



# Project 107

## Report

Lawrna Myers  
June 22, 2016

The goal of Project 107 is to locate and document the men, women and children who died during Canada’s First World War Internment Operations.

Research has identified 126 individuals who died in Internment Camps across Canada. It is believed that this number differs from the original 107 individuals who were recorded as dying in General Otter’s report as the number of 126 includes six children as well as all internees that died in Amherst. At this time it has not been determined for those who died in Amherst if they were internees from Canada or German prisoners of war. It also includes two males who were not identified as “Prisoners of War” in the Canadian War Graves Registry

The internees died in six provinces across Canada, they were originally buried in 33 different cemeteries.

**Table 1: Summary Information**

<b>Province</b>	<b>Number who Perished</b>	<b>Number of Cemeteries</b>
British Columbia	18	5
Alberta	7	6
Saskatchewan	0	0
Manitoba	3	2
Ontario	59	11
Québec	24	6
New Brunswick	0	0
Nova Scotia	15	3
Prince Edward Island	0	0
Newfoundland and Labrador	0	0
<b>TOTAL</b>	<b>126</b>	<b>33</b>

**British Columbia**

In British Columbia, 18 internees lost their lives in Morrissey, Nanaimo, New Westminster, Vancouver and Vernon. Their remains were originally buried in five cemeteries including:

- Camp Cemetery in Morrissey
- General Cemetery (Nanaimo Public Cemetery) in Nanaimo

- Eighth Street Cemetery in New Westminster
- Mountain View Cemetery in Vancouver
- Vernon Cemetery (Pleasant Valley Cemetery) in Vernon

### **Alberta**

In Alberta, seven men died in Banff, Calgary, Lethbridge and Munson. They were originally interred in six cemeteries including:

- Banff Cemetery (Old Banff Cemetery) in Banff
- St. Mary's Cemetery in Calgary
- Union Cemetery in Calgary
- St. Patrick's Cemetery in Lethbridge
- Mountain View Cemetery in Lethbridge
- Munson Village Cemetery in Munson

### **Manitoba**

In Manitoba, three men lost their lives in Brandon and Ninette. Their remains were interred in two cemeteries:

- Belmont Cemetery (Belmont Hillside Cemetery) in Belmont
- Brandon Cemetery (Brandon Municipal Cemetery) in Brandon

### **Ontario**

In Ontario, the largest loss of life occurred with 59 internees dying in Capreol, Cochrane, Hamilton, Kapuskasing, Kingston, Petawawa, Stackpool, Sudbury, Toronto and Weston. These men were originally buried in 11 different cemeteries including:

- Holy Sepulchre Cemetery (Holy Sepulchre Catholic Cemetery) in Burlington/Hamilton
- Cochrane Cemetery (Cochrane Civic Cemetery) in Cochrane
- Hamilton Cemetery in Hamilton
- Camp Cemetery in Kapuskasing
- Cataraqui Cemetery in Kingston
- St. Mary's Cemetery (St. Mary's Roman Catholic Cemetery) in Kingston
- St. Columba's Roman Catholic Cemetery in Pembroke
- Catholic Cemetery (Sudbury Roman Catholic Cemetery / Lasalle Cemetery) in Sudbury
- Eyre Protestant Cemetery in Sudbury
- Mount Hope Cemetery (Mount Hope Catholic Cemetery) in Toronto
- Prospect Cemetery in Toronto

## **Québec**

In Québec, 24 individuals died in Lauzon, Montréal, City of Québec and Spirit Lake. This is the only province where women and children were reported as perishing. These people were interred in six different cemeteries including:

- a parish cemetery in Amos
- St. Joseph de Levis Cemetery (Saint Joseph de la Pointe Lévy) in Lauzon
- Côte-des-Neiges (cimetière Notre-Dame-des-Neiges) in Montréal
- Cemetery of the Hospice St. Michel Archange (Saint Michael the Archange Cemetery) in the City of Québec
- Mount Hermon Cemetery in the City of Québec
- Camp Cemetery in Spirit Lake

## **Nova Scotia**

In Nova Scotia, 15 men lost their lives, this number includes all internees at Amherst as it has not been currently determined which men were captured German sailors. These men died in Amherst and Dartmouth. Their remains were buried in three cemeteries including:

- Highland Cemetery in Amherst
- Christ Church Cemetery in Dartmouth
- Mount Olivet Cemetery in Halifax

**Ernst Joachim Albrecht**

Date of Death: 08 November 1918

Place of Death: Kapuskasing, Ontario

Original Burial Location: Camp Cemetery, Kapuskasing, Ontario

Current Burial Location: Woodland Cemetery, Kitchener, Ontario

1. NO.	2. NAME OR NAME	3. SERVICE	4. REGISTER NO.
	Prisoner of War.	ALBRECHT.	1285.
5. CODE OR SER.	6. DATE OF CASUALTY	7. R. & F. NO.	8. GRAVE
10000.	8-11-18.		
9. CIRCUMSTANCES OF CASUALTY		10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
Died of Spicarditis following influenza - at Temporary Hospital, Kapuskasing, Ont.		(Father) (Christian Hans Albrecht), Albrecht, Original near North, Fommern, Germany.	
11. LOCATION OF THIS LIST OF CASUALTY			
NOTE:—Cases 11, 12 and 13 are not to be included and given to personnel listed			
12. CHURCH	13. LOCATION OF BURIAL	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
Camp Cemetery.	Kapuskasing, Ont.	Gen. 128.	C. 1210.
16. PARTICULARS OF GRAVE MARK	17. REGISTER NO.	18. PARTICULARS OF GRAVE AND CHURCH TO WHICH	
19. OTHER PARTICULARS ON REVERSE SIDE OF CARD			

Burial Record	
SURNAME of Decedent.	Albrecht ✓
Christian Name.	Ernest Joach
Sex.	Male
Age.	28 years
Date of Death.	Nov 8/1918 ✓
Place of Birth.	Putzloch Germany
Place of Death, City, Town, Village, or Occupation and Lot.	Kapuskasing
Place of Burial.	W.D.
Occupation.	Sailor
Single, Married or Widowed.	Single
Name of Father.	
Maiden Name of Mother.	
Cause of Death, if known.	Influenza
Name of Physician who attended Decedent.	W. B. Jamieson
Name of Informant.	St. Capt. W. E. White
Address.	Kapuskasing
Date of Return.	Nov 8/1918
<b>Physician's Return of Death</b>	
Surname of Decedent.	Albrecht
Christian Name.	Ernest Joach
Date of Death.	Nov. 8/1918
DISEASE CAUSING DEATH.	Influenza ✓
Duration.	9 days
Immediate Cause of Death.	Myocarditis
Duration.	3 days
Physician's Name.	W. B. Jamieson
Address.	Kapuskasing
Date of Return.	Nov 8/1918
Remarks.	

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**Mike Andruszka**

Alternate Given Name(s): Menali

Alternate Surname(s): Andrusko

Date of Death: 13 November 1918

Place of Death: Hamilton, Ontario

Burial Location: Hamilton Cemetery, Hamilton, Ontario

1. No.	2. NAME OF DECEASED	3. SERVICE	4. COMPLETE NAME
	Prisoner of War.	AUSTRIAN.	Mike.
5. TIME OF DEATH	6. DATE OF DEATH	7. U.S. GRAVE NO.	8. REGIMENT
Austrian.	13-11-18.		
9. CHARACTER OF SERVICE		10. NAME, REGIMENT AND GRADE AT DEATH OF DECEASED	
Died of Influenza - at the Inmate Layton, Hamilton, Ont.		UNKNOWN.	
11. GRAVE OR TOMB AT PLACE OF BURIAL			
NOTE - When U. S. G. is not to be reported and grave is unknown leave blank.			
12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
Hamilton Cemetery.	Hamilton, Ont.	Sec. 21. SECTION "E". Row 217.	C. 2734.
16. CHARACTER OF GRAVE MARK	17. SERVICE NO.	18. CHARACTER OF GRAVE AND REGIMENT AFFILIATION	
19. OTHER PARTICULARS ON REVERSE SIDE OF CARD			

**Jeannette Baby (child)**

Date of Death: Before December 1915

Place of Death: Spirit Lake, Québec

Burial Location: Camp Cemetery, Spirit Lake, Québec



**Karol Barachetzky**

Alternate Surname(s): Barontiecki

Date of Death: 07 August 1915

Place of Death: Spirit Lake, Québec

Burial Location: Camp Cemetery, Spirit Lake, Québec

1. NO.	2. NAME ON ENTRY	3. SERVICE	4. CHRISTIAN NAME
	Private	ARMY	Karol
5. RANK ON DEPT.	6. NAME OF COMPANY	7. U.S. REG. NO.	8. RELIGION
Prisoner of War (Austrian)	T-6-18		Roman Catholic
9. CIRCUMSTANCES OF DEATH		10. NAME, GRAVEYARD AND ADDRESS OF NEXT OF KIN	
Died of Typhoid Fever		Unknown	
11. LOCATION OF DEPT. AT TIME OF DEATH			
Camp Hospital, Spirit Lake, Que.			
12. GRAVE LOCATION			
13. CEMETERY	14. LOCATION OF CEMETERY	15. GRAVE LOCATION	16. REGISTERED NO. OF GRAVE
Camp Cemetery	Spirit Lake, Que	GRAVE NOT LOCATED.	3500
17. PHOTOGRAPH OF GRAVE	18. PHOTOGRAPH NO.	19. PHOTOGRAPH OF GRAVE AND IDENTIFY ATTACH TO	
20. OTHER DEPARTMENT OR SERVICE NO. OF ARMY			

**Iwan Bator (child)**

Date of Death: 03 May 1915

Place of Death: Spirit Lake, Québec

Original Burial Location: Camp Cemetery, Spirit Lake, Québec

Current Burial Location: Parish Cemetery, Amos, Québec

N. 2  
Iwan Bator  
enfant d'un prisonnier d'état  
Spirit Lake

Le trois mai mil neuf cent quinze,  
nous prêtre sousigné, curé de cette  
paroisse avons inhumé dans le ceme-  
tière de cette paroisse le corps de  
Iwan Bator fils de Peter Bator et  
de Antonine Wernick. Il était âgé de  
10 mois. Étant présents le père et  
quelques autres qui ont signé avec nous  
lecture faite. Paul Koylova  
Jean Guergue  
J. B. Daudemains

**Jon Bauzek**

Alternate Surname(s):     Bozuk

Date of Death:             01 May 1915

Place of Death:            Montréal, Québec

Burial Location:            Cote des Neiges (Cimetière Notre-Dame-des-Neiges),  
Montréal, Québec

1. NO.	2. RACE OR NATION	3. SERVICE	4. CHRISTIAN NAME
	Civilian	Bauzek	Jon.
5. TYPE OF DEPT.	6. DATE OF CASUALTY	7. H.A. FILE NO.	8. RELIGION
Austrian Prisoner of War	1-5-15		R.C.
9. CIRCUMSTANCES OF CASUALTY		10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
<p>This man died at the Montreal General Hospital Died as the result of being shot while attempting to escape from Military Guard.</p>		<p>Mrs. Anna Bauzek, Stowmia, District of Brodno, Galicia, AUSTRIA.</p>	
11. DATES OF ENTRY AND TIME OF CASUALTY			
<small>NOTE - Items 9, 10 and 11 are not to be completed until given in preliminary report.</small>			
12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
Cote des Neiges	Montréal	Date: 1915 Plot: Temporary Grave Site:	0-4698
16. PHOTOGRAPH OF GRAVE TAKEN	17. SERVICE NO.	18. PHOTOGRAPH OF GRAVE AND CEMETERY REFERRED TO	
<small>19. FURTHER PARTICULARS ON REVERSE SIDE OF FORM.</small>			

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**Kurt Becher**

Alternate Surname(s): Becker

Date of Death: 25 August 1916

Place of Death: Amherst, Nova Scotia

Original Burial Location: Highland Cemetery, Amherst, Nova Scotia

Current Burial Location: Woodland Cemetery, Kitchener, Ontario

1. REG'T. NO. 201		2. BRANCH		3. SERVICE <u>BECHER.</u>		4. CHRISTIAN NAME <u>Kurt</u>			
5. UNIT <u>German Prisoner of War</u>			6. M. H. S. FILE NO.			7. I. D. H. S. FILE NO.			
8. DATE OF DEATH <u>25-8-16</u>		9. PLACE <u>Interment Camp, Amherst, N.S.</u>		10. CIRCUMSTANCES OF DEATH <u>Shot by sentry while attempting to escape from Experimental Farm, Sigeon, after being warned.</u>		11. NAME AND ADDRESS OF NEXT OF KIN <u>K. Becher, (Father) - Geyersstrasse 11, Frankfurt, Thuringen, Germany.</u>			
12. REPORTED TO D. H. S. BY:-				13. DATE		14. REPORTED TO M. H. S. BY:-		15. DATE	
						<u>Commandant, Interment Camp, Amherst, N.S.</u>			
16. CEMETERY <u>Highland Cemetery</u>		17. LOCATION <u>Amherst, N.S.</u>		18. NATURE OF CEMETERY <u>Public.</u>		19. GRAVE LOCATION <u>Grave No. <u>7111</u>, Lot 21, Sect. "X"</u>		20. GRAVE NO. <u>00121</u>	
						21. MARKING <u>Granite Monument with name of Deceased.</u>		22. MAINTENANCE <u>Cemetery Auth.</u>	
23. PHOTOGRAPH TAKEN:-				24. EXPOSURE NO.		25. COPIES OF PHOTOGRAPH SENT TO:-			

	Surname first	
Name of Deceased	Becker, Kurt	2
Sex	Male	
Date of Death	August 25 1916	C
Age		
Residence Street and No. or P. O. Address	Internment Camp Zoohaus	
Occupation	Prisoner of War	
Single, Married or Widowed	Single	
If Single give Name of Father		
If Married give Name of Husband	Becker, K.	
Where Born	Arnsfeldt, Thuringen, Germany	
Cause of Death { Primary Immediate	Shot by Sentry	
Length of Illness		
Religious Denomination	Lutheran	
Race of Deceased	White	
Name of Physician in at- tendance	Mackintosh, D. Q. P. Christian Bros.	
Name of Undertaker	Highland	
Place of Burial { Cemetery at	Abtural	
Name of Person Making Return	Mackintosh, D. Q. P.	
Date of Return	August 26 1916	
REMARKS		

**Dezsó Bencura**

Alternate Given Name(s): Danzsu

Alternate Surname(s): Banscoura

Date of Death: 29 May 1915

Place of Death: Kingston, Ontario

Burial Location: St. Mary's Cemetery (St. Mary's Roman Catholic Cemetery),  
Kingston, Ontario

1. NO.	2. RANK OR GRADE	3. SURNAME	4. CHRISTIAN NAME
	Private	BENCURA,	Dezsó
5. TYPE OF DEPT.	6. DATE OF CASUALTY	7. R. & F. NO.	8. RELIGION
Prisoner of War (Hungarian).	29-5-15		Roman Catholic
9. CIRCUMSTANCES OF CASUALTY		10. NAME, RELATIONSHIP AND GRADE OF NEXT OF KIN	
Died in Rockwood Hospital for Inmate		UNKNOWN.	
11. LOCATION OF DEATH AT TIME OF CASUALTY			
Kingston, Ont.,			
NOTE—Items 12, 13 and 14 are not to be completed until grave is properly located.			
12. CEMETERY	13. LOCATION OF GRAVE	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
St. Mary's Cemetery	Kingston	Sec. _____ LOT 145.	3068
16. PHOTOGRAPH OF GRAVE	17. NUMBER NO.	18. PHOTOGRAPH OF GRAVE AND CEMETERY NOTIFIED BY	
19. OTHER PARTICULARS ON REVERSE SIDE OF CARD.			

FULL NAME of Deceased. Initials only not accepted.	1	↓ Branacoura, Lanzo
Sex and Race.	4	Male
Date of Death.	6	May 29th 1915
Date of Birth.	8	
Age and Place of Birth.	7	36. Austria.
Place of Death, City, Town, Village, or Community and Lot if in Hospital, plus name, for any deceased was an inmate and former or usual place of residence.	2	Rockwood Hospital
Occupation.	9	Shoemaker
Single, Widowed, or Divorced.	10	Single
Full Name of Father.	11	Not known
Birthplace of Father.	12	
Maiden Name of Mother.	13	013525
Birthplace of Mother.	14	do
Name of Physician who attended Deceased.	15	Hospital Staff.
Certified by		Dr. Ryan
Address		Rockwood
Date	18	May 29th 1915
<b>Medical Certificate of Death.</b> I hereby certify that I attended the deceased.		
Name.		Lanzo Branacoura
From	19	
To	20	
That I last saw the person alive on	21	
That the Death occurred on	22	
CAUSE OF DEATH.	23	May 29th 1915 ✓
Primary.		Exhaustion of mental depression
Duration.		Indefinite
Intervalla.		
Duration.		About two months
Physician's name.		Dr. Ryan
Address.		Rockwood Hosp
Date.		May 29th 1915
Remarks.		

**Stefan Bloder**

Alternate Surname(s): Broder

Date of Death: 12 November 1918

Place of Death: Cochrane, Ontario

Burial Location: Cochrane Cemetery (Cochrane Civic Cemetery), Cochrane, Ontario

1. No.	2. DATE OF BIRTH	3. RESIDENCE	4. CHRISTIAN NAME
		Prisoner of War.	Stefan.
5. SEX AND AGE	6. TIME OF DEPARTURE	7. U.S. POST NO.	8. GRAVE NO.
MALE.	11-11-18.		
9. CHARACTER OF SERVICE		10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
Died of Spanish-Flu following Influenza- At General Hospital, Cochrane, Ont.		Mrs. Anna Bloder, (Mother) Mühlbarrn Str. 48, Graz, Steiermark, Austria.	
11. ADDRESS AS FIRST AT TIME OF DEPARTURE			
12. ADDRESS AS LAST AT TIME OF DEPARTURE			
13. GRAVE LOCATION			
14. GRAVE LOCATION			
15. GRAVE NO.		16. REGISTERED NO. OF GRAVE	
Cochrane Cemetery.	Cochrane, Ont.	Sec. 10. LOT 170.	0,0780.
17. POSITION OF GRAVE		18. DIMENSIONS OF GRAVE AND COMPASS BEARING TO	
19. OTHER PARTICULARS ON REVERSE SIDE OF CARD			



<b>Burnham Street</b>	
SURNAME of Deceased.	Prober X
Christian Name.	Stephen
Sex.	male
Age.	
Date of Death.	Nov 12/18 ✓
Place of Birth.	Unknown
Place of Death, City, Town, Village, or Concession and Lot.	Cochrane
Place of Burial.	do.
Occupation.	Labourer
Single, Married or Widowed.	unknown
Name of Father.	do.
Maiden Name of Mother.	
Cause of Death, if known.	0.36538 Pneumonia
Name of Physician who attended Deceased.	J.W. Fraser
Name of Informant.	Edgar Caswell
Address.	Cochrane
Date of Return.	Nov 12/18
<b>Physician's Return of Death</b>	
Surname of Deceased.	"Austrian"
Christian Name.	
Date of Death.	Nov 12/18
DISEASE CAUSING DEATH.	10 Epidemic Influenza ✓
Duration.	unknown
Immediate Cause of Death.	Pneumonia
Duration.	about a week
Physician's Name.	J.W. Fraser
Address.	Cochrane
Date of Return.	Nov 12/18
Remarks.	

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**Iftode Boca**

Alternate Given Name(s): Efftode / Miftodi / Ellude

Alternate Surname(s): Bacuy / Boka

Date of Death: 11 November 1918

Place of Death: Kapuskasing, Ontario

Burial Location: Camp Cemetery, Kapuskasing, Ontario

1. No.	2. NAME OF PATIENT	3. SERVICE	4. CHAPLAIN NAME
	Prisoner of War.	306A.	Iftode.
5. RANK OR GRADE	6. DATE OF BIRTH	7. U.S. REG. NO.	8. GRADE
SERVING.	11-11-18.		
9. DISEASE OR CAUSE OF DEATH		10. FULL RELIGIOUS AND GRAVE OR SITE OF BURIAL	
Died of Broncho-pneumonia following influenza - At Temporary Hospital, Kapuskasing, Ont.		Petros Alois Boca, (Father) Brynauw, Pests Conspecti, Bukowina, Austria.	
11. LOCATION OF GRAVE OR SITE OF BURIAL			
NOTE - Show if it had to be so in order to give a accurate burial			
12. GRAVE	13. LOCATION OF GRAVE	14. GRAVE LOCATION	15. GRAVE OR SITE NO.
Camp Cemetery,	Kapuskasing, Ont.	Sec. 200. Pl. _____ Gr. _____	C. 2755.
16. SIGNATURE OF BURIAL CLERK	17. SIGNATURE NO.	18. SIGNATURE OF HEALTH AND CHURCH OFFICERS	
19. SIGNATURE OF HEALTH AND CHURCH OFFICERS			

SURNAME of Decedent.	Bacay
Christian Name.	Eltude
Sex.	Male
Age.	31 - 4 - 22
Date of Death.	Mar 11/1918
Place of Birth.	Austria Gollersdorf, Bukovina
Place of Death, City, Town, Village, or Cassession and Loc.	Kapuskasing
Place of Burial.	W.D.
Occupation.	Farmer
Single, Married or Widowed	Single 038956
Name of Father.	Petro Aloka Bacay
Maiden Name of Mother.	Klennika Young
Cause of Death, if known.	Influenza
Name of Physician who attended Decedent.	W. B. Jamieson
Name of Informant.	Lt. Col. W. E. Wate
Address.	Kapuskasing
Date of Return.	Mar. 11/1918
Physician's Return of Death	
Surname of Decedent.	Bacay
Christian Name.	Eltude
Date of Death.	Mar 11/1918
DISEASE CAUSING DEATH.	Influenza
Duration.	10 days
Immediate Cause of Death.	Branchopneumonia
Duration.	3 days
Physician's Name.	W. B. Jamieson
Address.	Kapuskasing
Date of Return.	Mar 11/1918
Remarks.	

Project 107

**Charles Borro**

Date of Death: 7 November 1918

Place of Death: Kapuskasing, Ontario

Burial Location: Camp Cemetery, Kapuskasing, Ontario

1. NO.	2. NAME OF DECEASED	3. SURNAME	4. CHRISTIAN NAME
	FRANCIS OF CAP.	BORRO.	CHARLES.
5. TIME OF DEATH	6. DATE OF DEATH	7. D. & S. FILE NO.	8. REGISTRY
AUSTRIA.	7-11-18.		
9. CAUSE OF DEATH		10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
Died of Myocarditis following Influenza- At Temporary Hospital, Kapuskasing, Ont.		(Father) Josef Borro, Daria Iselago, Fochus, Cronin, Austria.	
11. LOCATION OF BODY AT TIME OF CASUALTY			
NOTE- Items 11, 12 and 13 are not to be completed and given to participating burial.			
12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
Camp Cemetery,	Kapuskasing, Ont.	Block <u>288</u>	C. 0757.
16. PHOTOGRAPH OF GRAVE MARK	17. EXPOSURE NO.	18. PHOTOGRAPH OF GRAVE AND CEMETERY SUPPLIED TO:	
19. OTHER PARTICULARS ON REVERSE SIDE OF CARD			

SURNAMES of Decedent.	<del>Barrs</del> <sup>Barrs</sup> Barrs
Christian Name.	Charles
Sex.	Male
Age.	
Date of Death.	Nov. 7/1918
Place of Birth.	Austria
Place of Death, City, Town, Village, or Cession and Loc.	Hafnuskasing
Place of Burial.	Ido.
Occupation.	Laborer
Single, Married or Widowed	
Name of Father.	033705
Maternal Name of Mother.	
Cause of Death, if known.	Influenza
Name of Physician who attended Decedent.	R. R. Walker
Name of Informant.	Lt. Col. W. E. Wate
Address.	Hafnuskasing
Date of Return.	Nov. 7 <sup>th</sup> 1918
Physician's Return of Death <small>F. 1012</small>	
Surname of Decedent.	Barrs
Christian Name.	Charles
Date of Death.	Nov 7/1918
DISEASE CAUSING DEATH.	Influenza
Duration.	8 days
Immediate Cause of Death.	Myo carditis
Duration.	4 days
Physician's Name.	R. R. Walker
Address.	Hafnuskasing
Date of Return.	Nov 7/1918
Remarks.	

Project 107

## Georg Luka Budak

Alternate Given Name(s): George Luka

Alternate Surname(s): Budack / Becoak

Date of Death: 24 December 1916

Place of Death: Banff, Alberta

Burial Location: Banff Cemetery (Old Banff Cemetery), Banff, Alberta

1. REG. NO.	2. NAME (Prisoner of War)	3. SURNAME	BUDACK	4. CHRISTIAN NAMES	Georg Luka.	
5. UNIT	CANADIAN PRISONER OF WAR	6. M. H. Q. FILE NO.		7. I. O. O. F. FILE NO.		
8. DATE OF DEATH	9. PLACE	10. CIRCUMSTANCES OF DEATH	11. NAME AND ADDRESS OF NEXT OF KIN	12. NEXT OF KIN NOTIFIED		
24.12.16	Internment Camp, Banff, Alberta	Died of shock following self-inflicted wounds on abdomen. German's verdict: "the deceased came to his death by wounds self-inflicted, cause unknown."	Place of Birth, [unclear] Hungary Parents living in Upponyestore, Transylvania, AUSTRIA.			
13. REPORTED TO D.S. H. Q. BY--	14. DATE	15. REPORTED TO M. H. Q. BY--	16. DATE			
17. CEMETERY	18. LOCATION	19. NATURE OF CEMETERY	20. GRAVE LOCATION	21. GRAVE NO.	22. MARKINGS	23. MAINTENANCE
Union Cemetery	Banff, Alberta	Public (Protestant)	Lot 128 Sec 3	11202	Wooden cross with name inscribed.	Cemetery Authorities
24. PHOTOGRAPH TAKEN--	25. EXPOSURE NO.	26. COPIES OF PHOTOGRAPH SENT TO--				

This form, if placed in an open envelope, marked "Vital Statistics," and addressed to the Registrar of the Registration District, will pass through the mail free in accordance with regulations of the Post Office Department, depending on franking and free mail matter.

CANADA  
PROVINCE OF ALBERTA

Record No. 3506 of 1906

REGISTRATION OF DEATH

Registration Division of Barruff Alta

NOTE.—This form must not be mutilated. All information asked for must be given and if for any reason this is impossible a statement must be made to that effect, in the column set apart for "Remarks."

Name of Deceased in Full	<u>George Luka Budak.</u>
Date of Death	<u>December</u> day of <u>24<sup>th</sup></u> 190 <u>6</u>
Place of Death (Nearest P.C.)	<u>Barruff.</u>
Sex (Male or Female)	<u>Male.</u>
Age	<u>35 years.</u>
Married or Single	<u>Single</u>
Profession or Occupation	<u>Labourer</u>
Place of Birth	<u>Transylvania</u>
Cause of Death	<u>Shock subsequent to self inflicted wounds of abdomen &amp; throat.</u>
Name of Physician (if any) attending Fatal Illness	<u>D. L. H. Poyntz.</u>
Religious Denomination	<u>Roman Catholic</u>
Profession or Occupation and Post Office Address of Informant	<u>Physician, Barruff.</u>
Remarks	<u>Barruff County</u>

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

Given under my hand at Barruff this 24<sup>th</sup> day of Dec 1906  
R. H. Baett.  
INFORMANT

76045

I hereby certify that the above return was made to me at Barruff  
on the 24 day of Dec 1906  
R. H. Baett.  
REGISTRAR

Project 107

## Nick Burtynk

Alternate Given Name(s): Nic

Alternate Surname(s): Wurtnick

Date of Death: 04 October 1915

Place of Death: Brandon, Manitoba

Burial Location: Brandon Cemetery (Brandon Municipal Cemetery),  
Brandon, Manitoba

1. NO.	2. NAME IN FULL	3. SERVICE	4. CREMATION DATA
3433	AUSTRIAN. Prisoner of War	Burtynk/Registered and buried as Wurtnick]	Nick
5. UNIT OR UNIT	6. DATE OF CASUALTY	7. U.S. FILE NO.	8. RELIGION
Brandon Internment Camp	4-10-16		Roman Catholic
9. CHARACTER OF CASUALTY		10. SOCIAL BACKGROUND AND ADDRESS OF NEXT OF KIN	
Died . Cause Pneumonia General Hospital, Brandon, Man.		Sister:- Mrs. Bohanna, 127 W. 10th St. Winnipeg, Man.	
11. LOCATION OF BODY AT TIME OF CASUALTY			
Brandon, Man.			
NOTE - Items 11, 12 and 13 are not to be completed until 2000 or afterwards latest			
12. GRAVE/VA	13. LOCATION OF GRAVE/VA	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
Brandon, Man. (Catholic).	Brandon, Man.	15, Block "D", West Section 1.	0-8270
16. PHOTOGRAPH OF GRAVE/VA	17. EPITAPH NO.	18. PHOTOGRAPH OF GRAVE AND CEMETERY INCLUDING 11)	
19. FURTHER PARTICULARS OF SERVICE AND OF DEATH			



Form C.

PROVINCE OF MANITOBA

203006

# OFFICIAL NOTICE OF DEATH.

Particulars to be registered touching a death to be supplied to the Division Registrar of \_\_\_\_\_ by informant other than Physician or Coroner before a permit of burial can be issued.

1. Full name of deceased (include only last adopted; if no unadopted child, give surname preceded by "un-adopted")	Surname <i>Trisk (No. 233)</i>
	Citizen name <i>Wurtrisch</i>
2. If married or widowed give full maiden name	Surname <input checked="" type="checkbox"/>
	Citizen name <input checked="" type="checkbox"/>
3. Sex	<i>Male</i>   2a. Religion <i>Roman Catholic</i>
4. Color or race (white, black, negro or negro descent, Indian, Japanese, Chinese or other)	
5. Date of death	Month <i>October</i> day <i>4</i> 191 <i>3</i>
6. Place of death (street and house number or lot and block number or number of parish or river lot, or fractional section, township and range; if in a hospital, give its name)	<b>THE BRANDON GENERAL HOSPITAL.</b>
7. Date of birth	Month <i>unknown</i> 186 <i>5</i>
8. Age	<i>37</i> Years months days
9. Place of birth (if in Manitoba, give exact location; if in Canada, province, city, town, village or nearest post office; if foreign, state the country and post office address)	<i>Austria</i>
10. Length of residence at place of death and in Province	At place of death <i>8 days</i> In Province <i>2 years</i>
11. Occupation (children and adults not engaged at some gainful employment should be marked "None")	<i>Prisoner of War</i>
12. Single, married, widowed or divorced	<i>unknown</i>
13. Full name of father	
14. Birthplace of father (as to birth No. 3)	<i>Austria</i>
15. Maiden name of mother	<i>unknown</i>
16. Birthplace of mother (as to birth No. 3)	<i>Austria</i>
17. Name of physician who attended deceased (where physician did not attend, state probable cause of death)	<i>J. S. Dyatchew. M.D.</i>
18. Your relationship to deceased	<i>none</i>
19. Were you in the house at the time of death?	<i>yes.</i>
20. Signature and address of informant	Signature of informant <i>Charlotte Kettles</i> <b>THE BRANDON GENERAL HOSPITAL.</b>
21. Date of information	<i>4 October 1913</i>
22. Registered number	<i>239</i> filed this <i>4<sup>th</sup></i> day of <i>Oct</i> 191 <i>3</i>

Write in legible handwriting with unfringed Black Ink. Do not abbreviate.

REMARKS:

The above-stated particulars are true, to the best of my knowledge and belief.  
Signature of Registrar *Lenny Brown*

Form D.

PROVINCE OF MANITOBA.

203007

Particulars of death required to be registered with the Division Registrar of

Brandon, Man. by the duly-qualified Medical Practitioner.

N.B.—Every item of interest should be briefly but carefully supplied. Physicians should state the Cause of Death in plain terms, that it may be properly classified.

Write plainly with unfading ink.

### MEDICAL CERTIFICATE OF DEATH.

I hereby certify that I attended the deceased

(Name) Nick Wawitnick

from 27 (Sept) 1915 to 4 Oct 1915

That I last saw him alive on 3rd October 1915

and that death occurred on the 4th day of Oct 1915

at 6:10 a.m.

12

The Cause of Death was as follows:—

Primary Pneumonia

Duration: \_\_\_\_\_ years, \_\_\_\_\_ months, 9 days

Contributory (secondary) Pneumonia

Duration: \_\_\_\_\_ years, \_\_\_\_\_ months, 9 days

(Signed) J. J. [Signature], M.D.

Address \_\_\_\_\_

5 Oct 1915

State the DISEASE CAUSING DEATH, or in cases from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

Length of Residence (for Hospitals, Institutions, Transients or Recent Residents)—

At place of death \_\_\_\_\_ years, \_\_\_\_\_ months, 9 days

In the Province not known \_\_\_\_\_ years, \_\_\_\_\_ months, \_\_\_\_\_ days

Where was disease contracted if not at place of death? Brandon, Man.

Former or usual residence Brandon, Man.

Place of burial or removal Brandon

Date of burial or removal Oct 1<sup>st</sup> 1915

Signature of Undertaker [Signature]

Address of Undertaker 234 - 1<sup>st</sup> St  
Brandon

Write in legible handwriting with unfading fluid ink. Do not abbreviate.

**George Campo**

Alternate Surname(s): Kampo

Date of Death: 05 May 1915

Place of Death: Nanaimo, British Columbia

Burial Location: General Cemetery (Nanaimo Public Cemetery), Nanaimo, British Columbia

1. NO.		2. NAME IN FULL		3. SURNAME		4. CREMATION NUMBER	
Pris. of War W.D.No. II		Austrian		CAMPO		George ORIGINAL	
5. TIME OF DEATH		6. DATE OF DEATH		7. M. & F. NO.		8. GRAVE NO.	
Internment Station Nanaimo B.C.		5th. May 1915					
9. CIRCUMSTANCES OF DEATH				10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN			
Endocarditis with Valvular Lesion				Unknown			
11. LOCATION OF COFFIN AT TIME OF DEATH							
Nanaimo B.C.							
NOTE.—How 11, 12 and 13 are to be completed will give a preliminary record							
12. CEMETERY		13. LOCATION OF CEMETERY		14. GRAVE LOCATION		15. REGISTERED NO. OF GRAVE	
General		Nanaimo B.C.		Not Stated			
				Hardwood Cross suitably		C. 4566.	
				inscribed			
16. PHOTOGRAPH OF GRAVE MARK		17. REGISTER NO.		18. PHOTOGRAPH OF GRAVE AND CEMETERY REFERRED TO			
19. OTHER PARTICULARS ON REVERSE SIDE OF SHEET							

# BIRTHS, DEATHS AND MARRIAGES REGISTRATION ACT, 1964

## SCHEDULE B—Deaths

*FILED - New York - 1915 - In Memoriam - REGISTRAR*

Registered No. 44/15 City or town of Nanaimo  
 District of Nanaimo B. C.

