan A. Horniman Designation M.D. M.D. or Coroner. Address 14819, 108th Avenue, N. Surrey Date June 22nd 1965

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

29. Notations

30. I hereby certify that the above return was made to me at NEW WESTMINSTER Dated June 22nd 1965 District Registration No. 1249 Deputy Signature of District Registrar

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.



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