



Province of
British Columbia
Ministry of Health and
Ministry Responsible for Seniors
DIVISION OF VITAL STATISTICS

199904491

Miss Brunson (2)

REGISTRATION OF
DEATH

REGISTRATION No.
(Department Use Only)

93 - 006429

SHADED AREAS — FOR OFFICE USE ONLY

NAME OF DECEASED	1. SURNAME (Print or Type) BRUNSDON		2. SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/> U/K <input type="checkbox"/>		DATE OF DEATH MM DD YY 04 27 93	
	ALL GIVEN NAMES (Print or Type) HAZEL FLORENCE					
PLACE OF DEATH	3. NAME OF HOSPITAL OR INSTITUTION (Otherwise give exact location where death occurred) VICTORIA GENERAL HOSPITAL					
	CITY, TOWN OR OTHER PLACE (by name) VICTORIA, B.C.		POSTAL CODE V8Z 6R5		INSIDE MUNICIPAL LIMITS? STATE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
RESIDENCY INFORMATION AND USUAL ADDRESS	B.C. RESIDENT <input checked="" type="checkbox"/> NON-RESIDENT <input type="checkbox"/>		IF BRITISH COLUMBIA RESIDENT, B.C. CARE CARD NO.			
	4. COMPLETE STREET ADDRESS If rural give exact location (Not Post Office or Rural Route address) 1138 Bewdley Avenue					
CITY, TOWN OR OTHER PLACE (by name) Victoria		POSTAL CODE V9A 5N2		INSIDE MUNICIPAL LIMITS? STATE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PROVINCE (or country) B.C.
MARITAL STATUS	5. STATE <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		6. IF MARRIED, WIDOWED OR DIVORCED GIVE FULL NAME OF HUSBAND OR FULL MAIDEN NAME			
OCCUPATION	7. KIND OF WORK DONE DURING MOST OF WORKING LIFE Personnel Clerk DND			8. KIND OF BUSINESS OR INDUSTRY IN WHICH WORKED HMCS Dockyard		
BIRTHDATE	9. MONTH (by name), DAY, YEAR OF BIRTH March 14, 1926		10. AGE (YEARS) 67		IF UNDER 1 YEAR MONTHS DAYS IF UNDER 1 DAY HOURS MINUTES	
BIRTHPLACE	11. CITY, TOWN OR OTHER PLACE Victoria, British Columbia				PROVINCE (or country) OF BIRTH B.C.	
FATHER	13. SURNAME AND GIVEN NAMES OF FATHER (Print or Type) Brunsdon Thomas		14. BIRTHPLACE - CITY OR PLACE, PROVINCE OR COUNTRY England			
MOTHER	15. MAIDEN SURNAME AND GIVEN NAMES OF MOTHER (Print or Type) Leving Florence		16. BIRTHPLACE - CITY OR PLACE, PROVINCE OR COUNTRY England			
INFORMANT	SIGNATURE X <i>F. Brunson</i>		DATE SIGNED April 28, 1993		RELATIONSHIP TO DECEASED brother	
	ADDRESS OF INFORMANT 1172 Bewdley Avenue, Victoria, British Columbia				POSTAL CODE V9A 5N1	

TO BE COMPLETED BY FUNERAL DIRECTOR ONLY

DISPOSITION	17. TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> OTHER (SPECIFY):		18. BURIAL PERMIT No. 400037826		19. DATE OF BURIAL / DISPOSITION MM DD YY 04 30 93	
	NAME AND ADDRESS OF CEMETERY, CREMATORIUM OR PLACE OF DISPOSITION Royal Oak Crematorium 4673 Falaise Dr. Saanich, B.C. V8Y 1B4					
FUNERAL DIRECTOR	NAME OF FUNERAL DIRECTOR OR PERSON IN CHARGE OF REMAINS (Print or Type) McCALL BROS. FUNERAL DIRECTORS LIMITED				CLIENT NO. 801	
	ADDRESS 1400 VANCOUVER STREET VICTORIA, B.C. V8V 3W3					

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

NOTATIONS

CERTIFICATION OF DISTRICT REGISTRAR	I CERTIFY THAT THIS RETURN WAS ACCEPTED BY ME ON THIS DATE AT: VICTORIA, B.C.		BRITISH COLUMBIA	
	DATE Month Day Year APR 31 1993		SIGNATURE OF DISTRICT REGISTRAR <i>M. A. ...</i>	
			REGISTRATION DISTRICT No. 046	

HLTH 406 REV 91/09

M28 2690

THIS IS A PERMANENT LEGAL RECORD - TYPE OR PRINT PLAINLY - COMPLETE ALL ITEMS
DO NOT USE RED OR GREEN INK
(See reverse for legal requirements under the Vital Statistics Act)
IMPORTANT: Any change or correction made in the completion of this form must be initialled by the person certifying the original information