1. Full name George Kampo  
 2. (a.) Sex Male (b.) Color or race White (c.) Single Married Widowed Divorced  
 3. (a.) Birthplace Austria (b.) Date of birth  
 4. Age 30 Years Months Days  
 5. Died on the 5<sup>th</sup> day of May 1955 at about 2:30 P  
 6. Last occupation Pressman (Kind of Industry)  
 7. Former occupation Labourer  
 8. (a.) Place of death Princedale Nanaimo (Street and No.)  
 (b.) How long at place of death Four months & 22 days  
 9. Former or usual residence  
 10. Date of burial 7<sup>th</sup> May 1955 11. Undertaker W. J. Jenkins  
 Hour P. M. Address Nanaimo

(a.) Name of father  
 (b.) Birthplace of father (Province or country)  
 (c.) Maiden name of mother  
 (d.) Birthplace of mother (Province or country)

The Foregoing Stated Personal Particulars are True to the Best of My Knowledge and Belief:

Informant W. J. Jenkins  
 Address Nanaimo

### CORNER'S CERTIFICATE OF CAUSE OF DEATH.

I hereby certify that I took charge of the remains described above, held a post mortem exam thereon and from the evidence obtained by said post mortem examination find that said deceased came to his death on the 5<sup>th</sup> day of May 1955, at about 2:30 o'clock P. M., from the cause hereunder written.  
 (IF UNDER ONE YEAR OLD, STATE HOW FED.)

(a.) Remote or Earlier Pathological or Morbid Condition	<u>Probably Apoplexy</u>	Duration in Years, Months, Days or Hours
(b.) Immediate or Final Determining Cause	<u>Endocarditis with valvular lesion (heart failure)</u>	

Witness my hand, this 5<sup>th</sup> day of May 1955  
 (Signature) Walter B. Burch  
 Address Brought Bay, Nanaimo  
 Coroner or Coroner's Physician

Project 107

**Olga Ciupa (child)**

Date of Death: Before December 1915

Place of Death: Spirit Lake, Québec

Burial Location: Camp Cemetery, Spirit Lake, Québec

Project 107

## Fritz Claus

Alternate Given Name(s): Ritz

Date of Death: 15 June 1915

Place of Death: Amherst, Nova Scotia

Original Burial Location: Highland Cemetery, Amherst, Nova Scotia

Current Burial Location: Woodland Cemetery, Kitchener, Ontario

1. REG'T. NO. 304		2. NAME		3. SURNAME Claus		4. CHRISTIAN NAME Fritz							
5. OCCASION German Prisoner of War				6. N. H. G. FILE NO.		7. B. H. G. FILE NO.							
8. DATE OF BIRTH		9. PLACE		10. CIRCUMSTANCES OF DEATH		11. NAME AND ADDRESS OF NEXT OF KIN							
28-6-15		Internment Camp Amherst, N.S.		He was captured in a unit among the prisoners, and in consequence of an assault by him on one of the Internment Camp Police, he was shot and killed by one of the Guard.		Unknown.							
12. REPORTED TO C. H. G. BY--				13. DATE		14. REPORTED TO N. H. G. BY--		15. DATE					
						Commandant, Internment Camp, Amherst.							
16. CEMETERY		17. LOCATION		18. NATURE OF CEMETERY		19. GRAVE LOCATION		20. GRAVE NO.		21. MARKING		22. MAINTENANCE	
Highland Cemetery.		Amherst, N.S.		Public.		Grave No. J. Box 11, Sect. "E"		0547		Granite Monument with name inscribed.		Cemetery Authorities	
23. PHOTOGRAPH TAKEN--				24. EXPOSURE NO.		25. COPIES OF PHOTOGRAPH SENT TO--							



Name of Deceased	Surname first <i>Blaus Ritz.</i>
Sex	<i>Male</i>
Date of Death	<i>June 25 1915</i>
Age	<i>22 years</i>
Residence Street and No. or P. O. Address	<i>Detention Camp</i>
Occupation	<i>Armed</i>
Single, Married or Widowed	<i>Prisoner of War</i>
If Single give Name of Father	<i>Single</i>
If Married give Name of Husband	
Where Born	<i>Germany</i>
Cause of Death { Primary Immediate	<i>Gun shot wound</i>
Length of Illness	
Religious Denomination	<i>Protestant</i>
Race of Deceased	<i>White</i>
Name of Physician in at- tendance	<i>William D. Ross</i>
Name of Undertaker	<i>Christie Brown</i>
Place of Burial { Cemetery at	<i>Highland Armed</i>
Name of Person Making Return	<i>Quinton Major G. P.</i>
Date of Return	<i>June 26 1915</i>
REMARKS	

**Alois Clement**

Date of Death: 01 June 1915

Place of Death: Amherst, Nova Scotia

Original Burial Location: Highland Cemetery, Amherst, Nova Scotia

Current Burial Location: Woodland Cemetery, Kitchener, Ontario

1. REG'T No. 200		2. RANK		3. SERVICE NO. 025000		4. CHRISTIAN NAMES Alois	
5. UNIT German Prisoner of War.			6. M. I. G. FILE NO.			7. D. I. G. FILE NO.	
8. DATE OF DEATH	9. PLACE	10. CIRCUMSTANCES OF DEATH			11. NAME AND ADDRESS OF NEXT OF KIN		
1-5-15	Interment Camp Hospital.	Herdington.			Unknown (Divorced man)		
12. REPORTED TO D. I. G. BY:-				13. DATE	14. REPORTED TO M. I. G. BY:-		15. DATE
					Commandant, Interment Camp, Amherst.		
16. CEMETERY	17. LOCATION	18. NATURE OF DEPOSIT	19. GRAVE LOCATION	20. GRAVE No.	21. MARKING	22. MAINTENANCE	
Highland Cemetery.	Amherst, N.S.	Public.	Grave No. 1 Lot #1, Sect. 'E'.	02500	Granite Monument with base inscribed.	Cemetery Authorities.	
23. PHOTOGRAPH TAKEN:-		24. EXPOSURE No.	25. COPIES OF PHOTOGRAPH SENT TO:-				



	Surname first
Name of Deceased	1 Clement A.
Sex	2 Male
Date of Death	3 June 1 1915
Age	4 29 yrs
Residence Street and No. or P. O. Address	5 Internment Camp Ormhurst
Occupation	6 Prisoner of War
Single, Married or Widowed	7 Single
If Single give Name of Father	8 Not known
If Married give Name of Husband	
Where Born	9 Germany
Cause of Death { Primary Immediate	10 Bullet wound abdomen
Length of Illness	11 10 Minutes
Religious Denomination	12 Catholic
Race of Deceased	13 White
Name of Physician in at- tendance	14 Gillies Dr. Ross
Name of Undertaker	15 Chustic Bros
Place of Burial { Cemetery at	16 St Charles Ormhurst A. E. Mackintosh. M.D.
Name of Person making Return	17 Murray A. W.
Date of Return	18 June 5 1915
REMARKS	19 X ✓

Project 107

## Wasył Czyczuk

Alternate Given Name(s): William

Alternate Surname(s): Cozyuck / Cosyuk

Date of Death: 03 May 1917

Place of Death: Toronto, Ontario

Burial Location: Mount Hope Cemetery (Mount Hope Catholic Cemetery),  
Toronto, Ontario

1. SEX	2. NAME OR ALIAS	3. BIRTH	4. CHRISTIAN NAME
	prisoner of War.	CZYCHUK.	Wasył.
5. DATE OF BIRTH	6. DATE OF DEPARTURE	7. REG. FILE NO.	8. RESIDENCE
	AUSTRIAN.	2-8-17.	
9. DESCRIPTION OF OCCASION		10. NAME, GRADE, RANK AND ADDRESS OF SERVING UNIT	
Died of Gastritis of the Stomach, at Hospital for Incurables, Toronto, Ont.		UNKNOWN.	
11. LOCATION OF USE AT TIME OF CASUALTY			
NOTE: Items 9, 11 and 12 are to be repeated and given in separate boxes.			
12. COUNTRY	13. LOCATION OF DEPARTURE	14. GRADE LOCATION	15. REGISTERED NO. OF OFFICE
Mount Hope,	Toronto, Ont.	Gen. SER. MOUNT. S. MOUNT. S.	C. 1780.
16. SIGNATURE OF NAVAL OFFICER	17. SERVICE NO.	18. PHOTOGRAPH OF CASUALTY AND DEPARTMENT SUPPLIED TO	
19. FURTHER PARTICULARS ON REVERSE SIDE OF CARD			

Bureau Form 2351	
NAME of Deceased	<i>Coyne</i> <del>X</del>
Christian Name	<i>William</i>
Sex	<i>M</i>
Age	<i>35 yrs</i>
Date of Death	<i>May 3-1917</i>
Place of Birth	<i>Austria</i>
Place of Death, City, Town, Village, or Occupation and Lot	<i>Hoop for Pneumatics</i>
Place of Burial	<i>W Hope Cem'ty</i>
Occupation	<i>none</i>
Single, Married or Widower	<i>S</i>
Name of Father	-
Maiden Name of Mother	-
Cause of Death, if known	-
Name of Physician who attended Deceased	<i>Dr Harrison</i>
Name of Informant	<i>A.W. Willis</i>
Address	<i>396 College St</i>
Date of Return	<i>May 11-1917</i>
Physician's Return of Death	
Name of Deceased	<i>Coyne</i>
Christian Name	<i>William</i>
Date of Death	<i>May 3-1917</i>
DISEASE CAUSING DEATH	<i>Carcinoma of Stomach</i>
Duration	<i>16 Mts</i>
Immediate Cause of Death	-
Duration	-
Physician's Name	<i>Thos. L. Harrison</i>
Address	<i>79 Rockwood St. W</i>
Date of Return	<i>May 11-1917</i>
Remarks	-

003343

**Kakil Djemal**

Alternate Given Name(s): Kaky

Date of Death: 28 October 1918

Place of Death: City of Québec, Québec

Burial Location: Cemetery of the Hospice St. Michel Archange (Saint Michael the Archange Cemetery), Québec, Québec

1. SEX	2. RACE OR NATION	3. SERVICE	4. CHRISTIAN NAME
Male	FRANCE	ARMY	YAKEL
5. DATE OF BIRTH	6. NAME OF CASUALTY	7. R.G. FILE NO.	8. SERVICE
1901	28-10-18		None
9. CIRCUMSTANCES OF CASUALTY		10. HOME RELATIVES AND ADDRESS OF NEXT OF KIN	
<p>This man was admitted to Lesport asylum as incurable insane on 4th August 1918 and died there from "Pneumonia grippale", on 28th of August 1918.</p>		Not available.	
11. LOCATION OF BIRTH AT TIME OF CASUALTY			
Not applicable.-was an interned prisoner of war.			
NOTE-From 2. It may be set out to be omitted and given to permanent record			
12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. NUMBERED NO. OF GRAVE
Cemetery of the Hospice St. Michel Archange, Québec, Québec.	Québec, near (subec. P.C.)	None Plot: Special lot. No.	CHADY
16. PHOTOGRAPH OF CHAIN MARK	17. NUMBER NO.	18. PHOTOGRAPH OF GRAVE AND CEMETERY OFFERS TO	
19. FURTHER PARTICULARS ON REVERSE SIDE OF SHEET			

A. 197. Le trente-un octobre, mil neuf cent dix-huit, nous soussigné, curé, avons inhumé dans la partie non-bénite du cimetière de cette paroisse, le corps de ~~Kahyl Dujond~~, ture, venu de Québec, décédé au même hôpital, le vingt-huit de ce mois, âgé de trente ans environ. Présents: Dionisio Lallemand et Edmond Beaulieu, qui n'ont pu signer. Lecture faite - Deux mots rajoutés, deux en marge corrigés.

~~Kahyl Dujond,~~  
ture.  
50 ans environ.  
Kahyl Dujond,

L. A. Rousseau, ptre.

### Otto Albert Wilhelm Martin Doring

Date of Death: 01 June 1917

Place of Death: Kapuskasing, Ontario

Original Burial Location: Camp Cemetery, Kapuskasing, Ontario

Current Burial Location: Woodland Cemetery, Kitchener, Ontario

1. NO.	2. SERVICE NO.	3. GRADE	4. SERVICE NAME
Prisoner of War.	DORING.	Otto Albert Wilhelm Martin.	
5. TYPE OF CASE	6. DATE OF CASUALTY	7. GRADE AT DEATH	8. SERVICE
DEATH.	1-6-17.		
9. CHARACTER OF CASUALTY		10. NAME, BIRTHPLACE AND ADDRESS OF NEXT OF KIN	
Died of Typhoid, at Camp Hospital, Kapuskasing, Ont.		(Father).....Doring, (Christian name unknown, Sublieutenant 17, INFANTRY, PRUSSIA, BADEN.	
11. DETAILS OF CASE AS TYPED BY CASUALTY			
NOTE—When 11, 12 and 13 are left blank, the soldier will give his personal report			
12. GRAVE	13. LOCATION OF GRAVE	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
Camp Cemetery.	Kapuskasing, Ont.	Sec. 28, 17.	G. 2760.
16. NUMBER OF CASES TAKEN	17. SURVIVAL NO.	18. CHARACTERS OF GRAVE AND REMARKS REFERRED TO	
19. OTHER PARTICULARS OF SERVICE SIDE OF CASE			

Surname first	
SURNAME of Deceased.	Doring ✓
Christian Name.	Otto
Sex.	Male
Age.	21 years.
Date of Death.	June 1/17
PLACE OF BIRTH Date of Birth.	Wolgat. Germany
Place of Death, City, Town, Village, or Concession and Lot.	Kapuskasing, Ont.
Occupation.	sailor
Single, Widowed or Divorced.	single
Name of Father.	Unknown
Name of Mother.	Mrs. Martin Doring
Cause of Death, if known.	Tuberc.
Name of Physician who attended Deceased.	A. W. McArthur Capt. C. A. M. C.
Name of Informant.	A. W. McArthur Capt. C. A. M. C.
Address.	Kapuskasing, Ont.
Date of Return.	June 1/17
<b>Physician's Return of Death</b>	
Surname of Deceased.	Doring
Christian Name.	Otto
Date of Death.	June 1/17
DISEASE CAUSING DEATH.	Tuberc.
Duration.	5/3/17 to 1/6/17
Immediate Cause of Death.	Respiratory Failure
Duration.	6 hours.
Physician's Name.	A. W. McArthur, Capt. C. A. M. C.
Address.	Kapuskasing, Ont.
Date of Return.	June 1/17
Remarks.	

Project 107

**Josef Fortmann**

Alternate Given Name(s): Joseph

Date of Death: 08 January 1919

Place of Death: Amherst, Nova Scotia

Original Burial Location: Highland Cemetery, Amherst, Nova Scotia

Current Burial Location: Woodland Cemetery, Kitchener, Ontario

1. REG. NO. 404	2. RANK	3. SURNAME FORTMANN	4. CHRISTIAN NAME Joseph			
5. UNIT German Prisoner of War.		6. M. H. Q. FILE NO.	7. M. H. Q. FILE NO.			
8. DATE OF BIRTH 5-1-19	9. PLACE Camp Hospital Amherst, N.S.	10. CIRCUMSTANCES OF DEATH Ulcer of stomach ending in haemorrhage.	11. NAME AND ADDRESS OF NEXT OF KIN Mrs. Martha Fortmann, Veeh's grand father of Glesenberg, Germany.			
13. REPORTED TO M. H. Q. BY-		14. DATE	15. REPORTED TO M. H. Q. BY- Commandant, Entertainment Camp, Amherst.			
16. CEMETERY Highland Cemetery.	17. LOCATION Amherst, N.S.	18. NATURE OF CEMETERY Public.	19. GRAVE LOCATION Grave No. 1, Lot No. 1, Sect. E.	20. GRAVE NO. 05433	21. MARKING Granite Monument with name inscribed.	22. MAINTENANCE Cemetery Authorities
23. PHOTOGRAPHS TAKEN-		24. EXPOSURE NO.	25. COPIES OF PHOTOGRAPH SENT TO-			



	Surname first	
Name of Deceased	1	Footmawn Josef.
Sex	2	Male 1
Date of Death	3	Jan 8 1919 01
Age	4	36 years 10
Residence Street and No. or P. O. Address	5	Internment Station Amherst N.S.
Occupation	6	Stone mason 071
Single, Married or Widowed	7	married 2
If Single give name of Father If Married give Name of Husband	8	
Where Born	9	<sup>Germany</sup> Veckta Grand Duchy of Oldenburg
Cause of Death { Primary Immediate	10	Ulceration of Stomach Hemorrhage of Bowels
Length of Illness	11	18 months
Religious Denomination	12	Catholic. 8
Race of Deceased	13	German, White 1
Name of Physician in attendance	14	B. E. Goodwin, Lieut.
Name of Undertaker	15	
Place of Burial { Cemetery at	16	Highlands Amherst N.S.
Name of Person Making Return	17	
Date of Return	18	Jan. 14. 1919
REMARKS	19	3

Project 107

**Karl Gast**

Date of Death: 22 May 1916

Place of Death: Amherst, Nova Scotia

Original Burial Location: Highland Cemetery, Amherst, Nova Scotia

Current Burial Location: Woodland Cemetery, Kitchener, Ontario

1. REG. NO. 335		2. RANK		3. SERVICE CAST		4. CHRISTIAN NAME Karl	
5. UNIT German Prisoner of War				6. M. H. S. FILE NO.		7. B. H. S. FILE NO.	
8. DATE OF DEATH 22-5-16		9. PLACE Camp Hospital Internment Camp Amherst, N.S.		10. CIRCUMSTANCES OF DEATH Hypertalic Pneumonia.		11. NAME AND ADDRESS OF NEXT OF KIN Unknown.	
12. REPORTED TO M. H. S. BY--				13. DATE		14. REPORTED TO M. H. S. BY-- Commandant, Internment Camp, Amherst.	
15. CEMETERY Highland Cemetery.		16. LOCATION Amherst, N.S.		17. NATURE OF CEMETERY Public.		18. GRAVE LOCATION Grave No. 7, Lot No. 1, Sect. "E"	
19. GRAVE NO. 6639		20. MARKING Granite Monument with name of deceased.		21. MAINTENANCE		Cemetery Authorities	
22. PHOTOGRAPH TAKEN--				23. EXPOSURE NO.		24. COPIES OF PHOTOGRAPH SENT TO--	

	Surname first	#335
Name of Deceased	East, Karl	
Sex	Male	
Date of Death	May 22 1916	
Age	57 years	
Residence Street and No. or P. O. Address	Interment Station Aurbust	
Occupation	Stoker, German navy	
Single, Married or Widowed	Single	
If Single give Name of Father	Unknown	
If Married give Name of Husband	Unknown	
Where Born	Tilsit, East-Prussia, Ger.	
Cause of Death	Primary	Dementia
	Immediate	Hypostatic - Pneumonia
Length of Illness	9 mos	
Religious Denomination	Lutheran	
Race of Deceased	White	
Name of Physician in at- tendance	Dr. Kuntzky, D. A. 9	
Name of Undertaker	Christie Bros	
Place of Burial	Cemetery	Highland
	at	Aurbust
Name of Person making Return	Wythuan, F. C.	
Date of Return	May 25 1916	
REMARKS		

**Matias Gnus**

Alternate Given Name(s): Macij / Macig

Date of Death: 29 January 1916

Place of Death: Petawawa, Ontario

Burial Location: St. Columba's Roman Catholic Cemetery, Pembroke, Ontario

A. NO.	B. RACE OR BIRTH	C. SERVICE	D. CHRISTIAN NAME
	Private	GNUS	Macij or Matias
E. TYPE OF DEPT		F. DATE OF CASUALTY	G. RELIGION
Prisoner of War (Austrian).		29-1-16	Roman Catholic
H. CIRCUMSTANCES OF CASUALTY		I. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
TUBERCULOSIS - Camp Hospital, Petawawa, Ont.		(Mother) Anna Gnus, Lodge Vale, Gallatin, Mont.	
J. LOCATION OF DEPT AT TIME OF CASUALTY			
Petawawa Ontario,			
NOTE - Data in (F) and (G) are not to be recorded until grave is permanently located.			
K. CHURCH	L. LOCATION OF CHURCH	M. GRAVE LOCATION	N. REGISTERED NO. OF GRAVE
RC St. Columba's Cemetery <i>(and see section)</i>	Pembroke, Ontario,	Comp Plot	5504
O. PARTICULARS OF DEPT TAKEN	P. REPORTING NO.	Q. PARTICULARS OF GRAVE AND FURNITURE SUPPLIED TO	
R. FURNITURE PARTICULARS ON REVERSE SIDE OF DEPT			

SURNAME of Deceased.	Grimes ✓
Christian Name.	Macig
Sex.	Male
Age.	23 Years
Date of Death.	29 Jan. 1916
Place of Birth.	Lacka Vola (Austria)
Place of Death, City, Town, Village, or Occupation and Loc.	Petawara Detention Camp
Place of Burial.	Pembroke
Occupation.	Laborer 020508
Single, Married or Widowed.	S.
Name of Father.	John Grimes
Maiden Name of Mother.	
Cause of Death, if known.	Pul. Tuberculosis
Name of Physician who attended Deceased.	H. A. Jones, M.D. <sup>Supt.</sup> A.M.S.
Name of Informant.	Macie Frank
Address.	Petawara Camp
Date of Return.	
Physician's Return of Death	
Surname of Deceased.	Grimes
Christian Name.	Macig
Date of Death.	29 Jan. 1916
DISEASE CAUSING DEATH.	Pul. Tuberculosis
Duration.	Four Years.
Immediate Cause of Death.	—
Duration.	—
Physician's Name.	H. A. Jones Supt. A.M.S.
Address.	Petawara Camp
Date of Return.	Jan. 30 <sup>th</sup> 1916.
Remarks.	

Project 107

**Constantine Gramada**

Date of Death: 27 September 1916

Place of Death: Weston, Ontario

Burial Location: Prospect Cemetery, Toronto, Ontario

1. SEX	2. NAME OF DECEASED	3. SERVICE	4. CHRISTIAN NAME
	Erisneur of War.	CANADA.	Constantine.
5. RACE OR ETHNICITY	6. DATE OF DEPARTURE	7. U.S. FILE NO.	8. SERVICE
Austrian.	27-9-16.		
9. INCIDENTS OF SERVICE		10. NAME, GRADE, RANK AND NUMBER OF REG'T OF U.S.	
Died of Typhoid Pneumonia, at The Sanitarium, Weston, Ont.		George Gramada, Sergeant, E.S.	
11. NUMBER OF YRS. AT WAR OR DUTY			
NOTE: There is to be no use to be made of this card as a military record.			
12. GRAVE	13. LOCATION OF GRAVE	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
Prospect Cemetery,	Toronto, Ont.	Grav. Adult Four Corps, (Det. Numbered).	C.2761.
16. NUMBER OF GRAVE PLATS	17. REGISTERED NO.	18. PARTICULARS OF GRAVE AND CEMETERY LISTED IN	
19. OTHER PARTICULARS OF DECEASED LISTED IN			

<b>Surname First</b>	
SURNAME of Deceased.	Gramada. ✓
Christian Name,	Constantine.
Sex.	Male.
Age.	18 years.
Date of Death.	Sept 27, 1916.
Place of Birth.	Berarka, Suckbra, Au
Place of Death, City, Town, Village, or City, State and Loc.	Toronto Free Hos.
Place of Burial.	-
Occupation.	009503 Laborer.
Single, Married or Widowed.	Single.
Name of Father.	Gramada, George
Maiden Name of Mother.	-
Cause of Death, if known.	-
Name of Physician who attended Deceased.	-
Name of Informant.	Boris G. Debb.
Address.	981 Queen St W.
Date of Return.	-
<b>Physician's Return of Death</b>	
Surname of Deceased.	Gramada.
Christian Name.	Constantine
Date of Death.	Sept 27, 1916/
DISEASE CAUSING DEATH.	Phthisis Pulmonalis
Duration.	about six months
Immediate Cause of Death.	-
Duration.	-
Physician's Name.	G. L. Hodgins.
Address.	Toronto Free Hos.
Date of Return.	Sept 27, 1916.
Remarks.	Oct 11, 1916.

### Andrew Grapko

Alternate SurnName(s): Grubrak / Grutzak / Grutsak / Grubak

Date of Death: 18 June 1915

Place of Death: Brandon, Manitoba

Burial Location: Brandon Cemetery (Brandon Municipal Cemetery),  
Brandon, Manitoba

1. SEX M		2. NAME OF DECEASED Prisoner of War, <b>ANDREW</b>		3. REGISTERED IN Hospital as <b>Grubrak</b> and listed as <b>Grutak</b>		4. CHRISTIAN NAME <b>Andrew</b>			
5. PLACE OF DEATH Brandon Internment Camp		6. DATE OF DEATH June 18th, 1915		7. U.S. FOR NO.		8. RELIGION Roman Catholic			
9. PARTICULARS OF DEATH Died at Brandon General Hospital. Gases; gunshot wound in chest, followed by pneumonia.				10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN Father:- Helena Grapko, 57 Samara Bulowin, Gornowitz, AUSTRIA.					
11. GRAVE OF NEXT OF KIN AT TIME OF DEATH Brandon, Man.									
12. COUNTY Brandon, Manitoba				13. COUNTY OF DEATH Brandon, Manitoba.		14. GRAVE LOCATION Sec. 1. Lot 22, Blk. "D" West. Sec. 1.		15. REGISTERED NO. OF GRAVE C-1182.	
16. PARTICULARS OF GRAVE MARK		17. EXHIBIT NO.		18. PARTICULARS OF GRAVE AND CEMETERY OFFICER'S NO.					
19. OTHER PARTICULARS AND ADDRESS OF NEXT OF KIN									



178024

Form C.

PROVINCE OF MANITOBA.

# OFFICIAL NOTICE OF DEATH.

Particulars to be registered touching a death to be supplied to the Division Registrar of City of Brandon by informant other than Physician or Coroner before a permit of burial can be issued.

1. Full name of deceased (In- clude only not accepted; if an unmailed child, give surname provided by "ma- nager")	Surname: <u>Gruzbak</u> Given name: <u>Andrew</u>
2. If married or widowed give full maiden name	Surname: _____ Given name: _____
3. Sex	<u>Male</u>
4. Color or race (white, black, negro or negro descent), Indian, Japanese, Chinese or other)	<u>White</u>
5. Date of death	Month: <u>June</u> day: <u>19<sup>th</sup></u> 19 <u>15</u>
6. Place of death (street and house number or lot and block number or number of parish or river lot, or fractional section, town- ship and range; if in a hospital, etc., give its name)	<b>THE BRANDON GENERAL HOSPITAL.</b>
7. Date of birth	Month: <u>Not known</u> day: _____ 19____
8. Age	<u>19</u> Years _____ months _____ days
9. Place of birth (if in Manito- ba give exact location; if in Canada, province, city, town, village or nearest post office; if foreign, state the country and post office address).	<u>Bakwanina, Austria</u>
10. Length of residence at place of death and in Province.	At place of death: <u>13 days</u> In Province: <u>3 years</u>
11. Occupation (children and adults not engaged in some gainful employment should be marked "None")	<u>Laborer - (Prisoner of War)</u>
12. Single, married, widowed or divorced	<u>Single</u>
13. Full name of father	<u>Bill Gruzbak</u>
14. Birthplace of father (same as item No. 9)	<u>Bakwanina, Austria</u>
15. Maiden name of mother	<u>Not known</u>
16. Birthplace of mother (same as item No. 9)	<u>Bakwanina, Austria</u>
17. Name of physician who at- tended deceased (where physician did not attend, state probable cause of death)	<u>Dr. Macpherson</u>
18. Your relationship to deceased	<u>None</u>
19. Were you in the home at the time of death?	<u>No</u>
20. Signature and address of in- formant	Signature of informant: <u>E. Birrell</u> Address: <b>THE BRANDON GENERAL HOSPITAL.</b>
21. Date of information	<u>18 June '15</u>
22. Registered number	<u>125</u> and this <u>19<sup>th</sup></u> day of <u>June</u> 19 <u>15</u> <u>Dany Dvorak</u> Signature of Division Registrar.

REMARKS:

Form D.

178025

PROVINCE OF MANITOBA.

Particulars of death required to be registered with the Division Registrar of City of Brandon by the duly-qualified Medical Practitioner.

N.B.—Every item of interest should be briefly but carefully supplied. Physicians should state the Cause of Death in plain terms, that it may be properly classified.

Write plainly with unfading ink.

MEDICAL CERTIFICATE OF DEATH.

I hereby certify that I attended the deceased

(Name) Andrew Leschke
from June 6, 1914 to June 18, 1914
That I last saw him alive on June 18, 1914
and that death occurred on the June 18 day of 1914
at 9:10 a.m.

The Cause of Death was as follows:—

Primary Brain laceration of lobe 170

Duration: years, months, days

Contributory (secondary) Broken Pneumonia

Duration: years, months, 6 days

(Signed) John Macdonald, M.D.

Address Brandon

June 19, 1914

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

Length of Residence (for Hospitals, Institutions, Transients or Recent Residents)—

At place of death years, months, days

In the Province years, months, days

Where was disease contracted if not at place of death?

Former or usual residence

Place of burial or removal Brandon Cemetery

Date of burial or removal June 19, 1914

Signature of Undertaker James Macdonald

Address of Undertaker Brandon

Man.

**Walter Grooham**

Alternate Surname(s): Grocham

Date of Death: 14 July 1915

Place of Death: Kingston, Ontario

Burial Location: St. Mary's Cemetery (St. Mary's Roman Catholic Cemetery),  
Kingston, Ontario

1. NO.	2. NAME OR INITIALS	3. SURNAME	4. CHRISTIAN NAME
	Private	GROCHAM,	Walter
5. TYPE OF DEPT.	6. DATE OF CASUALTY	7. R.G. DISE. NO.	8. RELIGION
Prisoner of War (German).	14-7-15		Roman Catholic
9. CHARACTER OF CASUALTY		10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
TUBERCULOSIS - At Stockwood Inn, Kingston, Ont.		UNKNOWN.	
11. LOCATION OF DEPT. AT TIME OF CASUALTY			
Kingston, Ontario.			
<small>NOTE - Item 10, if not known, to be omitted and given in parenthesis below</small>			
12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
St. Mary's Cemetery	Kingston, Ont.,	Row: 277 Sec: Lot:	3066
16. PHOTOGRAPH OF GRAVE TABLE	17. REGISTER NO.	18. PHOTOGRAPH OF GRAVE AND CEMETERY SITUATION TO	
<small>19. OTHER PARTICULARS OR REMARKS CONCERNING DEPT.</small>			

<b>FULL NAME of Decedent.</b> Initials only not accepted.	1.	<del>Surname first.</del> Grocham, Walter
<b>Sex, and Race.</b>	2.	Male, German
<b>Date of Death.</b>	3.	July 12th, 1915.
<b>Date of Birth.</b>	4.	
<b>Age and Place of Birth.</b>	5.	26. Germany.
<b>Place of Death.</b> City, Town, Village, or Concession and <b>Locality</b> (Hospital, give name, and long street) was an inmate, and former or usual place of residence.	6.	Rockwood Hospital
<b>Occupation.</b>	7.	Farm laborer.
<b>Single, Widowed, or Divorced.</b>	8.	Single.
<b>Full Name of Father.</b>	9.	Not known
<b>Birthplace of Father.</b>	10.	
<b>Maiden Name of Mother.</b>	11.	
<b>Birthplace of Mother.</b>	12.	
<b>Name of Physician who attended Decedent.</b>	13.	Hospital Staff.
<b>Certified by.</b>	14.	Dr. E. Ryan
<b>Address.</b>	15.	Rockwood Hospital
<b>Date.</b>	16.	July 14th 1915
<b>Medical Certificate of Death.</b> I hereby certify that I attended the deceased.		
<b>Name.</b>		Walter Grocham
<b>From</b>	17.	
<b>To</b>	18.	
<b>That I last saw this person alive on</b>	19.	
<b>That the Death occurred on</b>	20.	July 12th 1915.
<b>CAUSE OF DEATH.</b>		
<b>Primary.</b>		Tuberculosis <sup>28</sup> ✓
<b>Duration.</b>		Indefinite time
<b>Immediate.</b>		Gangrene of lungs
<b>Duration.</b>		One week.
<b>Physician's name.</b>		Dr. E. Ryan
<b>Address.</b>		Rockwood Hospital
<b>Date.</b>		July 14th 1915
<b>Remarks.</b>		

**Pawlo Gruszecki**

Date of Death: 07 August 1916

Place of Death: Spirit Lake, Québec

Burial Location: Camp Cemetery, Spirit Lake, Québec

1. NO.		2. RANK OR RATING		3. SURNAME		4. CHRISTIAN NAME	
		Private		GRUSZECKI		Pawlo	
5. TYPE OF DUTY			6. DATE OF CASUALTY		7. U.S. FILE NO.		8. RELIGION
Prisoner of War (Austrian).			7-8-16				Roman Catholic
9. CHARACTER OF CASUALTY				10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN			
Died of Tuberculosis				Jula Gruszecki, widow R. Szepersz Margonyi, P.O. Astrów S. Gzani, Galicia, Austria.			
11. LOCATION OF DUTY AT TIME OF CASUALTY							
Camp Hospital, Spirit Lake, Que.							
<small>NOTE—Items 11, 12 and 13 are not to be completed until grave is permanently located.</small>							
12. OCCURRENCE		13. LOCATION OF GRAVE		14. GRAVE LOCATION		15. DISPOSITION NO. OF GRAVE	
Camp Cemetery		Spirit Lake, Que		Not numbered.		5532	
16. PHOTOGRAPH OF GRAVE TAKEN		17. EXPENSE NO.		18. PHOTOGRAPH OF GRAVE AND CEMETERY SUPPLEMENT TO			
<small>19. FURTHER PARTICULARS ON REVERSE SIDE OF SHEET</small>							

**Heinrich Harms**

Date of Death: 14 January 1919

Place of Death: Amherst, Nova Scotia

Original Burial Location: Highland Cemetery, Amherst, Nova Scotia

Current Burial Location: Woodland Cemetery, Kitchener, Ontario

1. REG. NO. 334		2. NAME		3. SURNAME HARMS		4. CHRISTIAN NAMES Heinrich			
5. UNIT German Trencher of war.			6. M. H. & F. FILE NO.			7. D. H. & F. FILE NO.			
8. DATE OF DEATH 14-1-19		9. PLACE Temporary Military Hospital, Amherst, N.S.		10. CIRCUMSTANCES OF DEATH Influenza complicated with pneumonia.			11. NAME AND ADDRESS OF NEXT OF KIN WIFE, Johnson Wires, Am. Jever in Oldenburg, Germany.		
12. REPORTED TO D. H. & F. BY--				13. DATE		14. REPORTED TO M. H. & F. BY-- Commandant, Internment Camp, Amherst.		15. DATE	
16. CEMETERY Highland Cemetery.		17. LOCATION Amherst, N.S.		18. NATURE OF CEMETERY Public.		19. GRAVE LOCATION Grave No. 11, lot #1, Sect. "F".		20. GRAVE NO. 06430	
21. PHOTOGRAPH TAKEN--		22. EXPOSURE NO.		23. COPIES OF PHOTOGRAPH SENT TO--					
				Cemetery authorities Name of deceased.					



