49 AREA Reg. No. (Office use only)

No. 4A

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

50-09-009850

Name of Langley Langley	Prairie	Name of Munici	- Langle	y	
(If outside city or	municipal limits add "Rural")	pality (if any)		0540	•••••
Street or road McClug	han Rd. (If death occurred in a hospi	ltål er lestitution diva th	House N	o.2540	her)
LENGTH OF STAY   In M	Iunicipality where death or	ccurred In Pro	ovince 1	n Canada (if in	nmigrant)
years, months and days)	8 yrs	43 yr:	s		
	DECEASED Hamo	on De	erina		
PRINT FULL NAME OF	(Surname or fa		(All given or Christ	tian names in full)	
PERMANENT RESIDENCE		Name of Munici			
city or place Langley	Prairie or municipal limits add "Rural"	pality (if any)	Langle	У	
Street or road McClug	han Rd.	··)	н	Ouse No 254	0
SEX   6. CITIZENSHIP	7. RACIAL ORIGIN (See marginal note)		9. BIRTHPLACE	O:	
(See marginal note)		(Write the word)		and Province or Co	ountry)
male Canadian Date of Birth	Irish	married	Nelson, B	************	
June 24th	1907	11. AGE \ 43	Months Da	ys If less the	
(Month by name) (D	Oate) (Year	<u> </u>		hrs. o	rmin
<ol> <li>(a) Trade, profession or work as logger, fisherman</li> </ol>	n office				
clerk, etc	······	at home			
as logging, fishing, bank, e		d of work above) (If "Hou	menter to	anguer W.C. W.	-10
13. Date deceased last worked		de Total		answer At Hom	
at this occupation	1950	this occ	upation		······································
If married, widowed or divore of husband or maiden name of	ced give name of wife of deceased	Joseph	Hamon	•••••	
not	Irnoun				
	(Surname or family name)	C ·	(All given or Christia	an names)	
	(Surname or family name)		(All given or Christi	an names)	
Father Ireland		Mother U	.S. A.		
(City or Place I certify the foregoing to be t	and Province or Country)_		City or Place and P	rovince or Country	7)
The rest of the re	The state of the s				
Given under my hand at T	anglev	this 24 th.	day of Octo	ber	50
Given under my hand at	angley	this 24 th	lay of Octo	ber	190
Given under my hand at	angley H. Harr	this 24 th	lay of Octo	Husb	150 an
Given under my hand atI Signature of informant	angley H. Harri e Mc Colo	this 24 th	day of Octo	Just	150 gley 150
Given under my hand atI Signature of informant Address	angley  Y. Horrial  burial	, this 24 th, Relationsh	day of Octo	Husb	150 4 Gy 150 (Year
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Given under my hand at	angley  ACC  burial  Municipality	, this 24 th, Relationsh  Date Octob  Cemetery Ha	day of Octo ip to deceased er 26 th by name) zlemere	Sth (Date)	160 (Year
Given under my hand atI Signature of informant Address	angley  burial  MEDICAL CERT October	, this 24 th, Relationsh  Date Octob  (Mon  Cemetery Ha	day of Octo ip to deceased er 26 th by name) zlemere	Sth (Date)	160 (Year
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Signature of informant  Address  Burial, Cremation or Remova  Place of Burial  Undertakent gley  DATE OF DEATH  I HEREBY CERTIFY that  to 4 Oct  ease or condition directly leading to dealth heart failure, asthenia, etc. It mean disease, injury, or complication which death.)  cecedent causes  Morbid conditions, if any, g	MEDICAL CERT October (Month by name)  I attended deceased from  19  and  and  and  and  and  and  and  an	Cemetery Ha  Address Lar  IFICATE OF DEATE  CAUSE OF DEATE  CA	day of Octo ip to deceased er 26 th by name) zlemere ngley Pra 28d 23 (Date) con 2 3	irie, B.C	1950 (Year) 1950 (Year) 19.4/
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Signature of informant  Address  Burial, Cremation or Remove  Place of Burial  Undertakers  Name  DATE OF DEATH  I HEREBY CERTIFY that  to 4000  Lister failure, asthenia, etc. It mean the mode of dying heart failure, asthenia, etc. It mean the mode of dy	medical cert  (Municipality)  MEDICAL CERT  October  (Month by name)  I attended deceased from  19 and  due to (or as a condition of the form)  October  (Month by name)  I attended deceased from  19 and  October  (Month by name)  I attended deceased from  10 and  Duration  Duration  Date  (State which)  (How sustain	Relationsh  Relationsh  Date Octob  (Mon Cemetery Ha  Lan  IFICATE OF DEATE  CAUSE OF DEA  Sequence of)  Weeks. Was ther of operation  following:— Date of injury  med)	day of Octo ip to deceased ip to deceased ip to deceased ip to deceased in the property of the deceased in the property of the	irie, B.C	1950 (Year  1950 (Year  1950 (Year  1950
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Signature of informant  Address  Burial, Cremation or Remove  Place of Burial  Undertakent  Name  DATE OF DEATH  I HEREBY CERTIFY that  to  ease or condition directly leading to dealt (This does not mean the mode of dying heart failure, asthenia, etc. It meadisease, injury, or complication which death.)  excedent causes  Morbid conditions, if any, grise to the above cause, stating underlying condition last.  III  er significant conditions contributing the death, but not related to disease or condition causing it.  If a woman, was the death associated with pregnancy?  Was there a surgical operation?  State findings  If death was due to external cause Accident, suicide or homicide?  Manner of injury  Nature of injury  Nature of injury	MEDICAL CERT October (Month by name)  I attended deceased from I attended deceased from I attended deceased from I attended deceased from I by and I attended deceased from I by and I caused I co by a con I caused I co by a con	Relationsh  Relationsh  Date Octob  Mon  Cemetery Ha  Lan  CAUSE OF DEATH  CAUSE OF DEATH  CAUSE OF DEATH  Sequence of)  Weeks, Was ther  of operation.  Collowing:—  Date of injury  Death  Designation.	day of Octo ip to deceased er 26 th by name) 2 lemere ngley Pra 286 23 (Date) Thurne	irie, B.C	1950 (Year  1950 (Year  1950  Deproximate sival between test and death  1950  1950  1950  1950  1950  1950  1950  1950  1950  1950  1950  1950  1950  1950  1950  1950  1950  1950  1950

DO NOT WRITE BELOW DOUBLE LINE

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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

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).

OFFICE USE ONLY

(SEE REVERSE SIDE FOR INSTRUCTIONS)

(Signature of Distri

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

Dated October 252 10

District Registration No.