Surname first	
Name of Deceased	Harms Heinrich
Sex	Male 1
Date of Death	Jan 14 / 19 01
Age	45 years 11
Residence Street and No. or P. O. Address	Internment Camp Amhurst N.S. 857
Occupation	Sea Pilot (Warrant officer)
Single, Married or Widowed	Married 2
If Single give name of Father If Married give Name of Husband	Wife Johanna Harms 5
Where Born	Amst. Jever in Oldenburg Germany 010
Cause of Death { Primary Immediate	Influenza Pneumonia
Length of Illness	9 days
Religious Denomination	C
Race of Deceased	White 1
Name of Physician in attendance	Leint. B. E. Goodwin M.D.
Name of Undertaker	Christie Bros & Co.
Place of Burial { Cemetery at	Amhurst N.S.
Name of Person Making Return	Christie Bros & Co
Date of Return	Jan 15 1919
REMARKS	V 3

**Henry Hartmann**

Alternate Surname(s): Hartman

Date of Death: 08 November 1918

Place of Death: Kapuskasing, Ontario

Original Burial Location: Camp Cemetery, Kapuskasing, Ontario

Current Burial Location: Woodland Cemetery, Kitchener, Ontario

1. No.	2. NAME OR ALIAS	3. SERVICE	4. CHRISTIAN NAME
	Prisoner of War.	MISSING.	Henry.
5. TYPE OF CASE	6. DATE OF CASUALTY	7. U.S. REG. NO.	8. RESIDENCE
MISSING.	8-11-18.		
9. CIRCUMSTANCES OF CASUALTY		10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
Died of Myocarditis following Influenza - At Temporary Hospital, Kapuskasing, Ont.		Fred Hartman P/W (USO) Kapuskasing, Camp. Carl Hartman P/W (USO) Kapuskasing Camp. (The only known relatives)	
11. LOCATION OF CASE AT TIME OF CASUALTY			
NOTE - Items 1, 2, 3, 4 and 5 are to be completed and given to personnel listed.			
12. COUNTRY	13. LOCATION OF CASUALTY	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
Camp Cemetery.	Kapuskasing, Ont.	Sec. 102.	C. 1755.
16. NUMBER OF GRAVE MARKS	17. GRAVE NO.	18. PHOTOGRAPH OF GRAVE AND SURROUNDING AREAS TO	
19. FURTHER PARTICULARS ON REVERSE SIDE OF INDEX			



Surname first	
SURNAME of Deceased.	Hartmann
Christian Name.	Henry
Sex.	Male
Age.	29 years
Date of Death.	Nov 8/1918 ✓
Place of Birth.	Berlin Germany
Place of Death, City, Town, Village, or Concession and Lot.	Kapuskasing
Place of Burial.	W.C.
Occupation.	Labourer
Single, Married or Widowed	
Name of Father.	038737
Maiden Name of Mother.	
Cause of Death, if known.	Influenza
Name of Physician who attended Deceased.	R. R. Walker
Name of Informant.	Lt. Col. W. E. Watt
Address.	Kapuskasing
Date of Return.	Nov 8/1918
Physician's Return of Death	
Surname of Deceased.	Hartmann
Christian Name.	Henry
Date of Death.	Nov 8/1918
DISEASE CAUSING DEATH.	Influenza ✓
Duration.	5 days
Immediate Cause of Death.	Myocarditis
Duration.	3 days
Physician's Name.	R. R. Walker
Address.	Kapuskasing
Date of Return.	Nov 8/1918
Remarks.	

**John Harvath**

Alternate Surname(s): Hrvat / Horvath

Date of Death: 01 October 1915

Place of Death: Petawawa, Ontario

Burial Location: St. Columba's Roman Catholic Cemetery, Pembroke, Ontario

1. NO.	2. RANK OR RATING	3. SERVICE	4. CHRISTIAN NAME
	Private	HARVATH	John
5. UNIT OR DET.	6. DATE OF CASUALTY	7. R. & F. REG. NO.	8. DENOMINATION
Prisoner of War (Austrian).	1-10-15		Roman Catholic
9. CIRCUMSTANCES OF CASUALTY		10. NAME, RELATIONSHIP AND GRADE OR RANK OF SEX	
TUBERCULOSIS - At Camp Hospital, Petawawa, Ont.		Pembroke.	
11. LOCATION OF UNIT AT TIME OF CASUALTY			
Petawawa Ontario.			
<small>NOTE - When No. 11 and 12 are not to be completed and given in parentheses below.</small>			
12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
St. Columba's Cemetery	Pembroke, Ontario,	Common Lot.	3886
16. PROGRAMME OF HOLY LANDS		17. REPORTING NO.	18. POSTOFFICE OF DEATH AND CEMETERY OFFICE, OR
<small>19. FUTURE PARISH OR OTHER NO. OF DEATH</small>			

<b>Burnside Area</b>	
SURNAME of Deceased.	<i>Herat</i> ✓
Christian Name.	<i>John</i>
Sex.	<i>Male</i>
Age.	<i>47 years</i>
Date of Death.	<i>1<sup>st</sup> October 1915</i>
Place of Birth.	
Place of Death, City, Town, Village, or Concession and Loc.	<i>Petawara Detention Camp</i>
Place of Burial.	<i>Pembroke</i>
Occupation.	<i>Laborer</i>
Single, Married or Widowed	<i>Single</i>
Name of Father.	<i>028045</i>
Maiden Name of Mother.	
Cause of Death, if known.	<i>Pulmonary T. B.</i>
Name of Physician who attended Deceased.	<i>W. A. Jones, M.D.</i>
Name of Informant.	<i>J. H. Haugh</i>
Address.	<i>Petawara Camp</i>
Date of Return.	<i>1 October 1915</i>
<b>Physician's Return of Death</b>	
Surname of Deceased.	<i>Herat</i>
Christian Name.	<i>John</i>
Date of Death.	<i>1st October 1915</i>
DISEASE CAUSING DEATH.	<i>Pulmonary T. B.</i>
Duration.	
Immediate Cause of Death.	<i>Asthma</i>
Duration.	
Physician's Name.	<i>W. A. Jones M.D.</i>
Address.	<i>Petawara Camp</i>
Date of Return.	<i>1st October 1915</i>
Remarks.	<i>Prisoner of War.</i>

**Alex Hassan**

Alternate Name(s): Hassen

Date of Death: 08 July 1915

Place of Death: Kapuskasing, Ontario

Burial Location: Camp Cemetery, Kapuskasing, Ontario

1. NO.	2. RANK OR RATHER	3. SERVICE	4. CHRISTIAN NAME
	Prisoner of War.	HASSAN.	Alex.
5. UNIT OR REG'T	6. DATE OF CASUALTY	7. R.G. FILE NO.	8. RECORD NO.
TORONTO.	8-7-15.		
9. CIRCUMSTANCES OF CASUALTY		10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
Died of natural causes, at Camp Hospital, Kapuskasing, Ont.		Unknown.	
11. ADDRESS OF UNIT AT TIME OF CASUALTY			
NOTE - Check "X" if not known as to whether left arms & legs, (initials)			
12. GRAVE NO.	13. LOCATION OF GRAVE	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
Camp Cemetery,	Kapuskasing, Ont.	Row #6.	C.2768.
16. PHOTOGRAPH OF GRAVE TAKEN	17. REPORTER NO.	18. PHOTOGRAPH OF GRAVE AND CASUALTY REPORT TO	
19. OTHER PARTICULARS SEE REVERSE SIDE OF CARD			



Lot 1. Block 8,

66775

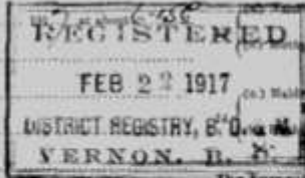
4112

BIRTHS, DEATHS AND MARRIAGES REGISTRATION ACT.

SCHEDULE B—Deaths

REGISTERED  
FILED

1. Full name *Mile Necimovic known as P.W. 533* City or town of *Vernon*  
 2. (a.) Sex *Male* (b.) Colour or race *White* (c.) Single Married Widowed Divorced *Single* District of *Yale-Cariboo*  
 3. (a.) Birthplace *Austria* (b.) Date of Birth \_\_\_\_\_ 10. How long resident in city *8 months*  
 4. Age *31* Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ 11. How long in district *20 months*  
 5. Died on the *17* day of *February* 12. How long in Canada, if foreign born *32 months*  
 6. Last occupation *Miner* (Kind of industry) \_\_\_\_\_ 13. Name of father \_\_\_\_\_  
 7. Former occupation \_\_\_\_\_ (a.) Name of mother \_\_\_\_\_  
 8. (a.) Place of death *Vernon Jubilee Hospital* (b.) How long at place of death *nine days* (c.) Name of mother \_\_\_\_\_  
 9. Former or usual residence *Internment Camp Vernon B.C.* 14. Informant *Campbell, Pros.*  
 10. (a.) Place of burial *Cath. Cemetery Vernon B.C.* (b.) Date of burial *20 Day of February 1917* Address *Vernon B.C.*  
 15. Hour *9.30* P.M.



The foregoing stated Personal Particulars are True to the Best of My Knowledge and Belief.

PHYSICIAN'S CERTIFICATE OF CAUSE OF DEATH.

I hereby certify that I attended *Mile Necimovic (Mile Nachen)* from *13<sup>th</sup> June 1916* to *17<sup>th</sup> Feb 1917*.  
 That I last saw *him* alive on the *17<sup>th</sup> day of February 1917* That he died, to my information, on the *17<sup>th</sup> day of February 1917*  
 at about *6.15* o'clock *P.M.* and that to the best of my knowledge and belief, the cause of *his* death was as hereunder written.

(IF UNDER ONE YEAR OLD, STATE HOW FED.)

(a.) Symptoms or Earlier Pathological or Hereditary Conditions *Pulmonary Tuberculosis*  
 Was operation performed within one month before death? *No*  
 (b.) Immediate or Final Determining Cause *Heart failure*

Witness my hand, this *Seventh* day of *February* 1917, at *Vernon B.C.*  
*Edward Ducean* M.D.

Project 107

## Bernard Heiny

Alternate Surname(s): Heimowski

Date of Death: 02 December 1918

Place of Death: Vernon, British Columbia

Original Burial Location: Vernon Cemetery (Pleasant Valley Cemetery), Vernon,  
British Columbia

Current Burial Location: Woodland Cemetery, Kitchener, Ontario

1. NAME OF WAR				ORIGINAL			
2. SERVICE NO.		3. RANK		4. SURNAME		5. CHRISTIAN NAME	
6. UNIT		8. M. H. S. FILE NO.		7. D. H. S. FILE NO.			
9. DATE OF DEATH	10. PLACE	11. CIRCUMSTANCES OF DEATH		12. NAME AND ADDRESS OF NEXT OF KIN			
13. REPORTED TO D. H. S. BY--		14. DATE	15. REPORTED TO M. H. S. BY--		16. DATE		
17. CEMETERY	18. LOCATION	19. NATURE OF CEMETERY	20. GRAVE LOCATION	21. GRAVE NO.	22. MARKING	23. MAINTENANCE	
24. PHOTOGRAPH TAKEN--		25. EXPOSURE NO.	26. COPIES OF PHOTOGRAPH SENT TO--				
Vernon 742			Heiny (Heimowski)	HEINERD			
GERMAN							
2/12/18	Interment Camp Hospital Vernon B.C.	Died of pneumonia following influenza		Mr. Heimowski, (Father) Stellmaker Meister, Hermannshof West Prussia, Kreis Pr Stargart.			
				12. NEXT OF KIN NOTIFIED			
Vernon Cemetery	Vernon B.C.	Public	Lot 2 Block 7a	05247	Hardwood cross suitably inscribed	Cemetery Authorities	

67250

677

# VITAL STATISTICS ACT.

## SCHEDULE B—Deaths

Registered No. \_\_\_\_\_

City or town of Vermon BC

1. Full name Mr. Bernard Henry District of Yale R.O. \_\_\_\_\_

2. (a.) Sex Male (b.) Color or race N (c.) Single Widowed

3. (a.) Birthplace Margaret, Russia (b.) Date of birth 6 Jan'y 1883

4. Age 35 Years 10 Months 26 Days

5. Died on the 2nd day of December, 1918, at about 5:40 P.M.

6. Last occupation Laborer

7. Former occupation \_\_\_\_\_

8. (a.) Place of death Internment Camp, Vermon (b.) How long at place of death 3 yrs 3 months

9. Former or usual residence Vermon BC

10. (a.) Name of father Not known (b.) Birthplace of father \_\_\_\_\_

11. How long in district \_\_\_\_\_

12. How long in Canada, if foreign born 5 years

13. (a.) Maiden name of mother Not known (b.) Birthplace of mother \_\_\_\_\_

14. The foregoing stated personal particulars are true to the best of my knowledge and belief.

15. Informant Copressmaid, Cath Address Adt. Internment Camp

16. Place of burial Cemetery Vermon BC Undertaker Campbell Bros

Date of burial 3 Dec 1918 Address Vermon BC

Hour 2:30 P.M.

### PHYSICIAN'S CERTIFICATE OF CAUSE OF DEATH.

IF DEATH FROM VIOLENCE, WAS IT (ACCIDENT, SUICIDE, HOMICIDE)?

I hereby certify that I attended Bernard Henry from 23-11-1918 to 2-12-1918

That I last saw him alive on the 2nd day of Dec, 1918 and that he died, as I am informed, on the 2nd day of Dec, 1918 at about 5:40 o'clock P. M., and that to the best of my knowledge and belief, the cause of his death was as hereunder written.

(IF UNDER ONE YEAR OLD, STATE HOW FED.)

(a.) Rememr or Earlier Pathological or Hereditary Condition	Diseased in Teeth, Nipples, Uterus or Bladder
Was operation performed within one month before death?	
(b.) Immediate or Final Determining Cause	
<u>Pneumonia after influenza</u>	<u>9 days</u>

Witness my hand, this 3rd day of December, 1918 } (Signature) B. F. Boyce M.D.

Address Vermon BC



**Mike Herbert**

Alternate Surname(s): Gorbik

Date of Death: 04 April 1916

Place of Death: Kapuskasing, Ontario

Burial Location: Camp Cemetery, Kapuskasing, Ontario

1. NO.	2. NAME OF DECEASED	3. SURNAME	4. CHRISTIAN NAME
	Trianny of car.	HERBERT(GORBIK)	Mike.
5. TIME OF DEATH	6. DATE OF DEATH	7. H. Q. DIST. NO.	8. SERVICE
AUSTRIAN.	4-4-16.		
9. CIRCUMSTANCES OF DEATH		10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
Died of Natural Causes at Camp Hospital, Kapuskasing, Ont.		(Daughter) Annie Gorbik, Bortnick, County of Simcoe, Galicia, AUSTRIA.	
11. LOCATION OF TOMB AT TIME OF DEATH			
NOTE—Boxes 11, 12 and 13 are not to be completed until grave is permanently closed.			
12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
Camp Cemetery,	Kapuskasing, Ont.	Sec. 24.	C. 2764.
16. INDICATORS OF GRAVE TILES		17. INDICATORS OF GRAVE AND FURNISHING MATERIALS	
18. FURTHER PARTICULARS OF DEATH AND SERVICE OF NEXT OF KIN			

**Michal Herman**

Alternate Given Name(s): Mike

Alternate Surname(s): Hermann

Date of Death: 01 September 1916

Place of Death: Kapuskasing, Ontario

Burial Location: Camp Cemetery, Kapuskasing, Ontario

1. NO.	2. RACE OR BIRTH	3. SERVICE	4. CHRISTIAN NAME
	Prisoner of War.	HERMAN.	Michal.
5. ENY OR SER	6. DATE OF CASUALTY	7. R.G. FILE NO.	8. RELIGION
AUSTRIAN.	9-11-16.		
9. CIRCUMSTANCES OF CASUALTY		10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
Died of Myocarditis following Influenza - at Temporary Hospital, Kapuskasing, Ont.		(Wife) Frau Antonia Herman, Korolenka, Tosini, Bohemian, Galicia, Austria.	
11. LOCATION OF ENY AT TIME OF CASUALTY			
<small>NOTE: Items 11, 12 and 13 are not to be completed and given to cemetery keeper.</small>			
12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
Camp Cemetery,	Kapuskasing, Ont.	Dist. H. T. No. Sec.	0.3768.
16. PHOTOGRAPH OF HEAVE TAKEN	17. EXPOSURE NO.	18. PHOTOGRAPH OF GRAVE AND CEMETERY SUPPLIED TO	
<small>19. FURTHER PARTICULARS ON REVERSE SIDE OF SHEET.</small>			

	<b>Surname first</b>
SURNAME of Deceased.	Herrmann
Christian Name.	Mike
Sex.	Male
Age.	41
Date of Death.	Nov 9/1918 ✓
Place of Birth.	<sup>Austria</sup> Karolinka Broegau
Place of Death, City, Town, Village, or Concession and Lot.	Kopuskasing
Place of Burial.	do.
Occupation.	Labourer
Single, Married or Widowed	Married
Name of Father.	
Maiden Name of Mother.	
Cause of Death, if known.	Influenza <span style="float: right;">033334</span>
Name of Physician who attended Deceased.	W. B. Jamieson
Name of Informant.	Lt. Col. W. E. Wale
Address.	Kopuskasing
Date of Return.	Nov 9/1918
<b>Physician's Return of Death</b>	
Surname of Deceased.	Herrmann
Christian Name.	Mike
Date of Death.	Nov 9 <sup>th</sup> 1918
DISEASE CAUSING DEATH.	Influenza <sup>13</sup> ✓
Duration.	7 days
Immediate Cause of Death.	Myocarditis
Duration.	2 days
Physician's Name.	W. B. Jamieson
Address.	Kopuskasing
Date of Return.	Nov 9/1918
Remarks.	

**Emil Heyse**

Alternate Surname(s): Hayle

Date of Death: 01 September 1916

Place of Death: Kingston, Ontario

Burial Location: Cataraugi Cemetery, Kingston, Ontario

1. NO.	2. RANK OR STATUS	3. SURNAME	4. CHRISTIAN NAME
	Private	HEYSE	Emil
5. UNIT OR SHIP	6. DATE OF CASUALTY	7. R.A.C. FILE NO.	8. RELIGION
Prisoner of War (German)	1-9-16		Protestant
9. CIRCUMSTANCES OF CASUALTY		10. NAME, RELIGION AND ADDRESS OF NEXT OF KIN	
Died suddenly of Valvular Disease of the heart. - at Port Henry, Kingston, Ont.		NONE.	
11. LOCATION OF BODY AT TIME OF CASUALTY			
Kingston, Ontario,			
<small>NOTE - Items 10, 11 and 12 are not to be completed until grave is permanently located.</small>			
12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
Cataraugi Cemetery	Cataraugi, Ontario	Range Y. Grave 45; Sec. D.	3600
16. PHOTOGRAPH OF GRAVE MARK	17. DISTANCE NO.	18. PHOTOGRAPH OF GRAVE AND CEMETERY SUPPLIED BY	
<small>19. FURTHER PARTICULARS ON REVERSE SIDE OF CARD.</small>			

<b>Surname First</b>	
<b>SURNAME of Deceased.</b>	Hayles
<b>Christian Name.</b>	Emil
<b>Sex.</b>	male
<b>Age.</b>	49 years
<b>Date of Death.</b>	Sept 1 <sup>st</sup> 1916
<b>Place of Birth.</b>	Russia
<b>Place of Death, City/Town, Village, or Concession and Lot.</b>	Fort Henry
<b>Place of Burial.</b>	Cataragui
<b>Occupation</b>	Prisoner of war
<b>Single, Married or Widowed</b>	married
<b>Name of Father.</b>	
<b>Maiden Name of Mother.</b>	011309
<b>Cause of Death, if known.</b>	Valvular Disease of Heart
<b>Name of Physician who attended Deceased.</b>	Dr. Royce
<b>Name of Informant.</b>	R. J. Reid
<b>Address.</b>	Kingston
<b>Date of Return.</b>	Sept 4 <sup>th</sup> 1916
<b>Physician's Return of Death</b>	
<b>Surname of Deceased.</b>	Hayles
<b>Christian Name.</b>	Emil
<b>Date of Death.</b>	Sept 1 <sup>st</sup> 1916
<b>DISEASE CAUSING DEATH.</b>	Valvular disease of heart
<b>Duration.</b>	1 year
<b>Immediate Cause of Death.</b>	Valvular disease of heart
<b>Duration.</b>	1 year
<b>Physician's Name.</b>	Dr. S. J. Royce
<b>Address.</b>	Kingston
<b>Date of Return.</b>	Sept 2 <sup>nd</sup> 1916
<b>Remarks.</b>	



Form C.

PROVINCE OF MANITOBA.

008254

**OFFICIAL NOTICE OF DEATH.**

Particulars to be registered touching a death to be supplied to the Division Registrar of Strathcona by informant other than Physician or Coroner before a permit of burial can be issued.

1. Full name of deceased (Surnames only not accepted; if an unnamed child, give surname preceded by "unnamed")	Surname <u>Brenchuk</u>
	Given name <u>Pete</u>
2. If married or widowed give full maiden name	Surname _____ Given name _____
3. Sex	<u>male</u>
4. Color of race (white, black (negro or negro descent), Indian, Japanese, Chinese or other)	<u>white</u>
5. Date of death	Month <u>Jan</u> day <u>11<sup>th</sup></u> 19 <u>16</u>
6. Place of death (street and house number or lot and block number or number of parish or river lot, or fractional section, township and range; if in a hospital, etc., give its name)	<u>Ninette Sanatorium, Ninette</u> <u>Secan</u>
7. Date of birth	Month <u>did not know</u> 18 <u>90</u>
8. Age	<u>25</u> - Years _____ months _____ days
9. Place of birth (if in Manitoba, give exact location; if in Canada, province, city, town, village or nearest post office; if foreign, state the country and post office address).	<u>Galicia, Austria</u>
10. Length of residence at place of death and in Province.	At place of death <u>50 days</u> ; In Province <u>4 years</u>
11. Occupation (children and adults not engaged in some gainful employment should be marked "None")	<u>Labourer</u>
12. Single, married, widowed or divorced	<u>single</u>
13. Full name of father	<u>Mich Brenchuk</u>
14. Birthplace of father (same as item No. 9)	<u>Galicia Austria</u>
15. Maiden name of mother	<u>?</u>
16. Birthplace of mother (same as item No. 9)	<u>Galicia, Austria</u>
17. Name of physician who attended deceased (where physician did not attend, state probable cause of death)	<u>B. Hillson M.D. D. Stewart M.D.</u>
18. Your relationship to deceased	<u>Physician</u>
19. Were you in the house at the time of death?	<u>yes -</u>
20. Signature and address of informant	The above-stated particulars are true, to the best of my knowledge and belief. Signature of Informant <u>B. Hillson</u> Address <u>Ninette Man -</u>
21. Date of information	<u>Jan 11 - 1916 -</u>
22. Registered number	<u>2</u> Died this <u>21<sup>st</sup></u> day of <u>Jan</u> 19 <u>16</u> <u>W. J. J. J.</u> Signature of Division Registrar
REMARKS:	



Form D.

PROVINCE OF MANITOBA.

Particulars of death required to be registered with the Division Registrar of  
Strathcona by the duly-qualified Medical  
 Practitioner.

N. B.—Every item of interest should be briefly but carefully supplied. Physicians  
 should state the Cause of Death in plain terms, that it may be properly classified.

Write plainly with unfading ink.

MEDICAL CERTIFICATE OF DEATH.

I hereby certify that I attended the deceased

(Name) Pete Zhenchuk - 20.5.47-  
 from Nov 22<sup>nd</sup> 1915, to Jan 11<sup>th</sup> 1916  
 That I last saw h<sup>e</sup> alive on Jan 11<sup>th</sup> 1916  
 and that death occurred on the 11<sup>th</sup> day of Jan 1916  
 at 7.15 p.m.

The Cause of Death was as follows:—

Primary Adenitis -

Duration: \_\_\_\_\_ years, 6 months, \_\_\_\_\_ days.

Contributory (secondary) \_\_\_\_\_

Duration: \_\_\_\_\_ years, \_\_\_\_\_ months, \_\_\_\_\_ days.

(Signed) Billson M.D.

Address 16<sup>th</sup> Street Man.

Jan 11<sup>th</sup> 1916

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (I) MEANS OF INJURY, and (II) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

Length of Residence (for Hospitals, Institutions, Transients or Recent Residents)—

At place of death \_\_\_\_\_ years, \_\_\_\_\_ months, 22 days.

In the Province 4 years, \_\_\_\_\_ months, \_\_\_\_\_ days.

Where was disease contracted if not at place of death? no

Former or usual residence Internment Station Brandon

Place of burial or removal Belmont Cemetery

Date of burial or removal July 22<sup>nd</sup> 1916

Signature of Undertaker Bob

Address of Undertaker Belmont Man



**Iwan Hryhoryshchuk**

Alternate Surname(s): Grigorasiuc

Date of Death: 07 June 1915

Place of Death: 48 miles from Spirit Lake Camp, Québec

Burial Location: Camp Cemetery, Spirit Lake, Québec

1. NO.	2. RANK OR GRADE	3. SURNAME	4. CHRISTIAN NAME	
	Private	GRIGORASIU.	Iwan	
5. TYPE OF DEPT.		6. DATE OF ENLISTMENT	7. U.S. FILE NO.	8. RELIGION
Prisoner of War (Austrian).		7-6-15		Roman Catholic
9. CIRCUMSTANCES OF CASUALTY		10. BORN, RELATIONSHIP AND ADDRESS OF NEXT OF KIN		
Sudden death result of being shot while an escaped Prisoner. - 48 Miles from Spirit Lake, Que.		Unknown		
11. LOCATION OF BODY AT TIME OF CASUALTY				
Internment Camp, Spirit Lake, Que.				
NOTE - Items 11, 12 and 13 are not to be completed until grave is permanently located.				
12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE	
Camp Cemetery.	Vicinity of Internment Camp, Spirit Lake, Que.	Sec. 201, unnumbered.	5551	
16. PHOTOGRAPH OF GRAVE TAKEN	17. EXHIBIT NO.	18. PHOTOGRAPH OF GRAVE AND CEMETERY ATTACHED TO		
19. OTHER PARTICULARS OF INTEREST CONCERNING DEATH				

Project 107

**Andrez Huczak (child)**

Alternate Name(s):

Date of Death: Before December 1915

Place of Death: Spirit Lake, Québec

Original Burial Location: Camp Cemetery, Spirit Lake, Québec

Project 107

## Yousif Hussein

Alternate Given Name(s): Yussif / Yussef

Alternate Surname(s): Hassein

Date of Death: 27 March 1916

Place of Death: Toronto, Ontario

Burial Location: Prospect Cemetery, Toronto, Ontario

1. No.	2. NAME OF SERVICE	3. GRADE	4. CHRISTIAN NAME
	Prisoner of War	HUSSEIN,	Yousif,
5. SERVICE UNIT	6. DATE OF ENLISTMENT	7. U.S. SERVICE NO.	8. REGIMENT
Turk.	27-2-16.		
9. CAUSE OF DEATH	10. HOME RELATIVES AND ADDRESS OF NEXT OF KIN		
Died of Cardiac Failure, at Military Hospital, Toronto, Ont.	Wife at Anburt, Erzurum, Eocchey, Turkey.		
11. ADDRESS OF ANY OF NEXT OF KIN			
<small>NOTE—When U. S. and War are to be reported and given in properly listed.</small>			
12. GRAVE	13. LOCATION OF GRAVE	14. GRAVE LOCATION	15. GRAVE NUMBER OR OF GRAVE
Prospect.	Toronto, Ont.	Sec. _____ Row Lot 1804.	C. 2766.
16. PARTICULARS OF BIRTH RECORD	17. SERVICE NO.	18. PARTICULARS OF BIRTH AND SERVICE SUPPLIED BY	
<small>19. FUNERAL PARTICULARS OR SERVICE UNIT OF NEXT OF KIN</small>			

Surname No. 1591	
SURNAME of Deceased.	Hassan
Christian Name.	Yussuf
Sex.	Male
Age.	40 yrs
Date of Death.	Mar 27, 1916
Place of Birth.	Kairi Turkey
Place of Death, City, Town, Village, or Concession and Lot.	Stanley Barracks Hoop
Place of Burial.	Prospect Cem.
Occupation.	Prisoner of War
Single, Married or Widowed	M.
Name of Father.	0025823
Maiden Name of Mother.	-
Cause of Death, if known.	-
Name of Physician who attended Deceased.	W. S. McKee
Name of Informant.	Bates & Bodd
Address.	931 Duane St. W.
Date of Return.	Mar 30, 1916
<b>Physician's Return of Death</b>	
Surname of Deceased.	Hassan
Christian Name.	Yussuf
Date of Death.	Mar 27, 1916
DISEASE CAUSING DEATH.	Lobar Pneumonia
Duration.	7 days
Immediate Cause of Death.	Cardiac failure
Duration.	3 weeks
Physician's Name.	W. S. McKee
Address.	130 Bloss W
Date of Return.	Mar 30, 1916
Remarks.	



		Surname first	
Name of Deceased	Jacobs, Johann		
Sex	Male		1
Date of Death	June 29 1919		06
Age	54 years		12
Residence Street and No. or P. O. Address	Interment Camp Aythya, N.S.		
Occupation	Sailor		857
Single, Married or Widowed			5
If Single give name of Father If Married give Name of Husband			
Where Born	Germany		5
Cause of Death { Primary Immediate	Meningitis		073
Length of Illness			
Religious Denomination	Protestant		9
Race of Deceased	White		1
Name of Physician in attendance			
Name of Undertaker	F. M. Brown		
Place of Burial { Cemetery at	Highlands Aythya, N.S.		
Name of Person Making Return	F. M. Brown		
Date of Return	June 29 1919		
REMARKS	✓		3

Project 107

**Ivan Jelić**

Alternate Given Name(s): John / Jake / Jacob

Alternate Surname(s): Jellicky / Yalez

Date of Death: 28 December 1918

Place of Death: Kapuskasing, Ontario

Burial Location: Camp Cemetery, Kapuskasing, Ontario

1. NO.	2. GRADE OR RATING	3. SERVICE	4. SERVICE CODE
	Prisoner of War.	JELIC (Yalez),	Jacob (John) (Jack)
5. CITY OR VILL	6. DATE OF CASUALTY	7. U.S. REG. NO.	8. GRADE
AMERICAN.	20-12-18.		
9. PARTICULARS OF CASUALTY		10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
Died of Tuberculosis (Pulmonary) - At Temporary Hospital, Kapuskasing, Ont.		(Wife) Mrs. Vida Jelic (Yalez) BETH, Kerzukwin, SERBIA.	
11. GRADE OR RANK AT TIME OF CASUALTY			
NOTE - There is a field to give way to be completed and given to necessary intent.			
12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
Camp Cemetery,	Kapuskasing, Ont.	Sec. #18	C.2767.
16. PHOTOGRAPH OF DEATH CARD	17. EXPENSE NO.	18. PHOTOGRAPH OF GRAVE AND CEMETERY POSTED TO	
19. OTHER PARTICULARS OF SERVICE FILE OR UNIT			

Surname first	
SURNAME of Deceased.	Jelic ✓
Christian Name.	Jacob
Sex.	Male
Age.	37 years
Date of Death.	Dec. 28/1918
Place of Birth.	to Austria a Makre Hergau
Place of Death, City, Town, Village, or Coucession and Lot.	g Kapuskasing
Place of Burial.	W.D.
Occupation.	Labourer
Single, Married or Widowed	Married 938812
Name of Father.	Peter Jelic
Maiden Name of Mother.	Maria Krakovich
Cause of Death, if known.	Pulmonary Tuberculosis
Name of Physician who attended Deceased.	R. R. Walker
Name of Informant.	Wm. J. H. Korte
Address.	g Kapuskasing
Date of Return.	Dec 28/1918

Physician's Return of Death	
Surname of Deceased.	Jelic
Christian Name.	Jacob
Date of Death.	Dec 28/1918
DISEASE CAUSING DEATH.	✓ Pulmonary Tuberculosis ✓
Duration.	
Immediate Cause of Death.	g General debility
Duration.	3 weeks
Physician's Name.	R. R. Walker
Address.	Kapuskasing
Date of Return.	Dec 28/1918
Remarks.	



**Wilhelm Jenne**

Date of Death: 09 November 1918

Place of Death: Kapuskasing, Ontario

Original Burial Location: Camp Cemetery, Kapuskasing, Ontario

Current Burial Location: Woodland Cemetery, Kitchener, Ontario

1. NO.	2. RANK OR RITING	3. SURNAME	4. CHRISTIAN NAME	
	Prisoner of War.	JENNE.	Wilhelm.	
5. UNIT OR REGT.	6. DATE OF CASUALTY	7. R. I. C. FILE NO.	8. SERVICE	
GERMAN.	9-11-18.			
9. CIRCUMSTANCES OF CASUALTY		10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN		
Died broncho-pneumonia following Influenza- 14 Temporary Hospital, Kapuskasing, Ont.		(Father) Casar Jenne, Berichtsekretär, Berlin, S.O. 12, Wilhelmshavenstrasse 54, Bahnhof Station Berlin, Ostbahnhof Wesbit.		
11. LOCATION OF UNIT AT TIME OF CASUALTY				
NOTE - Boxes 11, 12 and 13 are not to be completed until grave is permanently located.				
12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION		15. REGISTERED NO. OF GRAVE
Camp Cemetery.	Kapuskasing, Ont.	Date: 10. No. No.		C. 2768.
16. PHOTOGRAPH OF GRAVE TAKEN	17. EXPOSURE NO.	18. PHOTOGRAPH OF GRAVE AND CEMETERY SUPPLIED TO		
19. FURTHER PARTICULARS ON REVERSE SIDE OF CARD.				

Surname First	
SURNAME of Deceased.	Jenne
Christian Name.	Wilhelm
Sex.	Male
Age.	24 years
Date of Death.	Nov. 9/1918 ✓
Place of Birth.	Berlin Germany
Place of Death, City, Town, Village, or Concession and Lot.	Kepuskasing
Place of Burial.	hlo.
Occupation.	Farmer
Single, Married or Widowed	
Name of Father.	033301
Maiden Name of Mother.	
Cause of Death, if known.	Influenza
Name of Physician who attended Deceased.	W. B. Jamieson
Name of Informant.	Lt. Col. W. E. Dale
Address.	Kepuskasing
Date of Return.	Nov 9/1918
<b>Physician's Return of Death</b>	
Surname of Deceased.	Jenne
Christian Name.	Wilhelm
Date of Death.	Nov 9/1918
DISEASE CAUSING DEATH.	Influenza ✓
Duration.	7 days
Immediate Cause of Death.	Broncho pneumonia
Duration.	3 days
Physician's Name.	W. B. Jamieson
Address.	Kepuskasing
Date of Return.	Nov. 9/1918
Remarks.	

Project 107

**Otto Jonischkeit**

Alternate Name(s): Janischkeit

Date of Death: 21 July 1916

Place of Death: Amherst, Nova Scotia

Original Burial Location: Highland Cemetery, Amherst, Nova Scotia

Current Burial Location: Woodland Cemetery, Kitchener, Ontario

1. REG. NO. 645		2. RANK		3. SURNAME JONISCHKEIT		4. CHRISTIAN NAME Otto	
5. GRAVE German Prisoner of War.				6. M. H. & FILE NO.		7. DISE. H. & FILE NO.	
8. DATE OF DEATH 21-7-16	9. PLACE Internment Camp Amherst, N.S.	10. CIRCUMSTANCES OF DEATH Head & chest poisoning.			11. NAME AND ADDRESS OF NEXT OF KIN H. So. Otto Jonischkeit Sengsbury, East Prussia.		
12. REPORTED TO C.S. H. & M. H.---				13. DATE	14. REPORTED TO M. H. & M. H.---		15. DATE
				Commandant, Internment Station, Amherst.			
16. CEMETERY Highland	17. LOCATION Amherst, N.S.	18. NATURE OF CEMETERY Public	19. GRAVE LOCATION Grave No. 5, Lot No. 1, Sect. "A"	20. GRAVE NO. 703	21. MARKING Granite monument with name inscribed.	22. MAINTENANCE Cemetery authorities	
23. PHOTOGRAPH TAKEN---		24. EXPOSURE NO.	25. COPIES OF PHOTOGRAPH SENT TO---				

	Surname first
Name of Deceased	1 Janischkeit, Otto
Sex	2 Male
Date of Death	3 July 21 1916
Age	4 48 years
Residence Street and No. or P. O. Address	5 Internment Camp Amherst
Occupation	6 Engineer
Single, Married or Widowed	7 Married
If Single give Name of Father If Married give Name of Husband	8 <del>Janischkeit, Anna</del> Wife
Where Born	9 Königsberg, East Prussia
Cause of Death { Primary Immediate	10 Wood Alcohol Heart failure
Length of Illness	11 3 days
Religious Denomination	12 Protestant
Race of Deceased	13 German White
Name of Physician in at- tendance	14 Mackintosh, D. A. F.
Name of Undertaker	15 Christie Bros
Place of Burial { Cemetery at	16 Highland Amherst
Name of Person making Return	17 Mackintosh, D. F.
Date of Return	18 July 22, 1916
REMARKS	19 ✓

**Ivan Jugo**

Alternate Given Name(s): John

Date of Death: 12 March 1917

Place of Death: Vernon, British Columbia

Burial Location: Vernon Cemetery (Pleasant Valley Cemetery), Vernon, British Columbia

Prisoner of War						ORIGINAL	
1. REG'T NO. 105	2. RANK	3. SURNAME Jugo	4. CHRISTIAN NAMES Ivan				
5. UNIT Austrian		6. M. H. S. FILE NO.		7. CIVIL FILE NO.			
8. DATE OF DEATH 12/3/17	9. PLACE Jubilee Hosp. Vernon, B.C.	10. CIRCUMSTANCES OF DEATH Died of Tuberculosis		11. NAME AND ADDRESS OF NEXT OF KIN Frank and Virgo Jugo (Brothers) Mihonilci Post Office Francisci, Austria.			12. NEXT OF KIN NOTIFIED
13. REPORTED TO M. H. S. BY--		14. DATE	15. REPORTED TO M. H. S. BY--		16. DATE		
17. CEMETERY Vernon Cemetery	18. LOCATION Vernon B.C.	19. NATURE OF CEMETERY Public	20. GRAVE LOCATION Lot 3 Block 5	21. GRAVE NO. CJ240	22. MARKING Cement Slab and Cross suitably inscribed	23. MAINTENANCE Cemetery Authorities	
24. PHOTOGRAPH TAKEN--		25. EXPENSE NO.	26. COPIES OF PHOTOGRAPH SENT TO--				

1148

66781

BIRTHS, DEATHS AND MARRIAGES REGISTRATION ACT.

SCHEDULE B - Deaths

REGISTRAR

1. Full name *John Jago* City or town of *Vernon*  
 2. (a) Sex *M* (b) Colour of hair *Black* (c) Single Married Widowed Divorced *Single* District of *Yale, B.C.*  
 3. (a) Birthplace *Trinne Australia* (b) Date of birth *March 1887* 10. How long resident in city *six months*  
 4. Age *30* Years Months Days 11. How long in district  
 5. Died on the *16<sup>th</sup>* day of *March* 1917 at about *8<sup>11</sup>* A.M. 12. How long in Canada, if foreign born  
 6. Last occupation (Kind of Industry) 13. (a) Name of father  
 7. Former occupation (Kind of Industry) 14. (b) Birthplace of father (Province or county)  
 8. (a) Place of death *Vernon Jubilee Hospital* 15. (c) Maiden name of mother  
 (b) How long at place of death *Six months* 16. (d) Birthplace of mother (Province or county)  
 9. Former or usual residence The foregoing Stated Personal Particulars are True to the best of My Knowledge and Belief.  
 Place of burial *Vernon Cemetery, Vernon B.C.* 17. Undertaker *Campbell Bros.*  
 Date of burial *March 17<sup>th</sup>* Address *Vernon B.C.*  
 Hour *10 A.M.*

PHYSICIAN'S CERTIFICATE OF CAUSE OF DEATH.

I hereby certify that I attended *John Jago - (P. # 11108)* from *6<sup>th</sup> Sept 1916* to *11<sup>th</sup> March 1917*  
 That I last saw him alive on the *16<sup>th</sup>* day of *March* 1917 That he died, as I am informed, on the *16<sup>th</sup>* day of *March* 1917  
 at about *8<sup>30</sup>* o'clock *A.M.*, and that to the best of my knowledge and belief, the cause of *his* death was as hereunder written.  
 (IF UNDER ONE YEAR OLD, STATE HOW FED.)

(a) Remits or Earlier Pathological or Morbid Condition *Tuberculosis of Intestines* Duration in Years, Months, Days or Weeks  
 Was operation performed within one month before death? *No*  
 (b) Immediate or Final Interacting Cause *Heart Failure*

Witness my hand, this *Twelfth* day of *March* 1917  
 Signature *J. K. Dawson & Sons and*  
 Address *Vernon, B.C.*

### Ignac Kalcina

Alternate Given Name(s): Ignacio

Alternate Surname(s): Kalceina

Date of Death: 25 October 1918

Place of Death: Kapuskasing, Ontario

Burial Location: Camp Cemetery, Kapuskasing, Ontario

1. No.	2. NAME OF BIRTH	3. SURNAME	4. CHRISTIAN NAME
	PRINCE OF WALES	KALCINA	Ignacio
5. DATE OF BIRTH	6. DATE OF DEATH	7. U.S. SER. NO.	8. SERVICE
APRIL 18.	25-10-18.		
9. CAUSE OF DEATH		10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
Died of Pulmonary Tuberculosis, at Camp Hospital, Kapuskasing, Ont.		(Wife) Theresa Kalcina, Damen, Dalmatin, Austria.	
11. LOCATION OF BIRTH AT TIME OF DEATH			
NOTE—Dates in 11 and 12 are to be completed and given in appropriate format			
12. SERVICE	13. LOCATION OF DEATH	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
Camp Cemetery,	Kapuskasing, Ont.	Grave No 22.	C.2709.
16. NUMBER OF GRAVE MARK	17. NUMBER OF GRAVE	18. PHOTOGRAPH OF GRAVE AND SERVICE NUMBER IN	
19. OTHER INFORMATION OF INTEREST AND OF USE			

Surname First	
SURNAME of Deceased.	Kalcina 4
Christian Name.	Ignac
Sex.	Male
Age.	40 - 2 - 27
Date of Death.	Oct. 25/1918
Place of Birth.	Jamam <sup>Austria</sup> <del>Belustia</del>
Place of Death, City, Town, Village, or Concession and Lot.	Kapuskasing
Place of Burial.	W.D.
Occupation.	Terminer
Single, Married or Widowed	035735 Married
Name of Father.	Jacob Kalcina
Maiden Name of Mother.	Lena Linka
Cause of Death, if known.	Pulmonary Tuberculosis
Name of Physician who attended Deceased.	Capt. R. H. Walker
Name of Informant.	Lt. Col. W. E. White
Address.	Kapuskasing
Date of Return.	Oct. 25/1918
<b>Physician's Return of Death</b>	
Surname of Deceased.	Kalcina
Christian Name.	Ignac
Date of Death.	Oct. 25/1918
DISEASE CAUSING DEATH.	is Pulmonary Tuberculosis
Duration.	3 years
Immediate Cause of Death.	Edema of Lungs
Duration.	1 week
Physician's Name.	Capt. R. H. Walker
Address.	Kapuskasing
Date of Return.	Oct. 25/1918
Remarks.	



Project 107

## Mike Katalinic

Date of Death: 01 July 1918

Place of Death: Morrissey, British Columbia

Burial Location: Camp Cemetery, Morrissey, British Columbia

1. NO.	2. NAME OR ALIAS	3. SERVICE	4. USUAL NAME
P.OF WAR H.C.HQ.II.	Austrian	KATALINIC	Mike ORIGINAL
5. TIME OR WHEN	6. DATE OF CONTACT	7. H. & B. NO.	8. SERVICE
Camp Hospital, Morrissey B.C.	1st. July 1918		
9. CIRCUMSTANCES OF CONTACT		10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
Tuberculosis (Pulmonalis)		John Sekich (Cousin), Gilbert, Minnesota, U.S.A.	
11. LOCATION OF CASE AT TIME OF CONTACT			
Morrissey B.C.			
NOTE: Cases 2, 3, 4 and 5 are not to be included and given to properly treated			
12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
Camp Cemetery	Morrissey B.C.	Row Not numbered Plot: Wooden Cross suitably Mark: inscribed	0.9507.
16. THIRDSIDE OF GRAVE MARK	17. EXHIBIT NO.	18. THIRDSIDE OF GRAVE AND CEMETERY SKETCHED BY	
19. FURTHER PARTICULARS ON REVERSE SIDE OF CARD			

**Karl Johann Keck**

Date of Death: 18 June 1917

Place of Death: Vernon, British Columbia

Original Burial Location: Vernon Cemetery (Pleasant Valley Cemetery), Vernon, British Columbia

Current Burial Location: Woodland Cemetery, Kitchener, Ontario

Prisoners of War						ORIGINAL	
1. REG'T. NO. 222222 13		2. RANK		3. SERVICE Sark		4. CHRISTIAN NAME Karl Johann	
5. UNIT GERMAN		6. H. H. S. FILE NO.		7. H. H. S. FILE NO.			
8. DATE OF DEATH 18/6/17		9. PLACE Vernon Internment Camp Hospital, B.C.		10. CAUSE AND MANNER OF DEATH Died of Valvular Heart Disease		11. NAME AND ADDRESS OF NEXT OF KIN Anton Keck, (Brother) Corporal in Medical Corps, 5th Reserve Infantry Regt. Lands, Prals, Germany.	
12. REPORTED TO H. H. S. BY--		13. DATE		14. REPORTED TO H. H. S. BY--		15. DATE	
16. CEMETERY Vernon Cemetery Vernon B.C.		17. LOCATION Vernon B.C.		18. NATURE OF CEMETERY Public		19. GRAVE LOCATION Lot 7 Block 10 C9429	
				20. MARKING Granite Rock faced with Marble slab suitably inscribed		21. MAINTENANCE Cemetery Authorities	
22. PHOTOGRAPHY TAKEN--		23. EXHIBIT NO.		24. COPIES OF PHOTOGRAPHY SENT TO--			

66787

BIRTHS, DEATHS AND MARRIAGES REGISTRATION ACT.

SCHEDULE B—Deaths

RECORDED  
INDEXED  
FILED

1. Full name *Karl Johann Beck (P. 73)* City or town of *Vernon*  
 2. (a.) Sex *Male* (b.) Colour or race *White* (c.) Single Married Widowed Divorced *Single* District of *Yale-Comox, B.C.*  
 3. (a.) Birthplace *Bavaria, Germany* (b.) Date of birth *-* 10. How long resident in city *2 1/2 years*  
 4. Age *44* Years Months Days 11. How long in District *2 1/2 years*  
 5. Died on the *18<sup>th</sup>* day of *June* 1917 at about *11:20* (a.) Registered *Germany*  
 6. Last occupation *Night clerk in Hotel at Langston, Alta* (b.) Birthplace of father *Germany*  
 7. Present occupation *Longshoreman* (c.) Maiden name of mother *Germany*  
 8. (a.) Place of death *Internment Camp, Vernon B.C.* (b.) Birthplace of mother *Germany*  
 9. Former or usual residence *Cardova St. Vancouver, B.C.* (c.) Maiden name of mother *Germany*  
 10. Place of burial *Vernon Cemetery* 17. Undertaker *J. H. Miller*  
 11. Date of burial *20<sup>th</sup> June 1917* *Vernon* *McCampbell Bros.*  
 Hour *3:00* p. m.

REGISTERED  
 JUN 22 1917  
 S. H. STACY, B. U. & M.  
 VERNON, B. C.

The foregoing stated Personal Particulars are True to the Best of My Knowledge and Belief.

PHYSICIAN'S CERTIFICATE OF CAUSE OF DEATH.

I hereby certify that I attended *Karl Johann Beck (P. 73)* from *June 2<sup>nd</sup>* 1917 to *18<sup>th</sup> June* 1917  
 That I last saw *him* alive on the *18<sup>th</sup>* day of *June* 1917 That he died, to the best of my knowledge and belief, on the *18<sup>th</sup>* day of *June* 1917  
 at about *11:20* o'clock *p. m.*, and that to the best of my knowledge and belief, the cause of *his* death was as hereunder stated.

(A.) Remote or Early Pathological or Morbid Condition *Tubular Disease of Heart.* (B.) Cause of Death (Specify in English, French, Latin or Greek)  
 Was respiration performed within one month before death? *No*  
 (C.) Immediate or Final Determining Cause *Heart failure*

Witness my hand, this *19<sup>th</sup>* day of *June* 1917  
 Signature *J. Dawson Duncan* M.D.  
 Address *Box 246, Vernon, B.C.*

**Milan Kladar**

Date of Death: 22 June 1918

Place of Death: Hamilton, Ontario

Burial Location: Holy Sepulchre Cemetery (Holy Sepulchre Catholic Cemetery), Hamilton, Ontario

1. SEX	2. NAME OF SAILOR	3. SERVICE	4. GRAVEyard NAME
	FRIENDS of War.	KADAR.	Milan.
5. DATE OF DEATH	6. NAME OF CASUALTY	7. R. N. S. FILE NO.	8. GRADE
AUSTRIAN.	22-6-18.		
9. WHEREBORN OF CASUALTY		10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
Died of Tuberculosis (Pulmonary) at the Inn at Hamilton, Ont.		Wife and two children in Austria address unknown.	
11. LOCATION OF SITE AT TIME OF CASUALTY			
NOTE - Give N. S. file no. or R. N. S. number and give in complete form.			
12. GRAVE	13. LOCATION OF GRAVE	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
Holy Sepulchre.	Hamilton, Ont.	Sec. 100. SECTION 1.	2, 2790.
16. PHOTOGRAPH OF GRAVE MARK	17. EXPENSE NO.	18. PHOTOGRAPH OF GRAVE AND CEMENTED DEED TO	
19. OTHER PARTICULARS OR SPECIAL REMARKS OF INTEREST			

Surname First	
SURNAME of Deceased.	Kladar ✓
Christian Name.	Milan
Sex.	Male
Age.	About 34 years.
Date of Death.	June 22-18.
Place of Birth.	Austria
Place of Death, City, Town, Village, or Concession and Lot.	Hosp. for Insane. Hamt.
Place of Burial.	04309:3-51
Occupation.	Labourer - Patient.
Single, Married or Widowed	Married (?)
Name of Father.	?
Maiden Name of Mother.	?
Cause of Death, if known.	Pulmonary Tuberculosis
Name of Physician who attended Deceased.	J Webster
Name of Informant.	" "
Address.	Hosp. for Insane. Hamt.
Date of Return.	July 3-18.
<b>Physician's Return of Death</b>	
Surname of Deceased.	Kladar
Christian Name.	Milan
Date of Death.	June 22-18. ✓
DISEASE CAUSING DEATH.	Pulmonary Tuberculosis
Duration.	6 mos.
Immediate Cause of Death.	Pulmonary Tuberculosis
Duration.	6 mos.
Physician's Name.	J Webster
Address.	Hosp. for Insane. Hamt.
Date of Return.	July 3-18.
Remarks.	

**Emil Kohnemann**

Date of Death: 17 June 1915

Place of Death: Amherst, Nova Scotia

Original Burial Location: Highland Cemetery, Amherst, Nova Scotia

Current Burial Location: Woodland Cemetery, Kitchener, Ontario

1. REG. NO. 779		2. NAME		3. SURNAME Kohnemann		4. CHRISTEN NAMES Emil	
5. UNIT German Prisoner of War				6. M. H. Q. FILE NO.		7. D. H. Q. FILE NO.	
8. DATE OF DEATH		9. PLACE		10. CIRCUMSTANCES OF DEATH		11. NAME AND ADDRESS OF NEXT OF KIN	
17-6-15		Camp Hospital Amherst, N.S.		Acute Brights Disease.		Wife, Frieda Kohnemann Hainfeld, Holsatia.	
13. REPORTED TO D. H. Q. BY--				14. DATE		15. REPORTED TO M. H. Q. BY--	
						Commandant, Internment Station, Amherst.	
16. CEMETERY		17. LOCATION		18. NATURE OF CEMETERY		19. GRAVE LOCATION	
Highland Cemetery		Amherst, N.S.		Public.		Grave No. 1, Sect. "C"	
20. GRAVE NO.		21. MARKING		22. MAINTENANCE			
00433		Granite Monument with name inscribed.		Cemetery Authorities.			
23. PHOTOGRAPH TAKEN--				24. EXPOSURE NO.		25. COPIES OF PHOTOGRAPH SENT TO--	

		Surname first	
Name of Deceased	1	Kohnemann Emil	
Sex	2	Male	
Date of Death	3	June 16 1915	
Age	4	39 years	
Residence Street and No. or P. O. Address	5	Detention Camp Amhurst	
Occupation	6	Sailor Prisoner of war	
Single, Married or Widowed	7	Married	
If Single give Name of Father	8		
If Married give Name of Husband	8		
Where Born	9	Hannover, Prussia Germany	
Cause of Death	{ Primary Immediate	10	Acute Bright's Nephritis
		11	7 days
Length of Illness	11		
Religious Denomination	12	Lutheran	
Race of Deceased	13	German	
Name of Physician in at- tendance	14	Miller Dr Ross	
Name of Undertaker	15	Christie Bros	
Place of Burial	{ Cemetery at	16	Highland Amhurst
		17	Wasson F. Long
Name of Person making Return	17		
Date of Return	18	June 15 1915	
REMARKS	19		

**Ilko Komisark**

Alternate Name(s): Komesark

Date of Death: 01 September 1915

Place of Death: Petawawa, Ontario

Burial Location: St. Columba's Roman Catholic Cemetery, Pembroke, Ontario

1. NO.	2. NAME IN BIRTH	3. SURNAME	4. CHRISTIAN NAME
		KOMISARK,	Ilko
5. TYPE OR RANK		6. DATE OF CASUALTY	7. R.C. FILE NO.
Prisoners of War (Austrian)		1-9-15	
8. RELIGION		Roman Catholic	
9. CIRCUMSTANCES OF CASUALTY		10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
TUBERCULOSIS - Camp Hospital, Petawawa, Ontario.		UNKNOWN.	
11. LOCATION OF TEST AT TIME OF CASUALTY			
Petawawa, Ontario,			
<small>NOTE - Items 11, 12 and 13 are not to be completed and given in preliminary form.</small>			
12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. MONUMENT NO. OF GRAVE
St. Columba's Cemetery	Pembroke, Ontario	Common Plot	3527
16. PHOTOGRAPH OF GRAVE TABLE	17. EXPOSURE NO.	18. PHOTOGRAPH OF GRAVE AND CEMETERY SUPPLIED TO	
<small>19. OTHER PARTICULARS OR REMARKS CONCERNING DEATH</small>			



<b>DEPARTMENT OF HEALTH</b>	
SURNAME of Deceased.	<i>X Jonesank</i>
Christian Name.	<i>J. K.</i>
Sex.	<i>Male</i>
Age.	<i>34 Years</i>
Date of Death.	<i>1 September 1915.</i>
Place of Birth.	<i>Oberton Austria</i>
Place of Death, City, Town, Village, or Commission and Lot.	<i>at Petawawa Camp</i>
Place of Interment.	<i>Pembroke</i>
Occupation.	<i>Prisoner of War</i>
Single, Married or Widowed.	<i>341 Married</i>
Name of Father.	
Maiden Name of Mother.	<i>023042</i>
Cause of Death, if known.	<i>Asthenia</i>
Name of Physician who attended Deceased.	<i>M. A. Jones, M.D.</i>
Name of Informant.	<i>J. H. Hough</i>
Address.	<i>Petawawa Camp</i>
Date of Return.	<i>1 September 1915</i>
<b>Physician's Return of Death</b>	
Surname of Deceased.	<i>Jonesank</i>
Christian Name.	<i>J. K.</i>
Date of Death.	<i>1 September 1915</i>
DISEASE CAUSING DEATH.	<i>T. B. ✓</i>
Duration.	
Immediate Cause of Death.	<i>Asthenia</i>
Duration.	
Physician's Name.	<i>M. A. Jones, M.D.</i>
Address.	<i>Petawawa Camp</i>
Date of Return.	<i>1 September 1915</i>
Remarks.	

## Ferdinand Kopp

Date of Death: 23 March 1915

Place of Death: Montréal, Québec

Burial Location: Cote-des-Neiges (Cimetière Notre-Dame-des-Neiges),  
Montréal, Québec

1. NO.	2. NAME OR NAME	3. SURNAME	4. CHRISTIAN NAME
	Civilian	Kopp	Ferdinand
5. TYPE OF IMP.	6. DATE OF CASUALTY	7. H.Q. SER. NO.	8. RESIDENCE
Austrian Prisoner of War	23-3-15		H.C.
9. CIRCUMSTANCES OF CASUALTY		10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
This man died at the Grace Davy Home Montreal Died of consumption.		Unknown.	
11. COUNTRY OF USE AT TIME OF CASUALTY			
NOTE: Items 11, 12 and 13 are not to be completed until grave is permanently found.			
12. COUNTRY	13. LOCATION OF COUNTRY	14. GRAVE LOCATION	15. NUMBERED NO. OF GRATE
Cote des Neiges	Montréal	Grande Trappe 2234/15 TEMPORARY GRAVE	C-4607
16. PHOTOGRAPH OF GRAVE SCENE	17. EXPOSURE NO.	18. PHOTOGRAPH OF GRAVE AND COUNTRY BORDERED TO	
19. FURTHER PARTICULARS ON REVERSE SIDE OF CARD.			

Le 10 Mars mil neuf cent quinze, nous, Prêtre soussigné, avons inhumé dans le Cimetière  
 de cette paroisse le corps de Ferdinand Hoff  
 décédé le 10 Mars du mois courant âgé de quarante quatre ans et six  
 mois et sept jours de la paroisse de Saint-Lambert  
 Témoins François Desmarchaire et Louis Brochet, tous deux  
 commis  
 qui ont signé. Lecture faite.  
 F. Desmarchaire  
 L. Brochet  
 L. Bouhier Prêtre

Ferdinand  
 Hoff

**Timoti Korejczuk**

Alternate Given Name(s): Timothy

Alternate Surname(s): Koreiczuk

Date of Death: 15 September 1919

Place of Death: Vernon, British Columbia

Burial Location: Vernon Cemetery (Pleasant Valley Cemetery), Vernon, British Columbia

Prisoner of War						ORIGINAL	
1. REG. NO. 22222 1015		2. NAME		3. SURNAME Korejczuk		4. CHRISTIAN NAME Timoti	
5. NAT. Austrian		6. H. H. & G. FILE NO.		7. DIS. H. & G. FILE NO.			
8. DATE OF DEATH 15/9/19		9. PLACE Vernon, B.C.		10. CIRCUMSTANCES OF DEATH Died of Syncope		11. NAME AND ADDRESS OF NEXT OF KIN Mrs. Paranka Korejczuk, (Mother) Kalsaman, Bukovina, Austria	
12. REPORTED TO H. H. & G. BY-				13. DATE		14. REPORTED TO H. H. & G. BY-	
15. CEMETERY Vernon Cemetery		16. LOCATION Vernon B.C.		17. NATURE OF CEMETERY Public		18. GRAVE LOCATION Lot 2 Block 5a	
				19. GRAVE NO. 09249		20. MARKING Headstone suitably inscribed.	
				21. MAINTENANCE Cemetery Authorities			
22. PHOTOGRAPH TAKEN-		23. EXPOSURE NO.		24. COPIES OF PHOTOGRAPH SENT TO-			

699

# VITAL STATISTICS ACT.

## SCHEDULE B—Deaths

74686

REGISTRAR

Registered No. \_\_\_\_\_ City or town of Vernon, B.C.

1. Full name Timothy Korejczuk District of Yale B.C.

2. (a.) Sex Male (b.) Colour or race white (c.) Single Married Widowed Divorced single

3. (a.) Birthplace Austria (b.) Date of birth 19-8-1879

4. Age 40 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

5. Died on the 15th. day of Sept. 1919 at about 7<sup>10</sup> A.M.

6. Last occupation Book keeper. (Kind of industry) \_\_\_\_\_

7. Former occupation \_\_\_\_\_

8. (a.) Place of death Vernon Interment Camp (b.) How long at place of death 4 days

9. Nature or usual residence Vergerville, Alta.

10. Date of burial Sept. 16. 1919 Time 2.30 P.M.

11. How long in Canada, if foreign born 4 days

12. How long in Canada, if foreign born 6 ye.

13. (a.) Name of father Don't know (b.) Birthplace of father \_\_\_\_\_

14. (a.) Maiden name of mother Don't know (b.) Birthplace of mother Austria

The foregoing Stated Personal Particulars are True to the Best of My Knowledge and Belief.

15. Informant Commandant Interment Camp. Address Vernon

16. Undertaker Campbell Bros. Address Vernon

PHYSICIAN'S CERTIFICATE OF CAUSE OF DEATH. DEATH FROM VIOLENCE WAS IT (ACCIDENT, SUICIDE, HOMICIDE?)

I hereby certify that I saw saw Timothy Korejczuk after death.

That I last saw alive on the 16th. day of Sept. 1919 at about 7.10 o'clock (P.M. and that to the best of my knowledge and belief, the cause of his death was as hereunder written.

(IF UNDER ONE YEAR OLD, STATE HOW FED.)

(A.) Remote or Earlier Pathological or Morbid Condition Was operation performed within one month before death?	Duration in Years, Months, Days or Hours
(B.) Immediate or Final Determining Cause <u>Syncope</u>	

Witness my hand, on 16th. day of Sept. 1919

Signature P. F. Boyce M.D.  
Address Vernon, B.C.

FILED

Project 107

## Nykola Kowcz

Alternate Given Name(s): Nick

Alternate Surname(s): Koroly

Date of Death: 25 May 1919

Place of Death: Toronto, Ontario

Burial Location: Mount Hope Cemetery (Mount Hope Catholic Cemetery),  
Toronto, Ontario

1. NO.	2. NAME OR ALIAS	3. SERVICE	4. CHRISTIAN NAME
	Prisoner of War.	KOWCZ.	Nykola.
5. ETHNIC OR RACE	6. DATE OF CAPTURE	7. U.S.A. FILE NO.	8. SERVICE
Austrian.	22-8-18.		
9. CIRCUMSTANCES OF DEATH	10. NAME, BIRTHPLACE AND ADDRESS OF NEXT OF KIN		
Died of Peritonitis at General Hospital, Toronto, Ont.	(Father) Iwan Kowcz, Pawlow, Kutyrcow, Poniat, Borszczow, Haliczyn, Galicia.		
11. CAUSE OF DEATH AT TIME OF CAPTURE			
NOTE: - Name in italics is to be omitted and given in plaintext form.			
12. ADDRESS	13. LOCATION OF GRAVE	14. GRAVE LOCATION	15. NUMBERED PL. OF GRAVE
Mount Hope Cemetery,	Toronto, Ont.	Sec. 287. BASE 229.	C. 2771.
16. PHOTOGRAPH OF DEATH RECORD	17. SERVICE NO.	18. PHOTOGRAPH OF DEATH AND SERVICE RECORDS TO	

SURNAME of Deceased	
SURNAME of Deceased	<i>Horley</i> ✓
Christian Name	<i>Mick</i>
Sex	<i>♂</i>
Age	<i>About 27 yrs</i>
Date of Death	<i>May 25-1919</i>
Place of Birth	<i>Australia</i>
Place of Death, City, Town, Village, or Cottage and Lot	<i>For Gen Hosp.</i>
Place of Burial	-
Occupation	<i>Member of War</i>
Single, Married or Widowed	<i>S</i> 003899
Name of Father	-
Maiden Name of Mother	-
Cause of Death, if known	<i>Peritonitis</i>
Name of Physician who attended Deceased	<i>J. B. Smith</i>
Name of Informant	<i>Rev J Craig</i>
Address	<i>1304 Queen W.</i>
Date of Return	<i>May 26-1919</i>
<b>Physician's Return of Death</b>	
Surname of Deceased	<i>Horley</i>
Christian Name	<i>Mick</i>
Date of Death	<i>May 25-1919</i>
DISEASE CAUSING DEATH	<i>Appendicitis</i>
Duration	<i>1 week</i>
Immediate Cause of Death	<i>Peritonitis</i>
Duration	<i>4 days</i>
Physician's Name	<i>J. B. Smith</i>
Address	<i>For Gen Hosp.</i>
Date of Return	<i>May 26-1919</i>
Remarks	

**Adolf Kruckan**

Alternate Given Name(s): Adolphe

Alternate Surname(s): Kruchen / Kruchan

Date of Death: 12 February 1920

Place of Death: Kingston, Ontario

Burial Location: Cataraqi Cemetery, Kingston, Ontario

1. NO.	2. NAME OR ALIAS	3. SURNAME	4. USUAL NAME
		KRUCKAN	Adolf
5. CAUSE OF DEATH	6. DATE OF DEATH	7. U.S. YEAR OF	8. RELIGION
Prisoner of War (German.)	12-2-20		Protestant
9. CIRCUMSTANCES OF DEATH		10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
Died of Pneumonia.		Unknown	
11. LOCATION OF DEATH AT TIME OF DEATH			
Died in Penitentiary, Kingston, Ont.			
NOTE—Enter U.S. and U.S. year as in original and give in general terms.			
12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
Cataraqi Cemetery	Kingston, Ont.,	No. 19 Section 3.	3600
16. PHOTOGRAPH OF GRAVE MARK	17. REGISTER NO.	18. PHOTOGRAPH OF GRAVE AND CEMETERY SUPPLIED TO	
19. FURTHER PARTICULARS ON REVERSE SIDE OF CARD.			



Surname of Deceased		No. 43 <del>Koruchan</del>	
Full given Name		Adolphe	
Place of Death, street and number or		Kingston Penitentiary	
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed		If in a Hospital or Institution give name	
Age		male	
(a) Place of Birth (b) Date of Birth		30 yrs.	
Trade or Occupation		from   to	
Kind of Industry		016382	
Date from which to which employed		from   to	
Trade or Occupation		2 years 7 mo	
Kind of Industry		at place of death   In Ontario   In Canada	
Date from which to which employed		not given	
Length of Residence		do	
Name of Father		do	
Birthplace of Father		do	
Maiden Name of Mother		do	
Birthplace of Mother		do	
Name of Informant		Gen M. Gaultney	
Address		Kingston Penitentiary	
Relation to Deceased		none	
Place of Burial			
Date of Burial			
Name of Undertaker			
Address			
Cause of Death if no Physician attended		February 12 <sup>th</sup> 1920	
Date of Death		MEDICAL CERTIFICATE OF DEATH	
Name of Deceased		Koruchan Adolphe	
Date of Death		February 12 <sup>th</sup> 1920	
Date from which to which Medical Practitioner Attended Deceased		from November 5 <sup>th</sup> 1919	
Primary		to February 11 <sup>th</sup> 1920	
Duration		Pneumonia ✓	
Contributory		3 yrs.	
Duration		Syphilis	
(a) Did an operation precede death? (b) Was there an autopsy?		8 yrs.	
Name of Physician		no	
Address		6 E. Knowley St	
Date of Return		110 Orléans St Kingston	
Date received by Division Registrar		February 12 <sup>th</sup> 1920	
		February 12 <sup>th</sup> 1920	

Project 107

**Mike Kubik**

Date of Death: 30 July 1915

Place of Death: Lethbridge, Alberta

Burial Location: St. Patrick's Cemetery, Lethbridge, Alberta

1. REG'T. NO.		2. RANK Private of War		3. SURNAME Kubik		4. CHRISTIAN NAMES Mike	
5. UNIT 48TH BATTAL PRINCES OF WALES				6. M. H. S. FILE NO.		7. M. H. S. FILE NO.	
8. DATE OF DEATH 30.7.15		9. PLACE Lethbridge ALBERTA		10. CIRCUMSTANCES OF DEATH Transferred from 8th Air Provostial Coy Lethbridge to Galt Hospital, Lethbridge. Cause of Death Tuberculosis.		11. NAME AND ADDRESS OF NEXT OF KIN Place of Birth, Grobowa, Austria Next of Kin:- Fritz Kubik, Post Office, Veprelekovatz, Lower, Oudenberg, AUSTRIA.	
12. REPORTED TO M. H. S. BY-				13. DATE		14. REPORTED TO M. H. S. BY-	
15. CEMETERY St Patrick's Cemetery		16. LOCATION Lethbridge, Alta.		17. NAME OF CEMETERY Public Roman Catholic		18. GRAVE LOCATION By lot or Block numbers	
19. GRAVE NO. 012022		20. MARKING Metal Marker Initially inscribed.		21. MAINTAINED Cemetery Authority			
22. PHOTOGRAPH TAKEN-				23. EXPOSURE NO.		24. COPIES OF PHOTOGRAPH SENT TO-	

This form, if placed in an open envelope, marked "Vital Statistics" and addressed to the nearest Registrar of Vital Statistics, will pass through the mail free in accordance with Regulations of the Post Office Department respecting franking and free mail matter.

**CANADA**  
**PROVINCE OF ALBERTA**

FOR THE USE OF THE DEPARTMENT ONLY  
Record No. **01789** of 19 **15**

**REGISTRATION OF DEATH**

Registered at **LETHBRIDGE, ALTA.**

Name of Deceased in Full	Mike Kubik		
Date of Death	30th day of July 1915		
Place of Death Street and No. (if any)	Galt Hospital Lethbridge, Alta.		
Sex (Male or Female)	Male		
Age	20 Years		
Married or Single	Single		
Profession or Occupation	Laborer		
Place of Birth	Austria		
Cause of Death	Pulmonary Tuberculosis		
Name of Physician (if any) attending Fatal Illness	Dr. Thompson		
Religious Denomination	Roman Catholic		
Remarks			

SPECIAL INFORMATION FOR HOSPITALS, INSTITUTIONS, TRANSPORTS OR RECEIPT AGENCIES

Former or Usual Residence  
How Long at Place of Death  
Where was Disease Contracted

I certify the foregoing to be true and correct to the best of my knowledge and belief.  
Given under my hand at **Lethbridge** this **30th** day of **July** 19**15**  
*H. Yetterly*  
Lethbridge, Alta.

I hereby certify that the above return was made to me at **LETHBRIDGE, ALTA.**  
on the **20<sup>th</sup>** day of **July** 19**15**  
*C. B. Boyman*  
REGISTRAR'S RECORD No. **70** of **1915** REGISTRAR.

**Jukin Kushner**

Alternate Given Name(s): Joachim

Alternate Surname(s): Kusner / Kushmer

Date of Death: 31 March 1916

Place of Death: Petawawa, Ontario

Burial Location: St. Columba's Roman Catholic Cemetery, Pembroke, Ontario

1. NO.	2. RANK OR RATING	3. SURNAME	4. CHRISTIAN NAME
	Private	KUSHNER,	Jukin or Joachim
5. KIND OF DEPT.	6. DATE OF FACILITY	7. U.S. REG. NO.	8. RELIGION
Austrian Prisoner of War	31-3-16		Roman Catholic
9. CHARACTER OF FACILITY		10. BIRTH, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
Eisen of the lungs - Camp Hospital, Petawawa, Ont.		Wife at Koenig, District of Vienna, Austria.	
11. LOCATION OF TOMB AT TIME OF FACILITY			
Petawawa, Ontario,			
NOTE - Items 11, 12 and 13 are not to be completed until grave is permanently fixed.			
12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
St. Columba's <sup>RC</sup> Cemetery	Pembroke, Ontario,	Common Plot	3502
16. PHOTOGRAPH OF GRAVE AND CEMETERY DISPLAY TO			
17. FURTHER PARTICULARS OF SERVICE AND OF FUNERAL			

Physician's Report	
SURNAME of Deceased.	Kushner
Christian Name.	Jeskin
Sex.	Male
Age.	57 Years
Date of Death.	31 <sup>st</sup> March 1916.
Place of Birth.	Highlow, Galicia, Austria
Place of Death, City, Town, Village, or Concession and Lot.	Military Camp
Place of Burial.	Pembroke
Occupation.	Laborer
Single, Married or Widowed	M. 029511
Name of Father.	
Maiden Name of Mother.	
Cause of Death, if known.	Epileptic Fits
Name of Physician who attended Deceased.	Capt W. A. Jones M.B.
Name of Informant.	Macka Frank
Address.	Potawara Camp
Date of Return.	1 April 1916.
Physician's Return of Death	
Surname of Deceased.	Kushner
Christian Name.	Jeskin
Date of Death.	31 <sup>st</sup> March 1916.
DISEASE CAUSING DEATH.	Tumor of Brain
Duration.	
Immediate Cause of Death.	Edema of Lungs
Duration.	Three Days
Physician's Name.	W. A. Jones M.B.
Address.	Potawara Camp
Date of Return.	1 April 1916.
Remarks.	

Project 107

## Andrew Kuzyk

Alternate Given Name(s): Andrezj

Alternate Surname(s): Kuzik

Date of Death: 05 June 1916

Place of Death: Kapuskasing, Ontario

Burial Location: Camp Cemetery, Kapuskasing, Ontario

A. NO.		B. NAME OF RELATIVE		C. REGIMENT		D. OCCUPATION BEFORE	
		Prisoners of War.		KUZIK.		Andrew.	
E. TYPE OF DISEASE		F. DATE OF DEATH		G. U.S. FILE NO.		H. GRAVE NO.	
Influenza.		5-5-16.					
I. CHARACTER OF DISEASE				J. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN			
Died of Natural Causes, Camp Hospital, Kapuskasing, Ont.				(wife) Karja Kuzik, and children. Sourinow, County Trebeola, Galicia.			
K. LOCATION OF TOMB OR MARK OF GRAVE							
NOTE:—Draw 15, 16 and 17 are not to be completed and given to cemetery board.							
L. CEMETERY		M. LOCATION OF CEMETERY		N. GRAVE LOCATION		O. REGISTERED No. OF GRAVE	
Camp Cemetery.		Kapuskasing, Ont.		Over FILE.		9,077E.	
P. PHOTOGRAPH OF GRAVE TAKEN		Q. RESPONSE NO.		R. PHOTOGRAPH OF GRAVE AND CEMETERY SUPPLIED BY			
S. FURNISH PARTICULARS ON REVERSE SIDE OF CARD							

Project 107

**Joe Lee**

Date of Death: 14 January 1920

Place of Death: Vancouver, British Columbia

Original Burial Location: Mountain View Cemetery, Vancouver, British Columbia

Current Burial Location: Woodland Cemetery, Kitchener, Ontario

1. No.	2. NAME OR SUFFIX	3. SURNAME	4. CHRISTIAN NAME		
	P. OF WAR H.D.NO. II.	German	LEE	Jee	ORIGINAL
5. NAME OF SHIP		6. DATE OF CASUALTY	7. U.S. REG. NO.	8. GRAVE	
General Hospital Vancouver B.C.		14th. Jan. 1920			
9. CAUSE OF CASUALTY			10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN		
Hypertatic Insomnia			Unknown		
11. LOCATION OF SHIP AT TIME OF CASUALTY					
Vancouver B.C.					
NOTE--Items 11, 12 and 13 are not to be completed until grave is permanently located.					
12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION		15. REGISTERED NO. OF GRAVE	
Mountain View (Old)	Vancouver B.C.	Block 12	Plot 4	0.9568.	
16. POSITIONER OF GRAVE MARK	17. EXPEDITION NO.	18. SIGNATURE OF CREW AND CREWING OFFICERS			
19. OTHER PARTICULARS ON REMOVAL OF BODY					



# VITAL STATISTICS ACT.

76844

## 87 SCHEDULE B--Deaths

REGISTRATION NO.

191

191

191

Registered No. ....

City or town of Vancouver .....

1. Full name Joe Lee .....

District of Vancouver .....

2. (a.) Sex Male (b.) Color or race White (c.) Single Married Widowed Divorced Single .....

3. (a.) Birthplace Germany (b.) Date of birth 1869 .....

10. How long resident in city 57 Months .....

11. How long in district 27 Months .....

12. How long in Canada, if foreign born Since 1918 .....

4. Age 50 Years 0 Months 0 Days .....

13. (a.) Name of father W. Koon .....

5. Died on the 14 day of January 1920 at about 9:15 M. .....

(b.) Birthplace of father W. Koon .....

6. Last occupation Laborer (Kind of industry) .....

14. (a.) Maiden name of mother W. Koon .....

7. Former occupation .....

(b.) Birthplace of mother W. Koon .....

8. (a.) Place of death Vancouver General Hospital (Street and No.) .....

The foregoing Stated Personal Particulars are True to the Best of My Knowledge and Belief.

(b.) How long at place of death 7 months .....

9. Former or usual residence Room 336 (Caterer's - band) .....

15. (a.) Name of undertaker Independent Undertakers .....

Place of burial St. Ann's Cemetery .....

16. (a.) Date of burial Jan 19 1920 .....

(b.) Address 65 - Broadway - Vancouver 126 .....

17. (a.) Name of undertaker .....

(b.) Address .....

18. (a.) Name of undertaker .....

(b.) Address .....

PHYSICIAN'S CERTIFICATE OF CAUSE OF DEATH.

IF DEATH FROM VIOLENCE, WAS IT (ACCIDENT, SUICIDE, HOMICIDE)

I hereby certify that I attended Joe Lee from July 21 1919 to Jan 14 1920

That I last saw him alive on the 14 day of Jan 1920 That he died, as I am informed, on the 14 day of Jan 1920

at about 9:15 o'clock P. M., and that to the best of my knowledge and belief, the cause of his death was as hereunder written.

(IF UNDER ONE YEAR OLD, STATE HOW FEEL)

(a.) Remits or Earlier Pathological or Morbid Condition.....	Duration in Years, Months, Days or Hours.
Was organism present within one month before death? <u>Myocarditis - Chronic</u>	
(b.) Immediate or Final Determining Cause.....	
<u>Hepatic Pneumonia</u>	

Witness my hand, this 16 day of Jan 1920

(Signature) J. M. Koon M.D.

Address 27 St. Pitt



**Johann Leesemann**

Alternate Name(s): John

Alternate Surname(s): Leeseman

Date of Death: 20 November 1918

Place of Death: Munson, Alberta

Original Burial Location: Munson Village Cemetery, Munson, Alberta

Current Burial Location: Woodland Cemetery, Kitchener, Ontario

1. REG. NO.		2. NAME (including all SURNAMES) LEESMANN		3. CHRISTIAN NAME J. JOHN	
4. CAUSE German Prisoner of War.		5. M. H. S. FILE NO. not available		6. M. H. S. FILE NO. not available	
7. DATE OF DEATH 20.11.18	8. PLACE Munson, Alta.	9. CIRCUMSTANCES OF DEATH Influenza & Pneumonia, duration of illness six & one-half days, Dr's Creighton & J. V. Moore attending		10. NAME AND ADDRESS OF NEXT OF KIN Place of birth, Lohstedt, Germany  Brother:- WILL LEESMANN, 808 Third Ave., Brooklyn, N.Y., U.S.A.  11. NEXT OF KIN NOTIFIED	
12. REPORTED TO M. H. S. BY:- Not available		13. DATE	14. REPORTED TO M. H. S. BY:- Not available		15. DATE
16. CEMETERY Munson Village Cemetery	17. LOCATION Munson, Alta.	18. NATURE OF CEMETERY Public (Protestant)	19. GRAVE LOCATION Plot 04 Grave 4a	20. GRAVE NO. 012227	21. MARKING Gray Granite Stone 18 x 24 suitably inscribed
22. PHOTOGRAPH TAKEN:-		23. EXPOSURE NO.	24. COPIES OF PHOTOGRAPH SENT TO:-		

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**CANADA  
PROVINCE OF ALBERTA**

FOR THE USE OF THE DEPARTMENT ONLY  
Record No. **5008** of 19**28**

**REGISTRATION OF DEATH**

Registered at *Munson, Alberta*

Name of Deceased in Full	<i>John Leeseman No 224</i>		
Date of Death	<i>Twentieth</i>	day of	<i>November 1928</i>
Place of Death Street and No. (if any)	<i>Munson, Alberta</i>		
Sex (Male or Female)	<i>male</i>		
Age	<i>thirty-eight years</i>		
Married or Single	<i>single</i>		
Profession or Occupation	<i>Carpenter</i>		
Place of Birth	<i>Lowstedt, Germany</i>		
Cause of Death	<i>Pneumonia</i>		
Name of Physician (if any) attending fatal illness	<i>W.A. Creighton &amp; J.H. Moore</i>		
Religious Denomination	<i>Unknown</i>		
REMARKS	<i>Interment Munson cemetery.</i>		

SPECIAL INFORMATION FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT ARRIVALS

Former or Usual Residence: *Lamy, Saskatchewan*

How Long at Place of Death: *Five weeks*

Where was Disease Contracted: *Munson, Alberta.*

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

Given under my hand at *Munson* this *20<sup>th</sup>* day of *November 1928*  
*Dr. J. H. Moore*  
 Informant  
*Munson, Alta.*  
 Post Office Address.

I hereby certify that the above return was made to me at *Munson, Alberta* on the *21<sup>st</sup>* day of *Nov* 19**28**  
*J. H. Moore*  
 Registrar.

Project 107

**Anton Macela**

Date of Death: 06 November 1915

Place of Death: Calgary, Alberta

Burial Location: St. Mary's Cemetery, Calgary, Alberta

1. REG. NO.		2. NAME PRIOR TO DEATH		3. SURNAME MACELA		4. CHRISTIAN NAMES Anton	
5. UNIT Austrian Prisoner of War		6. M. H. S. FILE NO. Not Available		7. C. H. S. FILE NO. Available			
8. DATE OF DEATH 11.11.15	9. PLACE Mount View Hosp. Calgary, Alta.	10. CIRCUMSTANCES OF DEATH Tuberculosis, Duration of illness three months, Dr. F. H. Wayford attending		11. NAME AND ADDRESS OF NEXT OF KIN Place of Birth Dobruvody, Austria Next of Kin:- Unknown.			
12. REPORTED TO C. H. S. BY:- Not available		13. DATE	14. REPORTED TO M. H. S. BY:- Not available		15. DATE		
16. CEMETERY St Mary's Cemetery	17. LOCATION Calgary, Alta.	18. NATURE OF CEMETERY Roman Catholic Public.	19. GRAVE LOCATION S. E. 15 No 17	20. GRAVE NO. C12334	21. MARKING Wooden Cross available inscribed	22. MAINTENANCE Cemetery authorities	
23. PHOTOGRAPH TAKEN:-		24. EXPOSURE NO.	25. COPIES OF PHOTOGRAPH SENT TO:-				

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CANADA  
PROVINCE OF ALBERTA

FOR THE USE OF THE DEPARTMENT ONLY  
Record No. 62811 of 19 15

REGISTRATION OF DEATH

CALGARY, ALTA.

Registered at \_\_\_\_\_

Name of Deceased in Full	<i>Anton Macela.</i>		
Date of Death	<i>6<sup>th</sup> day of November 1915</i>		
Place of Death Street and No. (if any)	<i>Mount View Hospital</i>		
Sex (Male or Female)	<i>Male.</i>		
Age	<i>35 years</i>		
Married or Single	<i>Single Married</i>		
Profession or Occupation	<i>Prisoner of War.</i>		
Place of Birth	<i>Austria</i>		
Cause of Death	<i>Tuberculosis</i>		
Name of Physician (if any) attending Fatal Illness	<i>Dr. F. H. Mayhew.</i>		
Religious Denomination	<i>R. C.</i>		
REMARKS	<i>Entered - St. Mary's Society Calgary.</i>		

SPECIAL INFORMATION FOR HOSPITALS, INSTITUTIONS, TRAVELLERS ON REGENT ARRIVALS

Former Residence

How Long at Place of Death

Where was Disease Contracted

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

Given under my hand at *Calgary* this *9<sup>th</sup>* day of *November 1915*  
*(Charles Herbert)* *last Milledun*

INFORMANT.

*BOOK 2817*

POST OFFICE ADDRESS.

I hereby certify that the above return was made to me at *CALGARY, ALTA.*

on the *9<sup>th</sup>* day of *NOV 9* 1915

REGISTRAR'S RECORD No. \_\_\_\_\_ OF 1

*McLennan*  
REGISTRAR.

Project 107

## Anton Maliuk

Date of Death: 08 December 1915

Place of Death: Québec

Burial Location: Mount Hermon Cemetery, Québec, Québec

1. REG'T. NO. 1215.		2. RANK.		3. SURNAME MALIUK.		4. CHRISTIAN NAMES ANTON.	
5. UNIT Austrian Prisoner of War.				6. I. M. H. G. FILE NO.		7. I. M. H. G. FILE NO. 17-6-1715.	
8. DATE OF DEATH		9. PLACE	10. CIRCUMSTANCES OF DEATH			11. NAME AND ADDRESS OF NEXT OF KIN	
8-17-15.		Military Hospital, Quebec.	Died of Typhoid with multiple abscesses.			(Son) Mike Maliuk, who was a prisoner of war 241, Quebec. Present address unknown.	
12. NEXT OF KIN ADVISED							
13. REPORTED TO I. M. H. G. BY:- By C/O 87th Regt.				14. DATE 2-15-19.	15. REPORTED TO I. M. H. G. BY:-		16. DATE
17. CEMETERY	18. LOCATION	19. NATURE OF CEMETERY	20. GRAVE LOCATION	21. GRAVE NO.	22. MARKING	23. MAINTENANCE	
Mount Hermon.	Bepperville, Quebec, P.Q.	Protestant.	Single Grave Section, C. No 10, 189.	C/8142.	Small Marble Cross suitably inscribed.	Cemetery authorities	
24. PHOTOGRAPH TAKEN:-			25. EXPOSURE NO.		26. COPIES OF PHOTOGRAPH SENT TO:-		



**Carolka Manko (child)**

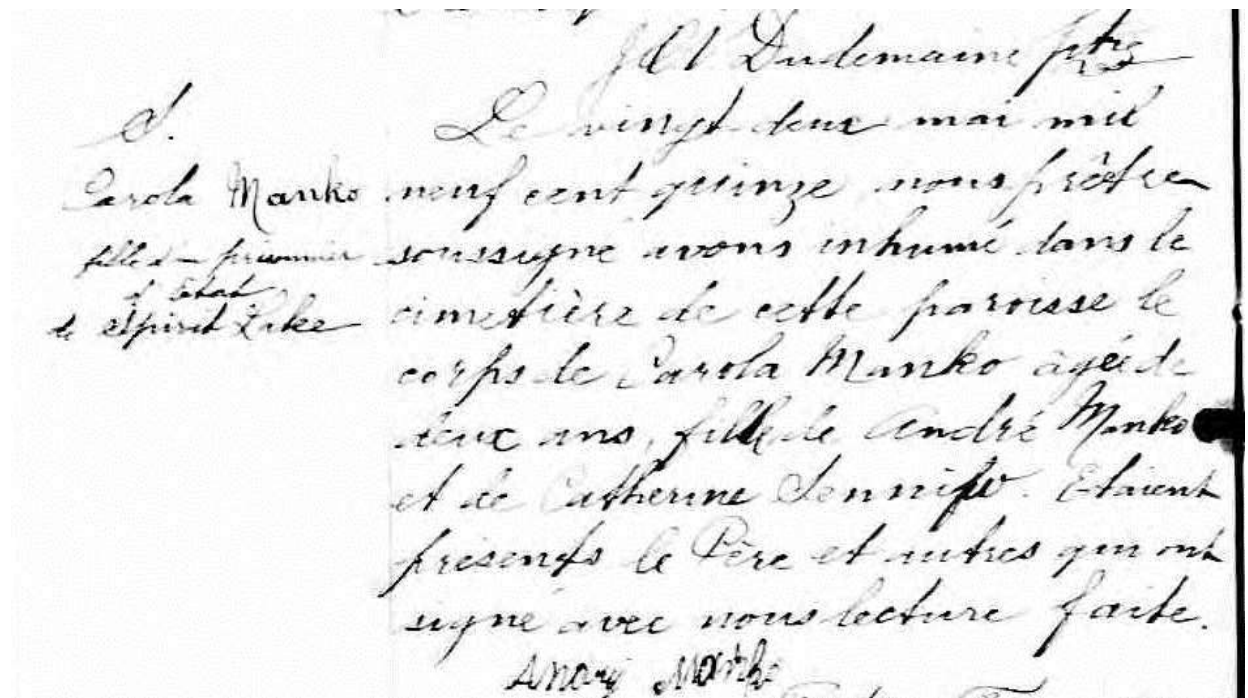
Alternate Given Name(s): Nellie

Date of Death: 22 May 1915

Place of Death: Spirit Lake, Québec

Original Burial Location: Camp Cemetery, Spirit Lake, Québec

Current Burial Location: Parish Cemetery, Amos, Québec



Le lendemain jés  
Le vingt deux mai mil  
Carolka Manko nous présente  
filles-français nous avons inhumé dans le  
de Spirit Lake <sup>de l'état</sup> cimetière de cette paroisse le  
corps de Carolka Manko âgée de  
deux ans, fille de André Manko  
et de Catherine Lombrif. Étaient  
présents le Père et autres qui ont  
signé avec nous lecture faite.  
André Manko

**Josef Maslo**

Alternate Name(s): Joseph

Date of Death: 30 June 1917

Place of Death: Kapuskasing, Ontario

Burial Location: Camp Cemetery, Kapuskasing, Ontario

1. NO.	2. NAME ON ENTRY	3. ADDRESS	4. CHRISTIAN NAME
	Prisoner of WAR.	MASLO,	Josef.
5. DATE OF BIRTH	6. GRADE OR RANK	7. U. S. REG. NO.	8. SERVICE NO.
Austrian.	CO-4-17.		
9. CIRCUMSTANCES OF DEATH		10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
Died of Diphtheria, at Camp Hospital, Kapuskasing, Ont.		(WIFE) JOSEPH MASLO, Festa Skala, Estrick, Sarnopol, Galicia, RUSSIA.	
11. GRADE AT TIME OF DEATH			
NOTE: When U. S. and U. S. ARMY are entered and grade is present, insert.			
12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
Camp Cemetery.	Kapuskasing, Ont.	Grav. 114. Plat. Sec.	0,2772.
16. PHOTOGRAPH OF DEATH SCENE	17. X-RAYING NO.	18. PHOTOGRAPH OF DEATH AND CEMETERY SUPPLIED TO	
19. OTHER PARTICULARS ON REVERSE SIDE OF SHEET			

Surname first	
SURNAME of Deceased.	Maslo ✓
Christian Name.	Joseph
Sex.	Male
Age.	46 years
Date of Death.	June 30/17
Date of Birth.	Tarnopol Galicia
Place of Death, City, Town, Village, or Cantonment and Lot.	Kapuskasing, Ont.
Occupation.	Labourer
Single, Widowed or Divorced.	Married
Name of Father.	Unknown
Maiden Name of Mother.	do.
Cause of Death, if known.	Bright's disease a. w. m. arthur Capt. C. A. M. C.
Name of Physician who attended Deceased.	do.
Name of Informant.	do.
Address.	Kapuskasing, Ont.
Date of Return.	June 30/17
<b>Physician's Return of Death</b>	
Surname of Deceased.	Maslo
Christian Name.	Joseph
Date of Death.	June 30/17
DISEASE CAUSING DEATH.	Bright's disease
Duration.	5 weeks
Immediate Cause of Death.	Renal dropsy
Duration.	5 days.
Physician's Name.	A. W. M. Arthur Capt. C. A. M. C.
Address.	Kapuskasing, Ont.
Date of Return.	June 30/17
Remarks.	



**Mike Mateljan**

Alternate Given Name(s): Mijo

Alternate Surname(s): Mullalzin / Muttabzija / Muttobiza / Muttabzya

Date of Death: 07 November 1918

Place of Death: Kapuskasing, Ontario

Burial Location: Camp Cemetery, Kapuskasing, Ontario

1. NO.	2. NAME OR BIRTH	3. SURNAME	4. CHRISTIAN NAME
	Prisoner of War.	MUTTABZIJA.	MIKO.
5. SEX OR SEX	6. DATE OF CASUALTY	7. U.S. FILE NO.	8. REGIMEN
MALE.	7-11-18.		
9. CIRCUMSTANCES OF CASUALTY		10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
Died of Myocarditis following Influenza - At Temporary Hospital, Kapuskasing, Ont.		[Father] Marko Muttabzija, Tello, Entar, Ubbine, Croatia, Austria.	
11. LOCATION OF THE ACT OF CASUALTY			
NOTE - Items 11, 12 and 13 are not to be completed until grave is permanently located			
12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
Camp Cemetery,	Kapuskasing, Ont.	Row - 527, Sec. _____ Box _____	C. 2777.
16. PHOTOGRAPH OF GRAVE MARK	17. IDENTITY NO.	18. PHOTOGRAPH OF GRAVE AND CEMETERY SURVEY NO.	
19. OTHER PARTICULARS ON REVERSE SIDE OF FRONT			

Surname First	
SURNAME of Deceased.	Mullalgin
Christian Name.	Mike
Sex.	Male
Age.	25 years
Date of Death.	Nov. 7/1918 ✓
Place of Birth.	Austria
Place of Death, City, Town, Village, or Concession and Lot.	Kapuskasing
Place of Burial.	W.C.
Occupation.	Laborer
Single, Married or Widowed	Single
Name of Father.	
Maiden Name of Mother.	
Cause of Death, if known.	Influenza
Name of Physician who attended Deceased.	L. B. Jamieson
Name of Informant.	Lt. Col. W. E. Watt
Address.	Kapuskasing
Date of Return.	Nov. 8/1918
<b>Physician's Return of Death</b>	
Surname of Deceased.	Mullalgin
Christian Name.	Mike
Date of Death.	Nov 7/1918
DISEASE CAUSING DEATH.	Influenza ✓
Duration.	8 days
Immediate Cause of Death.	Myocarditis
Duration.	4 days
Physician's Name.	L. B. Jamieson
Address.	Kapuskasing
Date of Return.	Nov. 8/1918
Remarks.	

038703

Project 107

**Bell Mazura**

Date of Death: 08 September 1919

Place of Death: Kapuskasing, Ontario

Burial Location: Camp Cemetery, Kapuskasing, Ontario

1. NO.	2. NAME OF DECEASED	3. SERVICE	4. COMPLETE NAME
	Prisoner of War.	MATHIA.	Bell.
5. TIME OF DEATH	6. DATE OF CASUALTY	7. R. G. FILE NO.	8. RELIGION
Austrian.	8-8-19.		
9. CHARACTER OF CASUALTY		10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
Committed suicide by hanging - Kapuskasing, Ont.		Siegfried Mazura, Foot, (Father), Ligon, Galicia, Austria.	
NOTE: When 10. is blank it may be so by accident and given by proximity to next			
11. CEMETERY	12. LOCATION OF CEMETERY	13. GRAVE LOCATION	14. REGISTERED NO. OF GRAVE
Camp Cemetery.	Kapuskasing, Ont.	Row _____ 290. No _____ Sec _____	C. 1774.
15. PHOTOGRAPH OF GRAVE	16. GRAVestone No.	17. PHOTOGRAPH OF GRAVE AND CEMETERY SURROUNDINGS	
18. OTHER INFORMATION OF INTEREST WITH DEATH			

Surname First	
SURNAME of Deceased.	<i>Mazura</i>
Christian Name.	<i>Bell</i>
Sex.	<i>Male</i>
Age.	<i>31 years</i>
Date of Death.	<i>8/9/19</i>
Place of Birth.	<i>Austria</i>
Place of Death, City, Town, Village, or Concession and Lot.	<i>12 apusok asung</i>
Place of Burial.	<i>12 apusok asung</i>
Occupation.	<i>Prisoner of War</i>
Single, Married, Widowed	<i>Widow</i>
Name of Father.	<i>.. 031522</i>
Maiden Name of Mother.	<i>.. ..</i>
Cause of Death, if known.	<i>Suicide Hanging</i>
Name of Physician who attended Deceased.	<i>H Sullivan M.D.</i>
Name of Informant.	<i>H Sullivan M.D.</i>
Address.	<i>12 apusok asung</i>
Date of Return.	<i>8/8 1918</i>
Physician's Return of Death	
Surname of Deceased.	<i>Mazura</i> ✓
Christian Name.	<i>Bell</i>
Date of Death.	<i>8/9/1919</i>
DISEASE CAUSING DEATH.	<i>Suicide Hanging</i> ✓
Duration.	<i>Complete obstruction of Respiration</i>
Immediate Cause of Death.	<i>Less than one hour</i>
Duration.	
Physician's Name.	<i>H Sullivan M.D.</i>
Address.	<i>12 apusok asung</i>
Date of Return.	<i>8/8 1919</i>
Remarks.	

**Andrew Melnyk**

Date of Death: 20 November 1918

Place of Death: Sudbury, Ontario

Burial Location: Catholic Cemetery (Sudbury Roman Catholic Cemetery / Lasalle Cemetery), Sudbury, Ontario

1. NO.		2. DATE OF BIRTH		3. SERVICE		4. SERVICE RATED	
		Prisoner of War.		MIGRANT.		Andrew.	
5. ETHNIC OR RACE		6. DATE OF DEPARTURE		7. U.S. FILE NO.		8. GRAVE NO.	
Austrian.		20-11-18.					
9. CHARACTER OF CASUALTY				10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN			
Died of Pneumonia following Influenza - At St. Joseph's Hospital, Sudbury, Ontario.				His Melnyk (Brother) Rembrandt, Manitoba, CANADA.			
11. LOCATION OF DEATH AT TIME OF CASUALTY							
NOTE - Items 11, 12 and 13 are not to be returned until given to appropriate Bureau							
12. CHURCH		13. LOCATION OF CEMETERY		14. GRAVE LOCATION		15. REGISTERED NO. OF GRAVE	
Catholic Cemetery,		Sudbury, Ont.		not numbered.		0,277.	
16. PHOTOGRAPH OF GRAVE MARK		17. EXPENSE NO.		18. PHOTOGRAPH OF GRAVE AND REGISTER OUTLETED TO			
19. OTHER PARTICULARS ON REVERSE SIDE OF SHEET							

<b>Surname First</b>	
SURNAME of Deceased.	Melnyk ✓
Christian Name.	Andrew
Sex.	male
Age.	24 years
Date of Death.	Nov. 20, 1918. ✓
Place of Birth.	Austria
Place of Death, City, Town, Village, or Concession and Lot.	St. Joseph's Hosp. Sudbury, Ont.
Place of Burial.	Sudbury, Ont.
Occupation.	Laborer
Single, Married or Widowed	single <span style="float: right;">038291</span>
Name of Father.	Henry Melnyk
Maiden Name of Mother.	Anna Smyrak
Cause of Death, if known.	
Name of Physician who attended Deceased.	Dr. M. Jarrington
Name of Informant.	St. Joseph's Hosp
Address.	Sudbury, Ont.
Date of Return.	Nov. 20, 1918
<b>Physician's Return of Death</b>	
Surname of Deceased.	Melnyk
Christian Name.	Andrew
Date of Death.	Nov. 20, 1918.
DISEASE CAUSING DEATH.	Flu ✓
Duration.	1 week
Immediate Cause of Death.	<del>pneumonia</del>
Duration.	1 week
Physician's Name.	Dr. M. Jarrington
Address.	Sudbury, Ont.
Date of Return.	Nov. 20, 1918.
Remarks.	

**George Merricancian**

Date of Death: 02 November 1918

Place of Death: Kapuskasing, Ontario

Burial Location: Camp Cemetery, Kapuskasing, Ontario

1. No.		2. NAME IN FULL		3. SERVICE		4. SERVICE NUMBER	
		FRANCIS OF CAR,		KENTINGTON,		George,	
5. DATE OF BIRTH		6. DATE OF DEATH		7. U.S. REG. NO.		8. GRAVE	
AUSTRIAN,		8-11-18.					
9. PARTICULARS OF SERVICE				10. NAME, RELATIONSHIP AND GRADE OR RANK OF NEXT OF KIN			
Died of Dysentery following Influenza, at Camp Hospital, Kapuskasing, Ont.				None.			
11. LOCATION OF SITE OF INTERMENT							
<small>NOTE - Space to be used to be returned with grave to appropriate board.</small>							
12. GRAVE		13. LOCATION OF GRAVE		14. GRAVE LOCATION		15. REGISTERED NO. OF GRAVE	
Camp Cemetery,		Kapuskasing, Ont.		Plot: 281.		C. 2776.	
16. PARTICULARS OF GRAVE MARK		17. GRAVE NO.		18. PARTICULARS OF MARK AND COMMENTS REFERRED TO			
<small>19. OTHER PARTICULARS OF GRAVE AND OF MARK</small>							

Surname first	
SURNAME of Deceased.	<i>Mericancian</i>
Christian Name.	<i>George</i>
Sex.	<i>Male</i>
Age.	<i>31</i>
Date of Death.	<i>Nov. 2 / 1918</i>
Place of Birth.	<i>Stockholm Sweden</i>
Place of Death, City, Town, Village, or Concession and Lot.	<i>Kapuskasing</i>
Place of Burial.	<i>hlo.</i>
Occupation.	<i>Engineer</i>
Single, Married or Widowed	
Name of Father.	<b>033789</b>
Maiden Name of Mother.	
Cause of Death, if known.	<i>Influenza</i>
Name of Physician who attended Deceased.	<i>W. B. Jamieson</i>
Name of Informant.	<i>Lt. Col. W. E. White</i>
Address.	<i>Kapuskasing</i>
Date of Return.	<i>Nov. 3 / 1918</i>
<b>Physician's Return of Death</b>	
Surname of Deceased.	<i>Mericancian</i>
Christian Name.	<i>George</i>
Date of Death.	<i>Nov. 2 / 1918</i>
DISEASE CAUSING DEATH.	<i>Influenza</i>
Duration.	<i>7 days</i>
Immediate Cause of Death.	<i>Endocarditis</i>
Duration.	<i>4 days</i>
Physician's Name.	<i>W. B. Jamieson</i>
Address.	<i>Kapuskasing</i>
Date of Return.	<i>Nov. 3 / 1918</i>
Remarks.	



**Andrew Moritsky**

Alternate Given Name(s): Andreas

Date of Death: 24 February 1916

Place of Death: Kingston, Ontario

Burial Location: St. Mary's Cemetery (St. Mary's Roman Catholic Cemetery),  
Kingston, Ontario

1. NO.		2. NAME ON BIRTH		3. SURNAME		4. USUAL ALIAS	
		Private		MORITSKY,		Andrew	
5. CAUSE OF DEATH		6. DATE OF DEPARTURE		7. U.S. FILE NO.		8. RELIGION	
Prisoner of War, Austrian.		24-2-16				Roman Catholic	
9. CIRCUMSTANCES OF CASUALTY				10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN			
PHRENOBIA, - Backwood Insane Asylum, Kingston, Ont.				UNKNOWN.			
11. LOCATION OF BIRTH AT TIME OF CASUALTY							
Kingston, Ont.,							
NOTE: Items 10, 11 and 12 are not to be completed until grave is personally found.							
12. CEMETERY		13. LOCATION OF CEMETERY		14. GRAVE LOCATION		15. DISTRICT NO. OF GRAVE	
St. Mary's Cemetery		Kingston, Ont.,		Row _____ Lot 200. Row _____		2068	
16. FURNITURE OF GRAVE TOMB		17. GRAVE NO.		18. FURNITURE OF GRAVE AND OTHERS SUPPLIED TO			
19. FURNITURE PARTICULARS ON REVERSE SIDE OF CARD.							

<b>DECEASED</b>	
FULL NAME of Deceased. Initials only not accepted.	8. <i>Moritsky, Andrew</i>
Sex, and Race.	9. <i>Male, Austrian</i>
Date of Death.	10. <i>Feb. 24th 1916</i>
Date of Birth.	11. _____
Age and Place of Birth.	12. <i>30. Austria-Skalak</i>
Place of Death, City, Town, Village, or Unincorporated Locality. If on Railroad, give station. Also give (checked) whether on train, and (checked or uncheck) place of residence.	13. <i>Rockwood Hospital</i>
Occupation.	14. <i>Laborer</i>
Single, Widowed, or Divorced.	15. <i>Single</i>
Full Name of Father.	16. <i>Not Known</i>
Birthplace of Father.	17. _____
Maiden Name of Mother.	18. _____
Birthplace of Mother.	19. _____
Name of Physician who attended Deceased.	20. <i>Hospital Staff</i>
Certified by	21. <i>Dr. Ross</i>
Address	22. <i>Rockwood Hospital</i>
Date	23. <i>Feb. 24th 1916.</i>
<b>Medical Certificate of Death.</b> I hereby certify that I attended the deceased.	
Name.	24. <i>Andrew Moritzky</i>
From	25. _____
That I last saw this person alive on _____	
That the Death occurred on <i>Feb. 24th. 1916</i>	
<b>CAUSE OF DEATH.</b>	
Primary.	26. <i>Bronchial pneumonia</i>
Duration.	27. <i>8 days</i>
Immediate.	28. _____
Duration.	29. _____
Physician's name.	30. <i>Dr. Ross. Hosp. Staff</i>
Address.	31. <i>Rockwood Hosp.</i>
Date.	32. <i>Feb. 24th 1916</i>
Remarks.	33. _____

61135

**Leo Mueller**

Date of Death: 12 July 1919

Place of Death: Vernon, British Columbia

Original Burial Location: Vernon Cemetery (Pleasant Valley Cemetery), Vernon, British Columbia

Current Burial Location: Woodland Cemetery, Kitchener, Ontario

Prisoner of War						ORIGINAL	
1. NUMBER: 369		2. NAME		3. SURNAME: MUELLER		4. CHRISTIAN NAME: LEO	
5. UNIT: German			6. M. H. G. FILE No.			7. D. H. G. FILE No.	
8. DATE OF DEATH	9. PLACE	10. CIRCUMSTANCES OF DEATH			11. NAME AND ADDRESS OF NEXT OF KIN		
12/7/19	Jubilee Hosp. VERNON, B.C.	Died of injuries received in an altercation with a fellow Prisoner.			Mrs. Martha Mueller, (Wife) Vernon Internment Camp, Vernon, B.C.		
12. NEXT OF KIN NOTIFIED							
13. REPORTED TO D. H. G. BY--				14. DATE	15. REPORTED TO M. H. G. BY--		16. DATE
17. CEMETERY	18. LOCATION	19. NATURE OF CEMETERY	20. GRAVE LOCATION	21. GRAVE No.	22. MARKING	23. MAINTENANCE	
Vernon Cemetery	Vernon B.C.	Public	Lot 5 Block 9a	09245	Headstone suitably inscribed	Cemetery Authorities	
24. PHOTOGRAPH TAKEN--		25. EXPOSURE No.	26. COPIES OF PHOTOGRAPH SENT TO--				

84199

FORM 6. PROVINCE OF BRITISH COLUMBIA  
**CERTIFICATE OF REGISTRATION OF DEATH**

1 PLACE OF DEATH—

If in Municipality ..... Registered No. 1-24  
(For use of Registrar of Vital Statistics only)

If in City or Town Vernon, B. C. Street ..... House No. 84

If in hospital or institution, give name Vernon Jubilee Hospital

2 NAME OF DECEASED Leo Mueller

Residence Internment Camp, Vernon, (Prisoner of War)  
(Usual place of abode)

PERSONAL AND STATISTICAL INFORMATION				MEDICAL CERTIFICATE OF DEATH			
3 SEX <b>MALE</b>	4 RACIAL ORIGIN <b>GERMAN</b>	5 Single, Married, Widowed or Divorced. (Write the word) <b>Married</b>		20 Date of death <u>July 12th, 1919</u> 19 <u>19</u> <small>(Month, day and year)</small>			
6 BIRTHPLACE (Province or Country) <u>Germany</u>				21 I HEREBY CERTIFY, that I attended deceased from <u>July 9th 1919</u> to <u>July 12th 1919</u> , that I last saw him live on <u>12 July 1919</u> and that death occurred on the date stated above, at <u>one a. m.</u>			
7 DATE OF BIRTH (month, day and year) <u>12-2-1879</u>				The CAUSE OF DEATH was as follows: <u>Fracture of neck</u> <u>86</u>			
8 AGE Years Months Days If less than one day, hrs. or min.				CONTRIBUTORY <u>none</u> <small>(duration) yrs mos. dys.</small>			
9 LAST OCCUPATION OF DECEASED (a) <u>Prisoner of War</u> (b) ..... (Kind of industry) (c) From ..... to ..... <small>(Dates from which to which an employed)</small>				22 Where was disease contracted if not at place of death? <u>at Vernon Internment Camp</u>			
10 FORMER OCCUPATION OF DECEASED (a) <u>Prisoner of War</u> (b) ..... (Kind of industry) (c) From <u>1916</u> to <u>1919</u> <small>(Dates from which to which an employed)</small>				Did an operation precede death? <u>no</u> Date of .....			
11 LENGTH OF RESIDENCE (in years and months) (a) At place of death <u>9 years</u> (b) In province .....				Was there an autopsy? <u>yes</u>			
(c) In Canada (if an immigrant) .....				(Signed) <u>B. T. Boyce M.D.</u>			
Parents	12 Name of father <u>REGISTERED</u>			Address <u>Kelowna B.C.</u>			
	13 Birthplace of father <u>GERMANY</u> <small>(Province or Country)</small>			Date <u>July 14th 1919</u>			
	14 Maiden name of mother .....			State the Disease causing Death, or in death from Violent Causes, state (1) Measles and Nature of Injury, (2) whether Accidental, suicidal or Homicidal.			
15 Birthplace of mother <u>GERMANY</u> <small>(Province or Country)</small>			33 District Registrar's Record Number <u>863</u>				
16 Informant's name <u>J. G. Simms</u>				24 Filed <u>11/12/19</u> 19 <u>1919</u> <u>Simms</u> <small>District Registrar</small>			
Address <u>Vernon, B. C.</u>							
17 Relationship to deceased <u>none</u>							
18 Place of burial, cremation or removal <u>Vernon</u> Date of burial <u>July 12th, 1919</u>							
19 Undertaker <u>Campbell Bros, Vernon, B. C.</u> <small>(Name and Address)</small>							

SEC. 46—Vital Statistics Act makes it the duty of the Undertaker or person acting as Undertaker to obtain all the particulars required in the "Certificate of Registration of Death" and to file the same with the District Registrar who shall issue the burial permit. (OVER)

**Elias Ortynski**

Alternate Given Name(s): Tony

Date of Death: 01 July 1917

Place of Death: Weston, Ontario

Burial Location: Prospect Cemetery, Toronto, Ontario

1. NO.	2. NAME OF DECEASED	3. RESIDENCE	4. OCCUPATION
	TRINIDAD ST. TOR.	ORTYNSKI,	Mias.
5. DATE OF DEATH	6. DATE OF BURIAL	7. N. & S. ROAD NO.	8. DISTRICT
AUGUST 1.	1-7-17.		
9. CHARACTER OF DEATH		10. TIME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
Died of Phthisis Pulmonalis, at Sanitarium, Weston, Ont.		(Wife) Joanna Ortynski, Wjessna, P.O. Galowysna, Drohobys, Galicia, Austria.	
11. ADDRESS OF NEXT OF KIN			
NOTE - When 11, 12 and 13 are left to be completed will give in appropriate column			
12. CEMETERY	13. LOCATION OF GRAVE	14. GRAVE LOCATION	15. BURIALS NO. OF GRAVE
Prospect Cemetery,	Toronto, Ont.	Block 1000. Sect. 100. Row	C. 1775.
16. PHOTOGRAPH OF DECEASED	17. SIGNATURE NO.	18. PHOTOGRAPH OF GRAVE WITH INSCRIPTION	
19. FURTHER PARTICULARS OF DEATH AND BURIAL			

Surname First	
SURNAME of Decedent.	Orszanski
Christian Name.	Yong
Sex.	Male
Age.	37 years
Date of Death.	July 1, 1917
Place of Birth.	Acacia
Place of Death, City, Town, Village, or Concession and Lot.	Toronto Free Hospital
Place of Burial.	****
Occupation.	Teacher
Single, Married or Widowed	Married <span style="float: right;">037369</span>
Name of Father.	****
Maiden Name of Mother.	****
Cause of Death, if known.	Tubercle pulmonalis
Name of Physician who attended Decedent.	W.H. Hayes
Name of Informant.	W. Spauld
Address.	Toronto
Date of Return.	July 3, 1917
<b>Physician's Return of Death</b>	
Surname of Decedent.	Orszanski
Christian Name.	Yong
Date of Death.	July 1, 1917
DISEASE CAUSING DEATH	Tubercle pulmonalis ✓
Duration.	Months
Immediate Cause of Death.	Tubercle pulmonalis
Duration.	Months
Physician's Name.	W.H. Hayes
Address.	Toronto Free Hospital
Date of Return.	July 1, 1917
Remarks.	REG'D. July 1, 1917

Project 107

**Jan Pabi (child)**

Alternate Name(s):

Date of Death: 29 March 1916

Place of Death: Spirit Lake, Québec

Burial Location: Camp Cemetery, Spirit Lake, Québec

Project 107

## Joseph Pach

Alternate Given Name(s): Jozsef / Josef

Alternate Surname(s): Pasq / Pasz

Date of Death: 16 September 1917

Place of Death: Kapuskasing, Ontario

Burial Location: Camp Cemetery, Kapuskasing, Ontario

1. No.	2. NAME OF DECEASED	3. SERVICE	4. GRAVEYARD
	Friendship of War.	10th.	Joseph.
5. YEAR OF BIRTH	6. DATE OF DEATH	7. U.S. REG. NO.	8. SERVICE
Austrian.	16-9-17.		
9. OCCUPATION OF DECEASED		10. NAME, RESIDENCE AND ADDRESS OF NEXT OF KIN	
Sold of Company, at Camp Hospital, Kapuskasing, Ont.		Brother in Law (Anton) Seicht, 100 Grant Street, Massfield, Ohio, U.S.A.	
11. SERVICE OF NEXT OF KIN AT TIME OF DEATH			
NOTE: When No. 10 and 11 are not to be reported fill space in appropriate space			
12. GRAVEYARD	13. LOCATION OF GRAVE	14. CITY DISTRICT	15. GRAVEYARD NO. OF GRAVE
Camp Cemetery,	Kapuskasing, Ont.	Dist. 218.	2,270.
16. PROXIMATE OF DEATH DEED	17. SERVICE NO.	18. PROXIMATE OF DEATH AND DEPARTMENT NUMBER BY	
19. OTHER INFORMATION OF INTEREST, NAME OF FORM			



SURNAME of Deceased.	Pasq. <sup>Surname First</sup>
Christian Name.	Josef.
Sex.	Male
Age.	38 Years
Date of Death.	September 16th, 1917.
Place of Birth.	Austria
Place of Death, City, Town, Village, or Concession and Lot.	Kapuskasing
Place of Burial.	Kapuskasing
Occupation.	Laborer
Single, Married or Widowed	unknown 038C91
Name of Father.	unknown
Maiden Name of Mother.	unknown
Cause of Death, if known.	Nephritis
Name of Physician who attended Deceased.	A.W. McArthur, Capt. Camp.
Name of Informant.	A.W. McArthur.
Address.	Kapuskasing
Date of Return.	September 17th, 1917.
<b>Physician's Return of Death</b>	
Surname of Deceased.	Pasq.
Christian Name.	Josef.
Date of Death.	September 16th, 1917.
DISEASE CAUSING DEATH.	Nephritis
Duration.	18 Months
Immediate Cause of Death.	Dropsey
Duration.	10 Days
Physician's Name.	A.W. McArthur, Capt. Camp.
Address.	Kapuskasing
Date of Return.	September 17th, 1917.
Remarks.	

Project 107

## George Pauliuk

Alternate Given Name(s): Georgi

Alternate Surname(s): Pauluk / Palliuk / Pauluck

Date of Death: 10 November 1918

Place of Death: Kapuskasing, Ontario

Burial Location: Camp Cemetery, Kapuskasing, Ontario

1. NO.	2. NAME OF BIRTH	3. SERVICE	4. CHRISTIAN NAME
	Prisoner of War.	PAULIUK.	Georgi.
5. TIME AS CAPT.	6. DATE OF CONTACT	7. U.S. REG. NO.	8. SERVICE
AUSTRIAN.	10-11-18.		
9. CHARACTER OF CASUALTY		10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
Died of Franco-germanic following influenza - at Temporary Hospital, Kapuskasing, Ont.		Alexandra Pauliuk, (Father), Posta Starosmetz, Petrovica, Austria.	
11. LOCATION OF BIRTH AT TIME OF CASUALTY			
<small>NOTE: Items 11, 12 and 13 are to be completed and given to government forces.</small>			
12. GRAVE/LOT	13. LOCATION OF GRAVE/LOT	14. GRAVE LOCATION	15. GRAVE/LOT NO. OF GRAVE
Camp Cemetery.	Kapuskasing, Ont.	22.	C. 2751.
16. CHARACTER OF GRAVE MARK	17. GRAVE/LOT NO.	18. MEMORIAL OF GRAVE AND CHARACTERS SHOWN BY	
<small>19. OTHER CHARACTER OF GRAVE/LOT OF GRAVE</small>			

	<b>Surname First</b>	4
SURNAME of Deceased.	Pauluck	
Christian Name.	George	
Sex.	Male	
Age.	25 - 6 - 5	
Date of Death.	Mar 10 / 1918 ✓	
Place of Birth.	Austria Stangowitz, Bukovina	
Place of Death, City, Town, Village, or Concession and Loc.	Kapuskasung	
Place of Burial.	No.	
Occupation.	Retailer	
Single, Married or Widowed	Single	
Name of Father.	Alexander Pauluck	
Maiden Name of Mother.	A. 038805	
Cause of Death, if known.	Influenza	
Name of Physician who attended Deceased.	W. B. Jamieson	
Name of Informant.	Lt. Col. W. E. Dale	
Address.	Kapuskasung	
Date of Return.	Mar 10 / 1918	
<b>Physician's Return of Death</b>		
Surname of Deceased.	Pauluck	
Christian Name.	George	
Date of Death.	Mar 10 / 1918	
DISEASE CAUSING DEATH.	Influenza ✓	
Duration.	11 days	
Immediate Cause of Death.	Broncho Pneumonia	
Duration.	3 days	
Physician's Name.	W. B. Jamieson	
Address.	Kapuskasung	
Date of Return.	Mar. 10 / 1918	
Remarks.		

Project 107

## Aksenty Pawliuk

Date of Death: 25 November 1915

Place of Death: Spirit Lake, Québec

Burial Location: Camp Cemetery, Spirit Lake, Québec

I. NO.		NAME AS BORN		S. SURNAME		A. CHRISTIAN NAME	
		PAWLIUK		Aksenty			
A. DISEASE OR ACC.		C. DATE OF DEATH		E. U.S. FILE NO.		G. RELIGION	
Prisoner of War (Anastion)		25-11-15;				Roman Catholic	
D. CIRCUMSTANCES OF CASUALTY				H. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN			
Died of Tuberculosis				Unknown			
I. LOCATION OF CARE AT TIME OF CASUALTY							
Camp Hospital, Spirit Lake, Que							
<small>NOTE: Items 11, 12 and 13 are not to be included until grave is approved by board.</small>							
K. CEMETERY		L. LOCATION OF INTERMENT		O. GRAVE LOCATION		N. REGISTERED NO. OF GRAVE	
Camp Cemetery		Spirit Lake, Que.		Row ... 503 numbered, _____ Plot _____ Row _____		5533	
P. PHOTOGRAPH OF GRAVE STONE		Q. REGISTERED NO.		R. PHOTOGRAPH OF GRAVE AND CEMETERY SUPPLIED TO			
<small>U. FURTHER PARTICULARS ON REVERSE SIDE OF CARD</small>							

Project 107

## William Perchaluk

Date of Death: 05 December 1916

Place of Death: Calgary, Alberta

Burial Location: Union Cemetery, Calgary, Alberta

1. REG. NO. 259004		2. RANK Private		3. SURNAME Perchaluk		4. CHRISTIAN NAME William			
5. UNIT 211th Battalion			6. M. H. Q. FILE No. 442-3-20675			7. DIS. H. Q. FILE No. E-7-F-1103			
8. DATE OF DEATH		9. PLACE	10. CIRCUMSTANCES OF DEATH			11. NAME AND ADDRESS OF NEXT OF KIN			
5-12-16		Calgary, Alta. Police Station	Suicide - by strangulation.			Mary Perchaluk Cooks Creek Man.			
12. NEXT OF KIN NOTIFIED						CONTRACTORS ROLL DISPATCHED			
13. REPORTED TO DIS. H. Q. BY: Not Available				14. DATE		15. REPORTED TO H. H. Q. BY: Not Available		16. DATE	
17. CEMETERY	18. LOCATION	19. NATURE OF CEMETERY	20. GRAVE LOCATION	21. GRAVE NO.	22. MARKING	23. MAINTENANCE			
Union Cemetery	Calgary, Alta.	public Protestant	<del>Block 3</del> Pattern Field 25th Avenue Lot 126 Block 14 Sub D Perchaluk	C12184	Nil.	Nil.			
24. PHOTOGRAPH TAKEN:-			25. EXPOSURE NO.		26. COPIES OF PHOTOGRAPH SENT TO:-				

This form, if placed in an open envelope marked "Vital Statistics," and addressed to the nearest Registrar of Vital Statistics, will pass through the mail free in accordance with Regulations of the Post Office Department respecting franking and free mail matter.

CANADA  
PROVINCE OF ALBERTA

FOR THE USE OF THE DEPARTMENT ONLY  
Record No. 03445 of 19 17

REGISTRATION OF DEATH

Registered at CALGARY, ALTA.

Name of Deceased in full	<u>William Pichaluk</u>		
Date of Death	<u>5th</u> day of <u>December</u> 19 <u>16</u>		
Place of Death <i>Street and No. (if any)</i>	<u>Police Station Calgary</u>		
Sex <i>(Male or Female)</i>	<u>Male</u>		
Age	<u>26 years</u>		
Married or Single	<u>Single</u>		
Profession or Occupation	<u>Soldier</u> <del>Fireman</del>		
Place of Birth	<u>Russia</u>		
Cause of Death	<u>(Suicide)</u> <u>Strangulation</u>		
Name of Physician <i>(if any) attending Fatal Illness</i>	<u>Dr. Wright (Coroner)</u>		
Religious Denomination	<u>Not known</u>		
Place of Interment <i>(Name of Cemetery)</i>	<u>Union Cemetery</u>		
Remarks			

SPECIAL INFORMATION FOR HOSPITALS, INSTITUTIONS, TRAVELERS OR RECENT ARRIVALS

Former or Usual Residence	How Long at Place of Death	Where was Disease Contracted

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

Given under my hand at CALGARY, on this 1<sup>th</sup> day of December 1916  
David McCall  
INFORMANT  
611 Centre St. Calgary  
Post Office Address

I hereby certify that the above return was made to me at CALGARY, ALTA.  
on the DEC 1 1916 day of 1916  
McCall  
REGISTRAR'S RECORD No. \_\_\_\_\_ of 1 \_\_\_\_\_ REGISTRAR

**Eugene Perensky**

Alternate Surname(s): Porensky

Date of Death: 04 March 1916

Place of Death: Petawawa, Ontario

Burial Location: St. Columba's Roman Catholic Cemetery, Pembroke, Ontario

1. NO.	2. RANK OR GRADE	3. SERVICE	4. CHRISTIAN NAME
	Private	PERENSKY	Eugene
5. TYPE OF SER.		6. DATE OF CASUALTY	7. U.S. FILE NO.
Prisoner of War (Hostage).		4-3-16	
		8. RELIGION	
		Roman Catholic	
9. CIRCUMSTANCES OF CASUALTY		10. BIRTH, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
TUBERCULOSIS - Camp Hospital, Petawawa, Ont.		Elnedora Perensky, (Wife) Sokolno, Dobruilitsa, Dobruilitsa, Austria.	
11. LOCATION OF BIRTH AT TIME OF CASUALTY			
Petawawa, Ontario,			
<small>NOTE - Items 11, 12 and 13 are not to be completed until given in preliminary report.</small>			
12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
St. Columba's Cemetery	Pembroke, Ontario	Comp's Plot	3523
16. PHOTOGRAPH OF GRAVE TAKEN		17. PHOTOGRAPH OF GRAVE AND CEMETERY ACQUIRED BY	
<small>18. OTHER PARTICULARS OF INTEREST FROM REPORT</small>			

NAME of Deceased.	Posomstsky
Christian Name.	Eugene
Sex.	Male
Age.	28 years
Date of Death.	4 March 1916.
Place of Birth.	Yorgo lin a (Austria)
Place of Death, City, Town, Village, or Communion and Loc.	Pohowara Detention Camp
Place of Burial.	Punbucka
Occupation.	Laborer
Single, Married or Widowed.	Widower 020507
Name of Father.	—
Maiden Name of Mother.	—
Cause of Death, if known.	Tuberculosis
Name of Physician who attended Deceased.	H. G. Jones Capt. A.M.D.
Name of Informant.	Macka, Frank
Address.	Pohowara Camp
Date of Return.	5 March 1916.
<b>Physician's Return of Death</b>	
Surname of Deceased.	Posomstsky
Christian Name.	Eugene
Date of Death.	4 March 1916. ✓
DISEASE CAUSING DEATH.	Rel. Tuberculosis <sup>28</sup>
Duration.	11 Months
Immediate Cause of Death.	—
Duration.	—
Physician's Name.	H. G. Jones Capt. A.M.D.
Address.	Pohowara Camp
Date of Return.	5 March 1916.
Remarks.	



Project 107

## Steve Peskovich

Alternate Given Name(s): Steve

Date of Death: 11 December 1916

Place of Death: New Westminster, British Columbia

Burial Location: Eighth Street Cemetery, New Westminster, British Columbia

1. NO.	2. RACE OR BIRTH	3. SURNAME	4. CHRISTIAN NAME
P. OF WAR N.C.VO. II.	Austrian	PESKOVICH	Steve ORIGINAL
5. DATE OF DEATH	6. DATE OF CASUALTY	7. U.S. FILE NO.	8. SERVICE
Mental Hospital New Westminster B.C.	11th. Dec. 1916		
9. CIRCUMSTANCES OF CASUALTY		10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
General Paralysis of the Insane		George Peskovich (Father), Hudbina, Gaspes, Crestle, Austria.	
11. LOCATION OF CHURCH AT TIME OF CASUALTY			
New Westminster			
<small>NOTE - Boxes 11, 12 and 13 are not to be completed until grave is permanently closed.</small>			
12. CEMETERY	13. DIVISION OF CEMETERY	14. GRAVE LOCATION	15. NUMBERED NO. OF GRAVE
Eth. Street	New Westminster B.C.	Block 20 Lot 14 Hardwood Cross suitably inscribed	0.9505.
16. DIMENSIONS OF GRAVE TARD	17. REPORTED NO.	18. DIMENSIONS OF GRAVE AND CEMETERY OFFICER'S NO.	
<small>19. FURTHER PARTICULARS ON REVERSE SIDE OF CARD</small>			

28331

## VITAL STATISTICS - CT.

SCHEDULE B—Deaths.

Deaths and Marriages  
 DISTRICT NO. 407  
 DEC 15 1916  
 B. C.

377  
1916

Registered No. \_\_\_\_\_

City or town of New Westminster

1. Full name Stephen Pestkovich District of New Westminster

2. (a.) Sex M. (b.) Colour or race White (c.) Single Married Widowed Divorced Widowed 10. How long resident in city From Sep. 28/16

3. (a.) Birthplace Austria (b.) Date of birth Dec. 25, 1868 11. How long in district From Sep. 28/16

4. Age 47 Years 11 Months 16 Days 12. How long in Canada, if foreign born Unknown

5. Died on the 11<sup>th</sup> day of December 1916 At about 1:50<sup>a</sup> 13. (a.) Name of father George Pestkovich

Last occupation Farm Laborer. (Kind of Industry) 14. (b.) Birthplace of father Austria  
(Province or country.)

7. Former occupation \_\_\_\_\_ 15. (c.) Maiden name of mother Unknown

8. (a.) Place of death Public Hospital for Insane, N.W. The foregoing stated Personal Particulars are True to the Best of My Knowledge and Belief.

(b.) How long at place of death From Sept. 28<sup>th</sup> 1916 Informant Committed Papers

9. Former or usual residence Mesa Lake, Intern. Camp. Steamers B.C. Address \_\_\_\_\_

16. Place of burial New Westminster 17. Undertaker S. Murdoch & Son

18. Date of burial December 13<sup>th</sup> 1916 Address New Westminster

How S. P. M. \_\_\_\_\_

### PHYSICIAN'S CERTIFICATE OF CAUSE OF DEATH.

I hereby certify that I attended Stephen Pestkovich from Sept. 28<sup>th</sup> 1916 to Dec. 11<sup>th</sup> 1916

That I last saw him alive on the 11<sup>th</sup> day of December, 1916 That he died, as I am informed, on the 11<sup>th</sup> day of December, 1916

at about 1:50 o'clock A. M., and that in the best of my knowledge and belief, the cause of his death was as hereunder written.

IF UNDER ONE YEAR OLD, STATE HOW FED.)

(a.) Remote or Earlier Pathological or Morbid Condition <u>General Paralysis of the Insane.</u>	Duration in Years, Months, Days or Hours.
Was operation performed within one month before death? <u>No</u>	
(b.) Immediate or Final Determining Cause <u>General Paralysis.</u>	

Witness my hand, this 11<sup>th</sup> day of December, 1916.

(Signature) A. B. Steves M.D.  
Address New Westminster B.C.

REGISTERED  
0  
FILED  
December 15 1916  
H. B. H. B.

Project 107

**Karl Peter**

Alternate Given Name(s): Carl

Date of Death: 27 April 1917

Place of Death: Toronto, Ontario

Burial Location: Prospect Cemetery, Toronto, Ontario

1. NAME <b>Frischner of the,</b>		2. BIRTH OR BIRTHDAY <b>27th,</b>		3. DEATH <b>Carl,</b>		4. PREVIOUS NAMES	
5. TIME OF DEATH		6. CAUSE OF DEATH		7. IN A DEED NO.		8. SEX	
<b>HEALTHY.</b>		<b>Stroke.</b>					
9. CHARACTER OF DEATH				10. TIME, WITNESSES AND ADDRESS OF SITE OF DEATH			
Died of Cerebral Hemorrhage, at Hospital for the Insane, Toronto, Ont.				<b>Prospect.</b>			
11. NUMBER OF COPY OF DEED OF BURIAL							
NOTE: When U. S. and C. A. are used it is implied and given as above listed.							
12. CEMETERY <b>Prospect Cemetery,</b>		13. LOCATION OF CEMETERY <b>Toronto, Ont.</b>		14. GRAVE NUMBER <b>Set number (four graves).</b>		15. NUMBERED IN DEED <b>Q.2702.</b>	
16. NUMBER OF GRAVE MARK		17. REGISTER NO.		18. NUMBER OF COPY AND COUNTY AFFIDAVIT TO			
19. OTHER PARTICULARS AS REQUIRED AND OF USE							

**Mike Petron**

Alternate Surname(s): Petion

Date of Death: 15 July 1915

Place of Death: Kapuskasing, Ontario

Burial Location: Camp Cemetery, Kapuskasing, Ontario

1. NO.	2. NAME OF DECEASED	3. SURNAME	4. CHRISTIAN NAME
	Prisoner of War.	PETRON.	Mike.
5. TYPE OF WAR	6. DATE OF DEPARTURE	7. U.S. REG. NO.	8. RESIDENCE
Austrian.	15-7-15.		
9. OCCASION OF DEPARTURE		10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
Died of Natural Causes, at Camp Hospital, Kapuskasing, Ont.		Wife (Christian Name unknown) and four children in- Dzwiniacka, Santwana, Bogowina, Anisia.	
11. LOCATION OF DEATH BY TYPE OF CASUALTY			
NOTE—Items 11, 12 and 13 are not to be completed and given to persons to be buried.			
12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
Camp Cemetery,	Kapuskasing, Ont.	Class <u>RS.</u> Plot _____ Row _____	G. 2762.
16. PHOTOGRAPH OF GRAVE MARK	17. REGISTER NO.	18. PHOTOGRAPH OF GRAVE AND CEMETERY SURROUNDINGS	
19. FURTHER PARTICULARS OF SERVICE AND OF DEATH			

Surname Area	
SURNAME of Deceased.	Fetion
Christian Name.	Mike
Sex.	male
Age.	
Date of Death.	July 15/16
Place of Birth.	Xxxxxx Austria
Place of Death, City, Town, Village, or Concession and Lot.	Interment camp Kapuskasing
Place of Burial.	Kapuskasing, Ont.
Occupation	Prisoner of war
Single, Married or Widowed	038869
Name of Father.	
Maiden Name of Mother.	
Cause of Death, if known.	Heart failure
Name of Physician who attended Deceased.	
Name of Informant.	
Address.	
Date of Return.	Physician's Return of Death
Surname of Deceased.	Fetion
Christian Name.	Mike
Date of Death.	July 15/16
DISEASE CAUSING DEATH.	senile dementia
Duration.	8 months
Immediate Cause of Death.	Cardio valvular failure
Duration.	24 hours
Physician's Name.	G. Gilbert Clegg
Address.	Kapuskasing, Ont.
Date of Return.	July 16/16
Remarks.	

Project 107

## Harry Podyaluk

Alternate Given Name(s): Dymtr

Alternate Surname(s): Podijaluk

Date of Death: 25 December 1918

Place of Death: Kapuskasing, Ontario

Burial Location: Camp Cemetery, Kapsukasing, Ontario

1. SEX	2. GRADE OR RATED	3. STATUS	4. CHRISTIAN NAME
	Prisoner of War.	PODIJALUK.	Harry.
5. DATE OF BIRTH	6. DATE OF ENLISTMENT	7. U.S. SER. NO.	8. SERVICE
Austrian.	28-12-18.		
9. CAUSE OF DEATH		10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
Died of Tuberculosis (Pulmonary) - At. Temporary Hospital, Kapuskasing, Ont.		Emyl Podijaluk, (father), Sarisnamka Street, Galicia, Austria.	
11. LOCATION OF LAST ATTEMPT OF CASUALTY			
12. SERVICE RECORD			
13. GRADE	14. LOCATION OF SERVICE	15. DATE LOCATED	16. DISCHARGE NO. OF DEATH
Camp Cemetery,	Kapuskasing, Ont.	Dec 21.	C. 8754.
17. NUMBER OF DEATH CASES	18. SERVICE NO.	19. PHOTOGRAPH OF DEATH AND CASUALTY RECORD NO.	
20. OTHER PARTICULARS ON INCIDENT AND DEATH			

Surname First	
SURNAME of Decedent.	Podyaluk
Christian Name.	Harry
Sex.	Male
Age.	29 years
Date of Death.	Dec 25/1918
Place of Birth.	<sup>Austria</sup> Beregauke, Berega
Place of Death, City, Town, Village, or Concession and Lot.	Kapuskasing
Place of Burial.	W.D.
Occupation.	Signal Titter
Single, Married or Widowed.	Single <sup>026613</sup>
Name of Father.	Wasył Podyaluk
Maiden Name of Mother.	Anna Subay
Cause of Death, if known.	Tuberculosis
Name of Physician who attended Decedent.	R. H. Walker
Name of Informant.	Major J. H. Parke
Address.	Kapuskasing
Date of Return.	Dec 25/1918
<b>Physician's Return of Death</b>	
Surname of Decedent.	Podyaluk
Christian Name.	Harry
Date of Death.	Dec 25/1918
DISEASE CAUSING DEATH.	Tuberculosis <sup>28</sup> ✓
Duration.	21 - 1 - 17
Immediate Cause of Death.	General debility
Duration.	3 weeks
Physician's Name.	R. R. Walker
Address.	Kapuskasing
Date of Return.	Dec 25/1918
Remarks.	

**Stefan Pohristiuk**

Date of Death: 27 April 1915

Place of Death: Montréal, Québec

Burial Location: Cote des Neiges (Cimetière Notre-Dame-des-Neiges),  
Montréal, Québec

1. NO.	2. NAME OF NAUGHT	3. SURNAME	4. CHRISTIAN NAME
	Civilian	Pohristiuk	Stefan
5. TYPE OR RANK	6. DATE OF CASUALTY	7. M. & M. FILE NO.	8. SERVICE
Austrian prisoner of war	27-4-15		R.C.
9. CIRCUMSTANCES OF CASUALTY		10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
<p>This man died at the Montreal General Hospital Died of Septicemia - result of accident, the prisoner cutting himself in the foot with an axe while clearing land at Spirit Lake, Que.</p>		<p>Denha Pohristiuk, c/o DanLOWIE, Pawiat Jankow, C.I. Glinakowce, Gallia, AUSTRIA.</p>	
NOTE - Show in it and it on an to be completed and sent to appropriate board.			
11. CEMETERY	12. LOCATION OF CEMETERY	13. GRAVE LOCATION	14. REGISTERED NO. OF GRAVE
Cote des Neiges	Montreal	Row 1148 / 15 Grande Terrasse Temporary Grave	C-4696
15. PHOTOGRAPH OF GRAVE TABLE	16. CAPTION NO.	17. PHOTOGRAPH OF GRAVE AND CEMETERY SURROUNDING	
18. OTHER PARTICULARS ON REVERSE SIDE OF INDEX			



Le 15<sup>me</sup> jour du mois de Mars mil neuf cent quinze, nous, Prêtre soussigné, avons inhumé dans le Cimetière  
 de cette paroisse le corps de *Stefan Schorschkyk* journalier  
 âgé de *sept* ans *sept* mois *sept* jours, de la paroisse de *Sainte des Ruthines*  
 Témoins: *les marchands* *Theridoy* *Broclution* *bon*  
*commis*  
 qui ont signé. Lecture faite.  
*P. De...*  
*Broclution*  
*J. M. Schorschkyk* Prém.

**Paul Poschmann**

Alternate Surname(s): Poshmann / Paschmann

Date of Death: 09 November 1918

Place of Death: Kapuskasing, Ontario

Original Burial Location: Camp Cemetery, Kapuskasing, Ontario

Current Burial Location: Woodland Cemetery, Kitchener, Ontario

1. NO.	2. NAME ON BIRTH	3. SURNAME	4. CHRISTIAN NAME
	Prisoner of War.	POSCHMANN.	Paul.
5. DATE OF BIRTH	6. DATE OF DEPARTURE	7. U.S. SER. NO.	8. REGIMENT
09-11-18.	8-11-18.		
9. DISEASE OR CAUSE OF DEATH	10. NAME RELATIONSHIP AND ADDRESS OF NEXT OF KIN		
Died of Myocarditis following Influenza - at Temporary Hospital, Kapuskasing, Ont.	(Sister) Anna Fedorin, Essex, Ont. Park, Hollongrove St.		
11. LOCATION OF TOMB OR GRAVE	12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION
	Camp Cemetery,	Kapuskasing, Ont.	Row _____ 206. Col _____ Sec _____
15. REGISTERED NO. OF GRAVE	16. GRAVE NO.	17. THROUGHOUT OF DEATH AND CEMETERY OFFICER TO	
18. FURTHER PARTICULARS OF DEATH AND NEXT OF KIN			

Surname First	
BURNAME of Deceased.	Roschmanir
Christian Name.	Paul
Sex.	Male
Age.	28 years
Date of Death.	Nov. 9 / 1918 ✓
Place of Birth.	Essen Ruhr Prussia
Place of Death, City, Town, Village, or Concession and Lot.	Kapuskasing
Place of Burial.	hls.
Occupation.	Brewer
Single, Married or Widowed	
Name of Father.	033800
Maiden Name of Mother.	
Cause of Death, if known.	Influenza
Name of Physician who attended Deceased.	H. B. Jamieson
Name of Informant.	Lt. Col. W. E. Wall
Address.	Kapuskasing
Date of Return.	Nov 9 / 1918
<b>Physician's Return of Death</b>	
Surname of Deceased.	Roschmanir
Christian Name.	Paul
Date of Death.	Nov 9 / 1918 ✓
DISEASE CAUSING DEATH.	Influenza ✓
Duration.	10 days
Immediate Cause of Death.	Myocarditis
Duration.	5 days
Physician's Name.	H. B. Jamieson
Address.	Kapuskasing
Date of Return.	Nov. 9 / 1918
Remarks.	

Project 107

**Paul Prietzel**

Alternate Surname(s): Frietzel

Date of Death: 31 August 1917

Place of Death: Amherst, Nova Scotia

Original Burial Location: Highland Cemetery, Amherst, Nova Scotia

Current Burial Location: Woodland Cemetery, Kitchener, Ontario

1. REG. NO. 458		2. RANK		3. SURNAME FRIETZEL		4. CHRISTIAN NAMES Paul		
5. OCC. Detain Prisoner of War.			6. M. H. Q. FILE NO.			7. DISEASE FILE NO.		
8. DATE OF DEATH 31-8-17		9. PLACE Highland View Hospital, Amherst.		10. CIRCUMSTANCES OF DEATH Typhoid Fever.		11. NAME AND ADDRESS OF NEXT OF KIN Chief of Police, Berlin, Germany.		
12. REPORTED TO M. H. Q. BY--				13. DATE		14. REPORTED TO M. H. Q. BY--		15. DATE
						Commandant, Investigation Corp., Amherst.		
16. CEMETERY Highland		17. LOCATION Amherst, N.S.		18. NATURE OF CEMETERY Public.		19. GRAVE LOCATION Grave (C), Lot 21 Sect. "D"		20. GRAVE NO. 0632
						21. MARKING Granite Monument with name inscribed.		22. MAINTENANCE Cemetery Authorities.
23. PHOTOGRAPH TAKEN--				24. EXPOSURE No.		25. COPIES OF PHOTOGRAPH SENT TO--		

Surname first	
Name of Deceased	Lietzel, Paul
Sex	Male
Date of Death	Aug 31 <sup>st</sup> 1917
Age	24 years
Residence Street and No. or P. O. Address	Interdenient Station Auburn N.S.
Occupation	Prisoner of War
Single, Married or Widowed	Single
If Single give name of Father If Married give Name of Husband	Father dead
Where Born	Berlin Germany
Cause of Death	{ Primary Immediate Typhoid Fever
Length of Illness	9 days
Religious Denomination	Lutherian
Race of Deceased	White
Name of Physician in attendance	Dr. B. E. Goodwin
Name of Undertaker	Christie Bros & Co
Place of Burial	{ Cemetery at Auburn N.S.
Name of Person Making Return	
Date of Return	Aug 31 <sup>st</sup> 1917
REMARKS	

## Fredko Prokop

Alternate Given Name(s): Fred

Alternate Surname(s): Prokopciuk

Date of Death: 01 June 1915

Place of Death: Kapuskasing, Ontario

Burial Location: Camp Cemetery, Kapuskasing, Ontario

1. GRAVE	2. NAME OF DECEASED	3. SURNAME	4. CHRISTIAN NAME
	Prisoner of War.	PROKOP.	Fredko.
5. TYPE OF DEED	6. DATE OF CASUALTY	7. U. S. FILE NO.	8. SERVICE
Austrian.	1-6-15.		
9. PARTICULARS OF CASUALTY		10. NEAR RELATIVES AND ADDRESS OF NEXT OF KIN	
Died of Spinal Meningitis, at Camp Hospital, Kapuskasing, Ont.		(Father) Christian Sans Unknown) Berlin, Province of Galischiki, Galicia, AUSTRIA.	
11. PROCEEDS OF ESTATE OR TYPE OF CASUALTY			
12. GRAVE LOCATION			
13. CEMETERY	14. LOCATION OF CEMETERY	15. GRAVE LOCATION	16. DISTRICT NO. OF GRAVE
Camp Cemetery.	Kapuskasing, Ont.	Grave No. 6.	6,2706.
17. DISTRICT NO. OF GRAVE	18. DISTRICT NO.	19. DISTRICTS OF GRAVE AND CEMETERY SYSTEM TO	
20. SYSTEM PARTICULARS ON REVERSE SIDE OF PAGE.			

SURNAME of Deceased.	Prokop
Christian Name.	Fredko
Sex.	male
Age.	20 yrs.
Date of Death.	June 1/15
Place of Birth.	Herkin, Malishiki, Austria
Place of Death, City, Town, Village, or Concession and Loc.	Kapuskasing Internment Camp
Place of Burial.	Do.
Occupation	Prisoner of War <b>038867</b>
Single, Married or Widowed	single
Name of Father.	Jtashko Prokop
Maiden Name of Mother.	unknown
Cause of Death, if known.	Cerebro spinal meningitis
Name of Physician who attended Deceased.	G.G.Clegg
Name of Informant.	J. Monfes, Lieut. 48th Reg.
Address.	Kapuskasing Detention camp
Date of Return.	
<b>Physician's Return of Death</b>	
Surname of Deceased.	Prokop
Christian Name.	Fredko
Date of Death.	June 1/15
DISEASE CAUSING DEATH.	Cerebro spinal meningitis
Duration.	2/ days
Immediate Cause of Death.	as above
Duration.	
Physician's Name.	G.Gilbert Clegg
Address.	Kapuskasing, Ont.
Date of Return.	June 3/15
Remarks.	

**Karl Rebers**

Date of Death: 30 December 1918

Place of Death: Capreol, Ontario

Original Burial Location: Eyre Protestant Cemetery, Sudbury, Ontario

Current Burial Location: Woodland Cemetery, Kitchener, Ontario

1. No.	2. NAME AS ENTERED	3. SERVICE	4. DEPARTMENT CODE
	Prisoner of War.	ARMY.	Karl.
5. TIME OF DEATH	6. DATE OF CASUALTY	7. U.S. REG. NO.	8. GRAVE NO.
Sereno.	30-12-18.		
9. DESCRIPTION OF CASUALTY	10. FULL RELATIONSHIP AND GRADE OR RANK OF DECEASED		
Died as the result of being shot while attempting to escape from Military Guard in charge of a working party - at Capreol, Ont.	MILITARY.		
11. GRAVE OR COFFIN AT TIME OF CASUALTY			
<small>NOTE - Enter in 11 and 12 the name of the cemetery and give its general location.</small>			
12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. APPROXIMATE NO. OF GRAVE
Eyre Protestant Cemetery,	Sudbury, Ont.	Not numbered.	C. 1707.
16. PREVIOUSLY IN GRAVE YARDS	17. SERVICE NO.	18. MEMBERSHIP OF GRAVE AND CEMETERY ASSOCIATION	



	<small>Surname first</small>
SURNAMES of Deceased.	Rebers ✓
Christian Name.	Karl
Sex.	male
Age.	25 years
Date of Death.	Dec. 30, 1918.
Place of Birth.	Germany
Place of Death, City, Town, Village, or Concession and Loc.	Capreol, Ont.
Place of Burial.	Sudbury, Ont.
Occupation.	Prisoner of <del>War</del> <sup>1918</sup>
Single, Married or Widowed	Single
Name of Father.	
Maiden Name of Mother.	
Cause of Death, if known.	Gun shot wound
Name of Physician who attended Deceased.	Dr. Millyard, Capreol, Ont.
Name of Informant.	Capt. J. L. Farrell
Address.	Capreol, Ont.
Date of Return.	Dec. 31, 1918
<b>Physician's Return of Death</b>	
Surname of Deceased.	Rebers
Christian Name.	Karl
Date of Death.	Dec. 30, 1918
DISEASE CAUSING DEATH.	Rifle shot
Duration.	sudden
Immediate Cause of Death.	shock and hemorrhage
Duration.	sudden
Physician's Name.	W. R. Patterson Coroner
Address.	Sudbury, Ont.
Date of Return.	Jan. 4, 1919
Remarks.	

**Hermann Rellman**

Alternate Surname(s): Rellmann

Date of Death: 01 November 1917

Place of Death: Morrissey, British Columbia

Original Burial Location: Camp Cemetery, Morrissey, British Columbia

Current Burial Location: Woodland Cemetery, Kitchener, Ontario

1. NO.	2. NAME OF SERVICE	3. SURNAME	4. THROAT NAME
P.OF WAR N.D.NO. 11	German	RELLMAN	Hermann
<b>ORIGINAL</b>			
5. UNIT OR UNIT	6. DATE OF CASUALTY	7. R.G. FILE NO.	8. GRAVE
Military Hosp. Morrissey B.C.	1st. Nov. 1917		
9. CHARACTER OF CASUALTY		10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
Chronic Brights Disease, Valvular Heart Trouble & Uræmia		Wilhelm Rellman (Father), Essex on the Ruhr-West, -- (Essex a/d Ruhr) -- -- (Street) Dukestrass No.1., -- 1st. Stage --, Germany.	
11. LOCATION OF UNIT AT TIME OF CASUALTY			
Morrissey B.C.			
<small>NOTE -- Enter 11, 12 and 13 only to be completed with grave or cemetery record</small>			
12. COUNTRY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. NUMBERED NO. OF GRAVE
Camp	Morrissey B.C.	No. Not numbered Plat. Stone monument suitably inscribed	C.9570.
16. PHOTOGRAPH OF GRAVE TAKEN	17. SERVICE NO.	18. PHOTOGRAPH OF GRAVE AND CEMETERY OFFICER TO	
<small>19. FURTHER PARTICULARS OF DEATH AND BURIAL OF CASUALTY</small>			

Project 107

**Christian Rost**

Date of Death: 10 November 1916

Place of Death: Alberta

Original Burial Location: Mountain View Cemetery, Lethbridge, Alberta

Current Burial Location: Woodland Cemetery, Kitchener, Ontario

Project 107

**John Ruchuk**

Alternate Given Name(s): Jan

Alternate Surname(s): Luczak

Date of Death: 06 November 1918

Place of Death: Kapuskasing, Ontario

Burial Location: Camp Cemetery, Kapuskasing, Ontario

1. NO.	2. NAME OR NAME	3. SURNAME	4. CHRISTIAN NAME
	Prisoner of War.	RUCHUK.	John.
5. TIME OF DEATH	6. DATE OF DEATH	7. H.G. FILE NO.	8. GRAVE
METRIAN.	6-11-18.		
9. CHARACTER OF DISEASE		10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
Epid of Spasmodic following Influenza- At Temporary Hospital, Kapuskasing, Ont.		(Wife) JARANA RUCHUK, WILSONY, BRUSLOVIA, AUSTRIA.	
11. LOCATION OF TOMB AT TIME OF BURIAL			
NOTE-Check if it was taken to be reburied with grant to permanent home			
12. ADDRESS	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
Camp Cemetery,	Kapuskasing, Ont.	Sec. 459.	C.2700.
16. PAYMENTS OF GRAVE TAXES	17. REFERENCE NO.	18. PHOTOGRAPHS OF GRAVE AND CHRISTIAN OFFICER TO	

Surname first	
SURNAME of Deceased.	Kuchuk ✓
Christian Name.	John
Sex.	Male
Age.	40 years
Date of Death.	Nov. 6/1918
Place of Birth.	Austria Wlamegy Wrozkunoy
Place of Death, City, Town, Village, or Concession and Lot.	Hapskasing
Place of Burial.	W.O.
Occupation.	Laborer
Single, Married or Widowed	married
Name of Father.	Mrs. Kuchuk 633734
Maiden Name of Mother.	Praska Humtruck
Cause of Death, if known.	Endarteritis
Name of Physician who attended Deceased.	R.R. Walker
Name of Informant.	Lt. Col. W.E. Wall
Address.	Hapskasing
Date of Return.	Nov 7/1918
Physician's Return of Death	
Surname of Deceased.	Kuchuk
Christian Name.	John
Date of Death.	Nov 6/1918
DISEASE CAUSING DEATH.	Endarteritis ✓
Duration.	4 months
Immediate Cause of Death.	Myocarditis
Duration.	3 weeks
Physician's Name.	R.R. Walker
Address.	Hapskasing
Date of Return.	Nov 7/1918
Remarks.	

Project 107

**Tom Rusich**

Date of Death: 05 October 1918

Place of Death: Morrissey, British Columbia

Burial Location: Camp Cemetery, Morrissey, British Columbia

1. NO.	2. NAME OR NAME	3. SERVICE	4. GRAVE NO.
P. OF WAR U.S. NO. II.	Slovakian	RUSICH	Ten
ORIGINAL			
5. TIME OF DEATH	6. DATE OF BURIAL	7. H. & P. NO.	8. SERVICE
Mil Hosp. Morrissey B.C.	5th. Oct. 1918		
9. CHARACTER OF DISEASE		10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
Pulmonary Tuberculosis		Yasofina Rusich, (Wife) Krelin, Slovak District, Crestia, Austria.	
11. LOCATION OF DEATH AT TIME OF BURIAL			
Morrissey B.C.			
<small>NOTE - Entries in 11 and 12 are not to be completed until given in government's interest</small>			
12. SERVICE	13. LOCATION OF BURIAL	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
Camp	Morrissey B.C.	Not numbered Wooden Crosssuitably Inscribed	0.9571
16. PHOTOGRAPH OF GRAVE MARK	17. REFERENCE NO.	18. PHOTOGRAPH OF GRAVE AND SERVICE OFFICER TO	

## Stipan Šapina

Alternate Given Name(s): Stephen / Steve

Alternate Surname(s): Sapich / Sabish / Sabich

Date of Death: 21 May 1917

Place of Death: Vernon, British Columbia

Burial Location: Vernon Cemetery (Pleasant Valley Cemetery), Vernon,  
British Columbia

Prisoner of War				ORIGINAL			
1. REG. NO.		2. RANK		3. SURNAME		4. CHRISTIAN NAMES	
742				Sapich		Steve	
5. UNIT		6. M. H. S. FILE NO.		7. M. H. S. FILE NO.			
Austrian							
8. DATE OF DEATH	9. PLACE	10. CIRCUMSTANCES OF DEATH		11. NAME AND ADDRESS OF NEXT OF KIN			
21/5/17	Internment Camp Jubilee Hosp. Vernon B.C.	Died of Tubercular Meningitis		Nick Sapich, (Brother) P/W No. 711 Vernon Internment Station, Repatriated 20th February 1919			
12. NEXT OF KIN NOTIFIED							
13. REPORTED TO D.G. H. & G. BY-				14. DATE	15. REPORTED TO D.G. H. & G. BY-		16. DATE
17. CEMETERY	18. LOCATION	19. NATURE OF CEMETERY	20. GRAVE LOCATION	21. GRAVE NO.	22. MARKING	23. MAINTENANCE	
Vernon Cemetery	Vernon B.C.	Public	Lot 4 Block 5	05244	White marble Slab and Cross suitably inscribed.	Cemetery Authorities	
24. PHOTOGRAPH TAKEN-		25. REPORTS NO.	26. COPIES OF PHOTOGRAPH SENT TO-				

66819

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BIRTHS, DEATHS AND MARRIAGES REGISTRATION ACT.

SCHEDULE B - Deaths

1. Full name *(Sabisk) Stephen Sapina No. 746.* City or town of *Vernon, B.C.*  
 2. (a.) Sex *Male* (b.) Color or race *White* (c.) Single Married Widowed Divorced *Single* District of *Gale Combs, B.C.*  
 3. (d.) Birthplace *Zupanjac, Bosnia* (e.) Date of birth *-* How long resident in city *17 months*  
 4. Age *23* Years *-* Months *-* Days *-* Registered **REGISTERED**  
 5. Died on the *21<sup>st</sup>* day of *May* 1917 at *4 pm.*  
 6. Last occupation *Coal Miner* (Kind of industry) *-* M. State of father *Pore Sapina.*  
 7. Former occupation *Labourer* (Kind of industry) *-* N. Birthplace of father *-*  
 8. (a.) Place of death *Vernon Jubilee Hospital Vernon, B.C.* (b.) How long at place of death *-*  
 9. Former or usual residence *Seattle, Wash. Victoria B.C.* 10. (a.) Name of mother *Luce*  
 11. Place of burial *Vernon Cemetery* (b.) Birthplace of mother *-*  
 12. Date of burial *May 23<sup>rd</sup> 1917* (c.) Birthplace of mother *-*  
 13. Hour *2:30 P.M.* (d.) Birthplace of mother *-*



PHYSICIAN'S CERTIFICATE OF CAUSE OF DEATH.

I hereby certify that I attended *Stephen Sapina (No 746)* from *19 Feb* to *21 May 1917*  
 That I last saw *him* alive on the *21<sup>st</sup>* day of *May* 1917. That he died, as I am informed, on the *21<sup>st</sup>* day of *May* 1917  
 at about *4:20* o'clock *p*. M., and that to the best of my knowledge and belief, the cause of *his* death was as hereunder written.

(A.) Remote or Earlier Pathological or Morbid Condition	<i>Tubercular Meningitis.</i>	Duration in Years, Months, Days or Hours.
Was operation performed within one month before death?	<i>No</i>	
(B.) Immediate or Final Determining Cause	<i>Heart failure.</i>	

Witness my hand, this *twentieth* day of *May* 1917.  
*Lot 14 Block 8.*  
 Signature: *C. Rawe & Dumeau*  
 Location: *Vernon, B.C.*



**Gebhard Scheffold**

Alternate Given Name(s): Gibbard

Alternate Surname(s): Scheffold

Date of Death: 05 November 1918

Place of Death: Kapuskasing, Ontario

Original Burial Location: Camp Cemetery, Kapuskasing, Ontario

Current Burial Location: Woodland Cemetery, Kitchener, Ontario

1. NO.	2. NAME IN FULL	3. SURNAME	4. CHRISTIAN NAME
	Prisoner of War.	SHEFFOLD.	Gebhard.
5. RACE OR ETH.	6. DATE OF BIRTH	7. U.S. REG. NO.	8. SERVICE
GERMAN.	8-31-18.		
9. DISEASES OR CAUSE OF DEATH		10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
Died of Myocarditis following Influenza - At Temporary Hospital, Kapuskasing, Ont.		(Father) Bro. Eric Geiger Scheffold, Wellington St. Argen. Austria 13, Dorf Tyroland.	
11. LOCATION OF BIRTH AT TIME OF DEPARTURE			
<small>NOTE—When U.S. flag is used it may be registered and given its permanent number</small>			
12. COUNTRY	13. LOCATION OF DEPARTURE	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
Camp Cemetery.	Kapuskasing, Ont.	Row 226.	C. 2703.
16. PHOTOGRAPH OF GRAVE MARK	17. EXPENSE NO.	18. PHOTOGRAPH OF GRAVE AND OTHERS SHOWN TO	

Surname first	
SURNAME of Deceased.	Schepfald
Christian Name.	Gibbard
Sex.	Male
Age.	36 years
Date of Death.	Nov 6/1918 ✓
Place of Birth.	Germany Unterstadt in Wintenberg
Place of Death, City/Town, Village, or Concession and Lot.	Hepuskasung
Place of Burial.	do.
Occupation.	Shoemaker
Single, Married or Widowed	Single
Name of Father.	
Maiden Name of Mother.	038733
Cause of Death, if known.	Influenza
Name of Physician who attended Deceased.	R. P. Walker
Name of Informant.	Lt. Col. W. E. Wutt
Address.	Hepuskasung
Date of Return.	Nov 6/1918
<b>Physician's Return of Death</b>	
Surname of Deceased.	Schepfald
Christian Name.	Gibbard
Date of Death.	Nov 6/1918
DISEASE CAUSING DEATH.	Influenza ✓
Duration.	2 days
Immediate Cause of Death.	Myocarditis
Duration.	2 days
Physician's Name.	R. P. Walker
Address.	Hepuskasung
Date of Return.	Nov 6/1918
Remarks.	

**Herman Scheifhacken**

Alternate Given Name(s): Hermann

Alternate Surname(s): Scheifhasken

Date of Death: 17 April 1916

Place of Death: Amherst, Nova Scotia

Original Burial Location: Highland Cemetery, Amherst, Nova Scotia

Current Burial Location: Woodland Cemetery, Kitchener, Ontario

1. REG. NO. 477		2. NAME		3. SURNAME SCHEIFHACKEN.		4. CHRISTIAN NAME Gerald.			
5. OCCUP. General Printer of War			6. N. H. S. FILE NO.			7. ENL. N. S. FILE NO.			
8. DATE OF DEATH 17-4-16		9. PLACE Highland War Hospital, Amherst, N.S.		10. CIRCUMSTANCES OF DEATH Drowned.		11. NAME AND ADDRESS OF NEXT OF KIN Mother-in-law, MRS. J. L. LAMBIN, care of Lt. General Printer of War No. 218 at Amherst, N.S. and was repatriated to Germany on July 22nd, 1915.			
12. REPORTED TO ENL. N. S. BY-				13. DATE		14. REPORTED TO N. H. S. BY- Commonwealth Interment Coy., Amherst,		15. DATE	
16. CEMETERY Highland Cemetery.		17. LOCATION Amherst, N.S.		18. NATURE OF CEMETERY Public.		19. GRAVE LOCATION Grave No. 17, Lot No. 1, Sect. 2		20. GRAVE NO. 2243	
21. MARKING Granite Monument with name of deceased.		22. MAINTENANCE Cemetery authorities.		23. PHOTOGRAPH TAKEN-		24. EXPOSURE NO.		25. COPIES OF PHOTOGRAPH SENT TO-	

		Surname first
Name of Deceased	1	Scheiffhaken, Hermann
Sex	2	Male
Date of Death	3	April 17 1916
Age	4	35 years
Residence Street and No. or P. O. Address	5	In Internment Camp Ansbach
Occupation	6	Sailor, Prisoner of War
Single, Married or Widowed	7	Married
If Single give Name of Father If Married give Name of Husband	8	
Where Born	9	Rothhausen, Germany
Cause of Death	10	Diabetes Heart Failure
Length of Illness	11	6 weeks
Religious Denomination	12	Lutheran
Race of Deceased	13	German
Name of Physician in at- tendance	14	Mackintosh Dr. A. F.
Name of Undertaker	15	Christie Bros.
Place of Burial	16	Highland Ansbach
Name of Person making Return	17	Frunse, Paul
Date of Return	18	April 20 1916
REMARKS	19	

**Louis Schemeler**

Alternate Surname(s): Schemele

Date of Death: 12 November 1918

Place of Death: Kapuskasing, Ontario

Original Burial Location: Camp Cemetery, Kapuskasing, Ontario

Current Burial Location: Woodland Cemetery, Kitchener, Ontario

1. NO.	2. NAME OF DECEASED	3. SERVICE	4. SERVICE GRADE
	Prisoner of War.	GERMAN.	Lewis.
5. CITY OR TOWN	6. DATE OF DEPARTURE	7. U.S. REG. NO.	8. GRADE
CHICAGO.	12-11-16.		
9. CHARACTER OF SERVICE		10. TIME, PLACE AND CAUSE OF DEATH	
Died Myocarditis following Influenza, at Temporary Hospital, Kapuskasing, Ont.		<u>UNKNOWN.</u>	
11. LOCATION OF GRAVE AT TIME OF DEPARTURE			
NOTE - When U. S. ARMY is so marked and given a previous burial			
12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
Camp Cemetery.	Kapuskasing, Ont.	Sec. 218. Plat. _____ Lot _____	2,2700.
16. TELEPHONE OF GRAVE BOARD	17. ADDRESS NO.	18. TELEPHONE OF GRAVE AND CEMETERY BOARD, IF	

Surname first	
SURNAME of Deceased.	Schemelt
Christian Name.	Louis
Sex.	Male
Age.	38 yrs.
Date of Death.	Nov 12/1918 ✓
Place of Birth.	Waddeshauer Germany
Place of Death, City/Town, Village, or Commission and Lot.	Kapuskasing
Place of Burial.	W.C.
Occupation.	Cook
Single, Married or Widowed	
Name of Father.	038809
Maiden Name of Mother.	
Cause of Death, if known.	Influenza
Name of Physician who attended Deceased.	W. B. Jamieson
Name of Informant.	Lt. Col. W. E. White
Address.	Kapuskasing
Date of Return.	Nov. 13/1918
Physician's Return of Death	
Surname of Deceased.	Schemelt
Christian Name.	Louis
Date of Death.	Nov 12/1918
DISEASE CAUSING DEATH.	Influenza
Duration.	13 days
Immediate Cause of Death.	Myocarditis
Duration.	7 days
Physician's Name.	W. B. Jamieson
Address.	Kapuskasing
Date of Return.	Nov 13/1918
Remarks.	

**Wilhelm Schmidt**

Date of Death: 18 January 1916

Place of Death: Calgary, Alberta

Original Burial Location: Union Cemetery, Calgary, Alberta

Current Burial Location: Woodland Cemetery, Kitchener, Ontario

1. REGT. No.		2. RANK Prisoner of War		3. SERVICE NUMBER 221017		4. CHRISTIAN NAME Wilhelm	
5. UNIT German Prisoner of War.				6. M. H. Q. FILE No.		7. DIS. H. Q. FILE No.	
8. DATE OF DEATH 18.1.16		9. PLACE Mount View, Hosp. Calgary Alberta		10. CIRCUMSTANCES OF DEATH Tuberculosis, no record of admission to hospital.		11. NAME AND ADDRESS OF NEXT OF KIN Place of Birth, below Brandenburg Germany Next of Kin:- Unknown.	
12. REPORTED TO DIS. H. Q. BY:-				13. DATE		14. REPORTED TO M. H. Q. BY:-	
15. CEMETERY St. Mary's Cemetery - Calgary		16. LOCATION Calgary, Alberta		17. NATURE OF CEMETERY Public (Protestant)		18. GRAVE LOCATION Grave not numbered.	
19. GRAVE No. 010000		20. MARKING Hardwood Cross suitably inscribed.		21. MAINTENANCE Cemetery authorities			
22. PHOTOGRAPH TAKEN:-		23. EXPOSURE No.		24. COPIES OF PHOTOGRAPH SENT TO:-			



This form, if placed in an open envelope, marked "Vital Statistics" and addressed to the nearest Registrar of Vital Statistics, will pass through the mail free in accordance with Regulations of the Post Office Department respecting franking and free mail matter.

**CANADA**  
**PROVINCE OF ALBERTA**

FOR THE USE OF THE DEPARTMENT ONLY  
Record No. 00065 of 19 16

**REGISTRATION OF DEATH**

Registered at

CALGARY, ALTA.

Name of Deceased in Full	<u>Wilhelm Schmidt</u>		
Date of Death	<u>18<sup>th</sup></u> day of <u>January</u> 19 <u>16</u>		
Place of Death Street and No. (if any)	<u>Mount View Hospital</u>		
Sex (Male or Female)	<u>Male</u>		
Age	<u>24 years</u>		
Married or Single	<u>—</u>		
Profession or Occupation	<u>Bookkeeper</u>		
Place of Birth	<u>Germany</u>		
Cause of Death	<u>Tuberculosis</u>		
Name of Physician (if any) attending Fatal Illness	<u>Dr. H. H. Johnson</u>		
Religious Denomination	<u>Lutheran</u>		
Place of Interment	<u>Union Cemetery</u>		
	SPECIAL INFORMATION FOR HOSPITALS, INSTITUTIONS, TRAVELERS OR RECENT ARRIVALS	Former or Usual Residence	
		How Long at Place of Death	
		Where was Disease Contracted	

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

Given under my hand at Calgary this 22<sup>nd</sup> day of Jan. 1916  
David Moore McCall  
INFORMANT  
611 Centre St.  
POST OFFICE ADDRESS:

I hereby certify that the above return was made to me at CALGARY, ALTA.  
on the JAN 24 day of 1916

REGISTRAR'S RECORD NO. .... OF 1

McCall  
REGISTRAR



**Wasył Shapka**

Alternate Surname(s): Szapka

Date of Death: 10 December 1918

Place of Death: Vernon, British Columbia

Burial Location: Vernon Cemetery (Pleasant Valley Cemetery), Vernon, British Columbia

Prisoner of War						ORIGINAL	
1. UNIT No. 374		2. NAME		3. SURNAME Shapka		4. CHRISTIAN NAME Wasył	
5. UNIT AUSTRIAN		6. M. H. G. FILE NO.		7. D. H. G. FILE NO.			
8. DATE OF DEATH 10/12/18		9. PLACE Internment Camp Hospital Vernon B.C.		10. CIRCUMSTANCES OF DEATH Died of pneumonia following influenza		11. NAME AND ADDRESS OF NEXT OF KIN Unknown.	
12. NEXT OF KIN NOTIFIED							
13. REPORTED TO D. H. G. BY-				14. DATE		15. REPORTED TO M. H. G. BY-	
17. CEMETERY Vernon Cemetery		18. LOCATION Vernon B.C.		19. NATURE OF CEMETERY Public		20. GRAVE LOCATION Lot 1 Block 7a	
				21. GRAVE NO. 09245		22. MARKING Cement Slab suitably inscribed.	
						23. MAINTENANCE Cemetery Authorities	
24. PHOTOGRAPH TAKEN-				25. EXPOSURE NO.		26. COPIES OF PHOTOGRAPH SENT TO-	

VITAL STATISTICS ACT.

SCHEDULE B—Deaths

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74741

1. Full name *Wayst Shapka* Registered Sex *Male* City or town of *Vernon BC*  
 District of *Yale* B.C.  
 2. (a.) Sex *Male* (b.) Color or race *White* (c.) Single  Married  Widowed  10. How long resident in city *3 mo 11 days*  
 3. (a.) Birthplace *Kozman, Ruthenia* (b.) Date of birth *23 July 1897* 11. How long in district *10 years*  
 4. Age *26* Years *9* Months *17* Days 12. (a.) Name of father *Keyhor Shapka*  
 5. Died on the *10* day of *December* in *1918* at about *9:40* 12. (b.) Birthplace of father *Kozman Ruthenia*  
 6. Last occupation *Laborer* (Kind of Industry) 12. (c.) Maiden name of mother *not known*  
 7. Former occupation *Laborer* 12. (d.) Birthplace of mother *Kozman Ruthenia*  
 8. (a.) Date of death *Interment-Camp Vernon BC* The foregoing stated Personal Particulars are True to the Best of My Knowledge and Belief.  
 (b.) How long at place of death *3 months 11 days* Informant *Capt C Grossman*  
 9. Present or usual residence *no fixed* Address *Camp Vernon*  
 Place of burial *Vernon Cemetery* Undertaker *Campbell Bros*  
 10. Date of burial *11 Dec 1918* Address *Vernon*  
 Hour *2:30 p. m.*

PHYSICIAN'S CERTIFICATE OF CAUSE OF DEATH. IF DEATH FROM VIOLENCE, WAS IT (ACCIDENT, SUICIDE, HOMICIDE)  
 I hereby certify that I attended *Wayst Shapka* from *8-9-11-1918* to *10-12-1918*.  
 That I last saw him alive on the *10th* day of *December* 1918 and that he died, as I am informed, on the *10th* day of *December* 1918 at about *9:40* o'clock *A.* M., and that to the best of my knowledge and belief, the cause of *his* death was as hereunder written.  
 (IF UNDER ONE YEAR OLD, STATE HOW FED.)

(a.) Remits or Earlier Pathological or Morbid Condition..... Was operation performed within one month before death?	Duration in Days, Weeks, Days or Hours
(b.) Immediate or Final Determining Cause <i>Double Pneumonia after Influenza</i>	<i>11 days</i>

Witness my hand, this *10th* day of *December* 1918. Signature *B. F. Boyce* M.D.  
 Address *Vernon B.C.*

**Hrynke Smerchanski**

Alternate Given Name(s): Harry

Date of Death: 30 March 1917

Place of Death: Morrissey, British Columbia

Burial Location: Camp Cemetery, Morrissey, British Columbia

1. NO. P.O. WAR M.D. NO. II.	2. NAME OF BIRTH Austrian	3. SURNAME SMERCHANSKI	4. CHRISTIAN NAME Hrynke (Harry)	ORIGINAL
5. KIND OF DEPT Internment Camp Morrissey B.C.	6. DATE OF CASUALTY 30th. March 1917	7. N. O. FOR NO.	8. SERVICE	
9. CIRCUMSTANCES OF CASUALTY Tuberculosis		10. FULL RELATIONSHIP AND ADDRESS OF NEXT OF KIN Andre Smeruk (Cousin) 1701, Second Avenue, A. North P.O. Lethbridge Alta.		
11. LOCATION OF TOMB AT TIME OF CASUALTY Morrissey B.C.				
<small>NOTE - Name in 11 and 12 are not to be repeated until given in parenthesis below.</small>				
12. GRAVE Camp	13. LOCATION OF GRAVE Morrissey B.C.	14. GRAVE LOCATION Not numbered Wooden cross suitably inscribed.	15. REGISTERED NO. OF GRAVE 0.9572.	
16. CIRCUMSTANCES OF DEATH	17. REPORTING NO.	18. PHOTOGRAPH OF GRAVE AND CEMENTED SUPPLIED TO		

Project 107

## George Smokot

Alternate Surname(s): Smokat / Smokit

Date of Death: 24 July 1915

Place of Death: Kapuskasing, Ontario

Burial Location: Camp Cemetery, Kapuskasing, Ontario

1. NO.	2. NAME OF BIRTH	3. SERVICE	4. CHRISTIAN NAME
	Prisoner of War.	SMOKOT.	George.
5. DATE OF BIRTH	6. DATE OF CONTACT	7. N.O. FOR NO.	8. RESIDENCE
Austria.	24-7-15.		
9. CIRCUMSTANCES OF CONTACT	10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN		
Died of Natural Causes, at Camp Hospital, Kapuskasing, Ont.	<u>UNKNOWN.</u>		
11. LOCATION OF BIRTH AT TIME OF CONTACT			
<small>NOTE—When U. S. and U. S. A. are to be indicated use U. S. Army or Army as appropriate word.</small>			
12. GRAVE	13. LOCATION OF GRAVE	14. GRAVE NUMBER	15. REGIMENTAL NO. OF GRAVE
Camp Cemetery,	Kapuskasing, Ont.	#10.	C.5751.
16. SIGNATURE OF NEXT OF KIN	17. SIGNATURE OF	18. SIGNATURE OF WITNESSES AND CHRISTIANITY RECEIVED BY	

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CRANE, ONT.

Bernadine Dow

SURNAME of Deceased. *Smokit*  
 Christian Name. *George*  
 Sex. *Male*  
 Age. *24 yrs. 1 m.*  
 Date of Death. *July 24th. 1915*  
 Place of Birth. *Austria*  
 Place of Death, City, Town, Village, or Concession and Loc. *Kapuskasing*  
 Place of Interment. *Kapuskasing*  
 Occupation. *Laborer (Prisoner of war)*  
 Single, Married or Widowed. *Single*  
 Name of Father. *unknown*  
 Maiden Name of Mother. *unknown*  
 Cause of Death, if known. *Tuberculosis*  
 Name of Physician who attended Deceased. *J. E. Clegg, M. D.*  
 Name of Informant. *J. F. Clarke, Lt. Col.*  
 Address. *Kapuskasing*  
 Date of Return. *July 25th. 1915*  
 Physician's Return of Death  
 Surname of Deceased. *Smokit*  
 Christian Name. *George*  
 Date of Death. *July 24th. 1915*  
 DISEASE CAUSING DEATH. *Tuberculosis*  
 Duration. *Two years*  
 Immediate Cause of Death. *exhaustion*  
 Duration. *12 hours*  
 Physician's Name. *Gilbert Clegg*  
 Address. *Kapuskasing*  
 Date of Return. *July 25th. 1915*  
 Remarks.

This register has been made  
 for information as to the  
 names and addresses of  
 persons who have been  
 taken to the hospital  
 and who are being treated  
 for tuberculosis. The  
 names are taken from the  
 original register and  
 are being kept for the  
 purpose of being able to  
 find them in the future.

Project 107

## Niklo Stefaniuk

Alternate Given Name(s): Nichola / Nikola / Nickola

Alternate Surname(s): Stephanuk

Date of Death: 24 May 1915

Place of Death: Petawawa, Ontario

Burial Location: St. Columba's Roman Catholic Cemetery, Pembroke, Ontario

1. NO.	2. RANK OR RATING	3. SERVICE	4. CHRISTIAN NAME
	Private	STEPANIUK,	Niklo or Nichola
5. UNIT OR UNIT	6. DATE OF CASUALTY	7. U.S. REG. NO.	8. RELIGION
British Prisoner of War	24-5-15		Roman Catholic
9. CIRCUMSTANCES OF CASUALTY		10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
Ultimate cause of death, "Gasma" - Camp Hospital, PETAWAWA, ONT.		<u>UNKNOWN.</u>	
11. LOCATION OF UNIT AT TIME OF CASUALTY			
Petawawa, Ontario			
NOTE: Items 9, 10 and 11 are not to be completed until grave is permanently located.			
12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
St. Columba's <sup>RC</sup> Cemetery	Pembroke, Ontario	Census Plot	3685
(any further explanation)			
16. NUMBER OF GRAVE MARK	17. GRAVE NO.	18. PHOTOGRAPH OF GRAVE AND CEMETERY (ATTACH TO)	

SURNAMES of Deceased.	Stephanuk
Christian Name.	Nikola
Sex.	Male
Age.	20 years
Date of Death.	24 May 1915.
Place of Birth.	Jurkovi Bukovina
Place of Death, City, Town, Village, or Concession and Lot.	Petarava Detention Camp
Place of Burial.	Pembroke
Occupation.	Husbandman 02SC35
Single, Married or Widowed	Single
Name of Father.	Ilia Mackulok (Stephan)
Maiden Name of Mother.	Agnes Baljuk
Cause of Death, if known.	Syphilis (Gumma)
Name of Physician who attended Deceased.	J. A. Forrest Capt. RMC
Name of Informant.	J. A. Forrest Captain RMC
Address.	Petarava Detention Camp
Date of Return.	24 May 1915. Physician's Return of Death
Surname of Deceased.	Stephanuk
Christian Name.	Nikola
Date of Death.	24 May 1915.
DISEASE CAUSING DEATH.	Syphilis ✓
Duration.	March 10 <sup>th</sup> - May 24 <sup>th</sup>
Immediate Cause of Death.	Gumma
Duration.	March 10 <sup>th</sup> - May 24 <sup>th</sup>
Physician's Name.	J. A. Forrest, Captain RMC
Address.	Petarava, Camp
Date of Return.	24 May 1915.
Remarks.	

Project 107

**Paul Stehr**

Date of Death: 22 January 1919

Place of Death: Stackpool, Ontario

Burial Location: Eyre Protestant Cemetery, Sudbury, Ontario

1. NAME	2. GRAVE OR SERVICE	3. SERVICE	4. OCCASION NAME
	Prisoner of War.	STEHR.	Paul.
5. TYPE OF DEPT	6. DATE OF BIRTH	7. U.S. REG NO.	8. SERVICE
GERMAN.	11-1-19.		
9. CIRCUMSTANCES OF CASUALTY		10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
Killed in Accident of a work train - On Canadian Northern Railway near the village of Stackpool, Ont.		(Father) Robert Stehr, Fowlville Kreis Frankenstein, Sachsen, Germany.	
11. LOCATION OF GRAVE AT TIME OF CASUALTY			
NOTE - This is to be filled in as far as it is known and given a complete burial			
12. GRAVE	13. LOCATION OF GRAVE	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
Eyre Protestant Cemetery,	Sudbury, Ont.	See: Not numbered.	C. 1750.
16. NUMBER OF GRAVE MARK	17. SERVICE NO.	18. REMARKS OF GRAVE AND GRAVE MARKED TO	



SURNAME of Deceased.	<del>Married to first</del> Stehr
Christian Name.	Paul
Sex.	male
Age.	about 42 yrs
Date of Death.	Jan. 22, 1919
Place of Birth.	Germany
Place of Death, City, Town, Village, or Concession and Lot.	mileage 93 C.M.R. Ruel Subdivision
Place of Burial.	Sudbury, Ont. # 2664
Occupation.	Prisoner of war
Single, Married or Widowed	
Name of Father.	
Maiden Name of Mother.	
Cause of Death, if known.	030899 Railway accident
Name of Physician who attended Deceased.	Colonel W.R. Patterson
Name of Informant.	Major J. H. Roike
Address.	Capreol, Ont.
Date of Return.	Jan. 25, 1919
Physician's Return of Death	
Surname of Deceased.	Stehr
Christian Name.	Paul
Date of Death.	Jan. 22, 1919
DISEASE CAUSING DEATH.	Railway accident
Duration.	sudden
Immediate Cause of Death.	traumatic cervical vertebra laceration of spleen liver
Duration.	sudden
Physician's Name.	Colonel W.R. Patterson
Address.	Sudbury, Ont.
Date of Return.	Jan. 28, 1919
Remarks.	

Leave this space for binding

Project 107

## Peter Szalawylo

Alternate Given Name(s): Petro

Alternate Surname(s): Szolowilo

Date of Death: 22 August 1915

Place of Death: Kapuskasing, Ontario

Burial Location: Camp Cemetery, Kapuskasing, Ontario

1. No.	2. NAME OF DECEASED	3. SURNAME	4. CHRISTIAN NAME
	Prisoner of War.	SZOLOWILO,	Peter.
5. TYPE OF CASE	6. DATE OF DEATH	7. U.S. REG. NO.	8. REASON
ADVERSE.	EE-0-10.		
9. CIRCUMSTANCES OF DEATH		10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
Accidental death due to drowning, Kapuskasing, Ont.		Next of Kin:- Unknown.	
11. LOCATION OF BODY AT TIME OF DEATH			
NOTE—Enter in 11, 12 and 13 as far as to be completed and give in parentheses ( )			
12. COUNTRY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. NUMBER OF GRAVE
Camp Cemetery.	Kapuskasing, Ont.	Plot: 311. Row: Grave:	C. 2780.
16. PROVINCE OF GRAVE STATE	17. DEPARTMENT NO.	18. AUTHORITY OF GRAVE AND CEMETERY SYSTEM TO	

Project 107

## Harry Szyszul

Alternate Given Name(s): Harij

Alternate Surname(s): Czyczut

Date of Death: 19 October 1918

Place of Death: Kapuskasing, Ontario

Burial Location: Camp Cemetery, Kapuskasing, Ontario

1. NO.	2. RANK OR GRADE	3. REGIMENT	4. UNITED STATES
	Prisoner of War,	OSYKOW. (SZYSZUL)	Harij.
5. DATE OF BIRTH	6. DATE OF DEATH	7. H. & F. NO.	8. SERVICE
Austrian.	19-10-18.		
9. DISPOSITION OF REMAINS	10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN		
Died of Pulmonary Tuberculosis, at Camp Hospital, Kapuskasing, Ont.	(MOTHER) Maria Osycout (Szyszul) Braslawka, Polonia, Galicia, Austria.		
11. LOCATION OF BIRTH AT TIME OF DEATH			
<small>NOTE: Check 11, if not to be returned and give to postmaster's office.</small>			
12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
Camp Cemetery.	Kapuskasing, Ont.	Grave No 24.	C. 4787.
16. PHOTOGRAPH OF GRAVE TAKEN	17. DEPARTMENT NO.	18. PHOTOGRAPH OF GRAVE AND CEMETERY SUPPLIED TO	
<small>19. FURTHER PARTICULARS OR DETAILS WILL BE GIVEN</small>			

Surname first	
SURNAME of Deceased.	Szyssgul 9
Christian Name.	Harry
Sex.	Male
Age.	26 years
Date of Death.	Oct. 19 <sup>th</sup> 1918
Place of Birth.	Uragasinin Austria
Place of Death, City/Town, Village, or Concession and Lat.	Kapuskasing
Place of Burial.	hlo.
Occupation.	Labourer 033784
Single, Married or Widowed	Single
Name of Father.	Alexa Szyssgul
Maiden Name of Mother.	Marie Jurczyk
Cause of Death, if known.	Tuberculosis
Name of Physician who attended Deceased.	Capt. R. R. Walker
Name of Informant.	Lt. Col W. F. Dale
Address.	Kapuskasing
Date of Return.	Oct. 20 <sup>th</sup> 1918.
Physician's Return of Death	
Surname of Deceased.	Szyssgul
Christian Name.	Harry
Date of Death.	Oct. 19/ 1918
DISEASE CAUSING DEATH.	Pulmonary Tuberculosis ✓
Duration.	2 years 5 mos
Immediate Cause of Death.	Pulmonary Tuberculosis
Duration.	3 years
Physician's Name.	Capt. R. R. Walker
Address.	Kapuskasing
Date of Return.	Oct. 20 <sup>th</sup> 1918
Remarks.	

Project 107

**Joachim Rudolf Otto Tiedemann**

Date of Death: 18 November 1918

Place of Death: Amherst, Nova Scotia

Original Burial Location: Highland Cemetery, Amherst, Nova Scotia

Current Burial Location: Woodland Cemetery, Kitchener, Ontario

1. REG. NO. 117		2. NAME		3. SURNAME TIEDEMANN		4. CHRISTIAN NAME Joachim Rudolf Otto							
5. UNIT - Service File No. of War.			6. N. H. S. FILE NO.			7. D. H. S. FILE NO.							
8. DATE OF BIRTH		9. PLACE		10. CIRCUMSTANCES OF DEATH		11. NAME AND ADDRESS OF NEXT OF KIN							
10-11-18		Temporary Mil. Hospital, Amherst, N.S.		Parasemia following influenza.		EATON, Otto Tiedemann, 110th, Overseas No. 7, Amherst.							
12. REPORTED TO D. H. S. BY -				13. DATE		14. REPORTED TO N. H. S. BY -		15. DATE					
						Commandant, Interment Camp, Amherst.							
16. CEMETERY		17. LOCATION		18. NATURE OF CEMETERY		19. GRAVE LOCATION		20. GRAVE NO.		21. MARKING		22. MAINTENANCE	
Highland Cemetery.		Amherst, N.S.		Public.		Grave 11, Lot 11, Camp 11.		1017		White Monument with name inscribed.		Cemetery Authorities	
23. PHOTOGRAPHS TAKEN -				24. EXPOSURE NO.		25. COPIES OF PHOTOGRAPHS SENT TO -							

Surname first	
Name of Deceased	Liedemann, Joachim
Sex	Male
Date of Death	Nov 18 <sup>th</sup> 1918
Age	23 years
Residence Street and No. or P. O. Address	Interment Camp Amherst, N.S.
Occupation	Prisoner of War
Single, Married or Widowed	Single
If Single give name of Father If Married give Name of Husband	Not known
Where Born	Hamburg Germany
Cause of Death { Primary Immediate	Pneumonia
Length of Illness	
Religious Denomination	
Race of Deceased	White, German
Name of Physician in attendance	Dr. B. E. Goodwin
Name of Undertaker	Christie Bros & Co
Place of Burial { Cemetery at	Amherst N.S.
Name of Person Making Return	Christie Bros & Co
Date of Return	Nov 21 <sup>st</sup> 1918
REMARKS	✓ 3

Project 107

## Paul Tippner

Date of Death: 24 November 1918

Place of Death: Sudbury, Ontario

Burial Location: Catholic Cemetery (Sudbury Roman Catholic Cemetery /  
Lasalle Cemetery), Sudbury, Ontario

1. No.	2. LAST OR ALIAS	3. SERVICE	4. GRAVE OR NAME
	Prisoner of War.	TIPPNER.	Pvt.
5. TIME OF DEATH	6. DATE OF CASUALTY	7. U. S. SER. NO.	8. SERVICE
GERMAN.	24-11-18.		
9. CIRCUMSTANCES OF CASUALTY		10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
Died of Pericarditis following Influenza, at St. Joseph's Hospital, Sudbury, Ont.		Heinrich Tippner, (Father), 122 J. Falkenstein, Berfesterstrasse, Voigtland, Germany.	
11. LOCATION OF BODY AT TIME OF CASUALTY			
NOTE - Boxes 9, 10 and 11 are not to be completed until grave is permanently located.			
12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
Catholic Cemetery.	Sudbury, Ont.	Ent numbered.	C. 2724.
16. PHOTOGRAPH OF GRAVE MARK	17. REPORTER NO.	18. PHOTOGRAPH OF MARK AND CHECKS APPLIED TO	

<small>Surname first</small>	
SURNAME of Deceased.	Jippner
Christian Name.	Paul
Sex.	male
Age.	28 yrs
Date of Death.	Nov. 23, 1918.
Place of Birth.	Germany
Place of Death, City, Town, Village, or Cocoon and Lat.	St. Joseph's Hosp Sudbury, Ont.
Place of Burial.	
Occupation.	033284
Single, Married or Widowed	single
Name of Father.	Ferdinand Jippner
Maiden Name of Mother.	Paulina —
Cause of Death, if known.	
Name of Physician who attended Deceased.	H. M. Torrington
Name of Informant.	St. Joseph's Hosp
Address.	Sudbury Ont
Date of Return.	Nov. 24, 1918.
<b>Physician's Return of Death</b>	
Surname of Deceased.	Jippner
Christian Name.	Paul <sup>Prisoner of War</sup> <sub>15 2558 1</sub>
Date of Death.	Nov. 24, 1918
DISEASE CAUSING DEATH.	Influenza
Duration.	3 weeks
Immediate Cause of Death.	empyema + pericarditis
Duration.	10 days
Physician's Name.	H. M. Torrington
Address.	Sudbury, Ont.
Date of Return.	Nov. 25, 1918.
Remarks.	



Project 107

## Geo Tkach

Date of Death: 16 June 1916

Place of Death: Spirit Lake, Québec

Burial Location: Camp Cemetery, Spirit Lake, Québec

1. NO.	2. NAME OR SUFFIX	3. SURNAME	4. USUAL NAME
		TKACH	Geo.
5. DATE OF BIRTH	6. DATE OF CASUALTY	7. U.S. FILE NO.	8. RELIGION
	16-6-16		Roman Catholic
9. CIRCUMSTANCES OF CASUALTY		10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
Died of Tuberculosis.		Anna Kutvas, Sister, (Wife of Jacob Kutvas) P.O. Banks, Danville, Ipswich, AUSTRALIA.	
11. LOCATION OF BODY AT TIME OF CASUALTY			
Camp Hospital, Spirit Lake, Que.			
NOTE:—Boxes 12, 13 and 14 are not to be completed until grave is permanently located.			
12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
Camp Cemetery	Spirit Lake, Que.	Box 265, Danville, Que.	3654
16. TELEGRAMS OF GRAVE TENDERS	17. EXPENSE NO.	18. PHOTOGRAPHS OF GRAVE AND CEMETERY SUPPLIED TO	

Project 107

**George Tuloczka**

Alternate Surname(s): Galaski / Golaski

Date of Death: 07 April 1917

Place of Death: Toronto, Ontario

Burial Location: Prospect Cemetery, Toronto, Ontario

1. No.	2. NAME OF DECEASED	3. SURNAME	4. CHRISTIAN NAME
	FRANCOIS ST. MAR.	TULOZKA.	George.
5. DATE OF BIRTH	6. DATE OF DEATH	7. U.S. REG. NO.	8. SEX
	7-4-17.		
9. CIRCUMSTANCES OF DEATH		10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
Died of Typhus, at General Hospital, Toronto, Ont.		UNKNOWN.	
11. LOCATION OF BODY AT TIME OF DEATH			
NOTE—Boxes 9, 10 and 11 are to be completed only when it is necessary to do so.			
12. CHURCH	13. GRAVE IN CEMETERY	14. GRAVE LOCATION	15. NUMBERED PL. OF GRAVE
Prospect Cemetery.	Toronto, Ont.	Block 100. SECTION 22.	C. 1791.
16. PERSONS OF GRAVE MARK	17. SERVICES	18. PERSONS OF GRAVE AND CEMETERY SUPPLIED TO	

SURNAME of Deceased.	Golanski
Christian Name.	George
Sex.	M
Age.	about 40 yrs
Date of Death.	April 7th 1914
Place of Birth.	Russia
Place of Death, City, Town, Village, or Concession and Lot.	For Gen Steep
Place of Burial.	Toronto
Occupation.	Business of War
Single, Married or Widowed	S
Name of Father.	-
Maiden Name of Mother.	-
Cause of Death, if known.	Toxemia
Name of Physician who attended Deceased.	H. W. Bragg
Name of Informant.	J. G. Steep
Address.	Toronto
Date of Return.	April 20 1914 Physician's Return of Death
Surname of Deceased.	Golanski
Christian Name.	George
Date of Death.	April 7 1914
DISEASE CAUSING DEATH.	Pneumonia of the lungs
Duration.	5 days
Immediate Cause of Death.	Toxemia + heart failure
Duration.	2 days
Physician's Name.	H. W. Bragg
Address.	J. G. Steep
Date of Return.	April 20 1914

003073

**Wasył Ulian**

Date of Death: 01 August 1916

Place of Death: Spirit Lake, Québec

Burial Location: Camp Cemetery, Spirit Lake, Québec

1. NO.	2. NAME OR NICKNAME	3. SERVICE	4. CHRISTIAN NAME
	ULIAN		Wasył
5. TYPE OF DEED	6. DATE OF DEED	7. U.S. FILE NO.	8. RELIGION
Austrian Friend of War	1-8-16;		Roman Catholic
9. CIRCUMSTANCES OF DEATH		10. TIME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
Died of Tuberculosis		Wasył Cosendur, Sydney, Mass. U.S.	
11. LOCATION OF DEATH AT TIME OF DEATH			
Camp Hospital, Spirit Lake, Que.			
<small>NOTE—Items 9, 10 and 11 are to be completed only when so generally desired.</small>			
12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
Camp Cemetery	Spirit Lake, Que.	Not numbered.	5655
16. PHOTOGRAPH OF GRAVE MARK	17. REFERENCE NO.	18. PHOTOGRAPH OF GRAVE AND CEMETERY REFERRED TO	

Project 107

**Georgia Ursul**

Date of Death: 14 October 1918

Place of Death: Lauzon, Québec

Burial Location: St. Joseph de Levis Cemetery (Saint Joseph de la Pointe Lévy), St. Joseph de Levis, Québec

1. REG'T. No. Ko.73		2. RANK Prisoner of War		3. SURNAME URSUL		4. CHRISTIAN NAME GEORGIA	
5. UNIT				6. M. H. Q. FILE No.		7. DIS. H. Q. FILE No. 17-0-25 17-1-22-1	
8. DATE OF DEATH	9. PLACE	10. CIRCUMSTANCES OF DEATH			11. NAME AND ADDRESS OF NEXT OF KIN		
14-10-18	Lauzon P.Q.	Influenza			Mrs. Georgia Ursul, (Wife) Wobals, Austria		
12. REPORTED TO DIS. H. Q. BY-- District Intelligence Officer M.D. 5.				14. DATE 19-12-19	15. REPORTED TO M. H. Q. BY-- Medical Officer Commanding M.D. 5.		16. DATE
17. CEMETERY	18. LOCATION	19. NATURE OF CEMETERY	20. GRAVE LOCATION	21. GRAVE No.	22. MARKING	23. MAINTENANCE	
St Joseph de Levis	St Joseph de Levis. Co Levis. P.Q.,	Catholic	Common Plot	05150	Nil	Nil	
24. PHOTOGRAPH TAKEN--			25. EXPOSURE No.	26. COPIES OF PHOTOGRAPH SENT TO--			

Project 107

**Sotiri Vasileff**

Date of Death: 23 January 1917

Place of Death: Spirit Lake, Québec

Burial Location: Camp Cemetery, Spirit Lake, Québec

1. NO.	2. NAME IN BIRTH	3. SURNAME	4. CHRISTIAN NAME
		VASILEFF,	Sotiri
5. RACE OR ORIGIN	6. DATE OF BIRTH	7. H.G. FOR NO.	8. RELIGION
Prisoner of War - Greek Armenian.	23-1-17		Roman Catholic
9. CAUSE/REASON OF DEATH	10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN		
Died of Tubercular Meningitis	Anson Vasileff, (Claims to be brother) 10 Ferry Street, TORONTO, Ont..		
11. LOCATION OF DEATH AT TIME OF DEATH	12. GRAVE LOCATION		
Camp Hospital, Spirit Lake, Que.	Name: Not numbered, No: No:		
NOTE - Check if 12 and 13 are to be included and give in appropriate boxes			
13. CEMETERY	14. LOCATION OF CEMETERY	15. NUMBERED NO. OF GRAVE	
Camp Cemetery, Spirit Lake	Spirit Lake, Que.	3631	
16. GRADE/DATE OF DEATH TEST	17. EXPENSE NO.	18. PHOTOGRAPH OF DEATH AND CEMETERY ATTACHED TO	

**Gregori Vasselanchuk**

Alternate Surname(s): Waselenczuk

Date of Death: 05 October 1916

Place of Death: Spirit Lake, Québec

Burial Location: Camp Cemetery, Spirit Lake, Québec

1. NO.		2. DATE OF BIRTH		3. SURNAME		4. CHRISTIAN NAME	
				VASSELANCHUK		Gregori	
5. RACE OR ETHNICITY		6. DATE OF CASUALTY		7. U.S. REG. NO.		8. SERVICE	
Austrian Prisoner of War		8-10-16;				R.C.	
9. CIRCUMSTANCES OF CASUALTY				10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN			
Died of Chronic Nephritis,				Natal Vasselanchuk, Marabout Coersowitz, Sukowina, Austria.			
11. LOCATION OF DEATH AT TIME OF CASUALTY							
Camp Hospital, Spirit Lake, Que.							
<small>NOTE—Boxes 11, 12 and 13 are not to be completed and given to gravekeepers.</small>							
12. GRAVE		13. LOCATION OF GRAVE		14. GRAVE LOCATION		15. REGISTERED NO. OF GRAVE	
Camp Cemetery,		Spirit Lake, Que.		None Not numbered.		3557	
16. PHOTOGRAPH OF GRAVE TAKEN		17. NUMBER NO.		18. PHOTOGRAPH OF GRAVE AND CERTIFICATE ATTACHED TO			
<small>19. FURTHER PARTICULARS ON REPAIRS MADE ON GRAVE</small>							

**Stefan Verestiuk**

Date of Death: 09 May 1915

Place of Death: Spirit Lake, Québec

Burial Location: Camp Cemetery, Spirit Lake, Québec

1. NO.	2. NAME OR BIRTH	3. SERVICE	4. CHRISTIAN NAME
		VERESTIUK	Stefan
5. DATE OF BIRTH	6. DATE OF DEPARTURE	7. MILITARY NO.	8. REGIMENT
Prisoner of War (Austrian.)	8-3-18;		H.C.
9. CHARACTER OF DISEASE		10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
Dial of Tuberculosis		Janova Verestiuk, (Widow) Mihoreni, District Suceava, Bukovina	
11. LOCATION OF DEATH AT TIME OF DEPARTURE			
Camp Hospital, Spirit Lake, Que.			
<small>NOTE: - Items 9, 10 and 11 are not to be completed, and given by primary burial.</small>			
12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
Camp Cemetery,	Spirit Lake, Que.	Not numbered.	3550
16. PHOTOGRAPHS OF GRAVE	17. REGISTER NO.	18. PHOTOGRAPHS OF GRAVE AND CEMETERY SUPPLIED BY	



Project 107

## George Von Oehsen

Alternate Given Name(s): Georg

Alternate Surname(s): Van Oehsen

Date of Death: 15 December 1917

Place of Death: Kapuskasing, Ontario

Burial Location: Camp Cemetery, Kapuskasing, Ontario

1. No.	2. RACE OR NAT'Y	3. OCCUPATION	4. USUAL NAME	
	Prisoner of War.	TSG. GIESEN.	George.	
5. DATE OF BIRTH	6. PLACE OF BIRTH	7. N. & S. FILE NO.	8. SERVICE	
German.	18-18-17.			
9. CHARACTER OF SERVICE		10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN		
Died of Tuberculosis (Pulmonary) at Camp Hospital, Kapuskasing, Ont.		Stepfather named "HEINRICH" living at Birkens, Detersdorf, Oroschertschheim, Giesburg, GIESMART.		
11. DIVISION OF ARMY AT TIME OF SERVICE				
<small>NOTE—When 15, 16 and 17 are not to be completed, mark place in parentheses blank.</small>				
12. GRAVEYARD	13. LOCATION OF GRAVEYARD	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE	
Camp Cemetery,	Kapuskasing, Ont.	Block 217. Plot _____ Row _____	C. 2776.	
16. CHARACTER OF GRAVE MARK	17. EXPENSE NO.	18. PARTICULARS OF HEALTH AND SERVICE DURING WAR		

<small>Surname First</small>	
SURNAME of Deceased.	<sup>non</sup> Von Aehum
Christian Name.	Georg
Sex.	Male
Age.	
Date of Death.	Dec. 15 <sup>th</sup> 1917
Place of Birth.	
Place of Death, City, Town, Village, or Concession and Lot.	
Place of Burial.	Kapuskasing
Occupation.	
Single, Married or Widowed	030713
Name of Father.	
Maiden Name of Mother.	
Cause of Death, if known.	Pulmonary Tuberculosis
Name of Physician who attended Deceased.	A. W. McArthur Capt.
Name of Informant.	A. W. McArthur "
Address.	Kapuskasing
Date of Return.	16 Dec. 1917
Physician's Return of Death	
Surname of Deceased.	Von Aehum
Christian Name.	Georg
Date of Death.	Dec 15 <sup>th</sup> 1917
DISEASE CAUSING DEATH.	Tuberculosis ✓
Duration.	Unknown
Immediate Cause of Death.	Pulmonary Tuberculosis
Duration.	Six Weeks
Physician's Name.	A. W. McArthur Capt.
Address.	Kapuskasing
Date of Return.	Dec. 16 <sup>th</sup> 1917
Remarks.	

**Andrew Voytovich**

Alternate Name(s): Voytovitsh / Voitovitch

Date of Death: 09 November 1918

Place of Death: Hamilton, Ontario

Burial Location: Holy Sepulchre Cemetery (Holy Sepulchre Catholic Cemetery), Hamilton, Ontario

1. NO.	2. NAME OF DECEASED	3. SURNAME	4. FAMILIAL NAME
	Prisoner of War.	VOITOVITSH.	Andrew.
5. TIME OF DEATH	6. DATE OF DEATH	7. H.A. FILE NO.	8. RELIGION
MORNING.	9-11-18.		
9. CAUSE OF DEATH		10. NAME, RELIGIOUS AND ADDRESS OF BIRTH OF DECEASED	
Died of Pneumonia - The Insane Asylum, Hamilton, Ont.		UNKNOWN.	
11. LOCATION OF BURIAL		<small>NOTE - Items 11, 12 and 13 are not to be completed until given by cemetery board</small>	
12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
Holy Sepulchre.	Hamilton, Ontario.	Row _____ 117. SECTION "H". Gr _____ 110.	C. 1798.
16. SIGNATURE OF DECEASED FAMILY		17. SIGNATURE NO.	18. SIGNATURE OF CLERGY AND CEMETERY OFFICIALS ETC.

Surname First	
SURNAME of Deceased.	Voitovitch
Christian Name,	Andrew
Sex.	Male
Age.	34 years
Date of Death.	Nov. 9-18 ✓
Place of Birth.	Austria
Place of Death, City, Town, Village, or Consulate or Legation.	Ham. Asylum
Place of Burial.	
Occupation.	Labourer
Single, Married or Widowed.	Single
Name of Father.	W. 043309
Maternal Name of Mother.	
Cause of Death, if known.	Pneumonia
Name of Physician who attended Deceased.	W. M. English
Name of Informant.	W. M. English
Address.	Hamilton
Date of Return.	Nov. 9-18
<b>Physician's Return of Death</b>	
Surname of Deceased.	Voitovitch
Christian Name.	Andrew
Date of Death.	Nov. 9-18
DISEASE CAUSING DEATH.	Pneumonia ✓
Duration.	12 hours
Immediate Cause of Death.	Pneumonia
Duration.	12 hours
Physician's Name.	W. M. English
Address.	Hamilton
Date of Return.	Nov. 9-18
Remarks.	

Project 107

**Jure Vukorepa**

Alternate Given Name(s): George

Alternate Surname(s): Vukop

Date of Death: 30 August 1916

Place of Death: Vernon, British Columbia

Burial Location: Vernon Cemetery (Pleasant Valley Cemetery), Vernon,  
British Columbia

1. NAME		2. SERVICE NO.		3. GRAVE NO.		4. CHRISTIAN NAMES	
Prisoners of War		719		Vukop		George	
5. UNIT		6. H. H. & FILE NO.		7. H. H. & FILE NO.		8. ORIGINAL	
Austrian							
9. DATE OF DEATH	10. PLACE	11. CIRCUMSTANCES OF DEATH		12. NAME AND ADDRESS OF NEXT OF KIN			
30/8/16	Internment Camp Jubilee Hosp. Vernon B.C.	Died of Haemorrhagic Dysentery.		Christian name unknown (Father) Surname Vukorepa or Vukop, Town Sibenick, Province Dalmatia, Austria.			
13. REPORTED TO H. H. & BY--		14. DATE		15. REPORTED TO H. H. & BY--		16. DATE	
17. CEMETERY	18. LOCATION	19. NATURE OF CEMETERY	20. GRAVE LOCATION	21. GRAVE NO.	22. MARKING	23. MAINTENANCE	
Vernon Cemetery	Vernon B.C.	Public	Lot 10 Block 25	09245	Common Slab and Cross suitably inscribed	Cemetery Authorities	
24. PHOTOGRAPH TAKEN--		25. EXPOSURE NO.		26. COPIES OF PHOTOGRAPH SENT TO--			

# VITAL STATISTICS ACT.

66451

## SCHEDULE B—Deaths.

Registered No. ....

1. Full name George Vukob City or town of Vernon  
 District of Yale B.C.

2. (a.) Sex Male (b.) Colour or race White (c.) Single Married Widowed Divorced Not Known 10. How long resident in city Not Known

3. (a.) Birthplace Austria (Province or country.) (b.) Date of birth Not Known 11. How long in district Not Known

4. Age 30 Year Months .. Weeks .. Days 12. How long in Canada, if foreign born Not Known

5. Died on the 30<sup>th</sup> day of August 1916, at about 3:30 P.M. (a.) Name of father Not Known

6. Last occupation Interned Prisoner of War (kind of industry) (b.) Birthplace of father do. (Province or country.)

7. Former occupation Laborer (c.) Maiden name of mother do.

8. (a.) Place of death Vernon Jubilee Hospital, Vernon B.C. (b.) How long at place of death Six days (c.) Birthplace of mother do. (Province or country.)

9. Former or usual residence Internment Camp, Marabak B.C. 13. Informant Dr. Duncan

10. Date of burial Aug 31<sup>st</sup> 1916 14. Address Vernon B.C.

11. Hour 2:30 P.M. 15. Undertaker Campbell Bros

12. Address Vernon B.C.

The foregoing stated Personal Particulars are True to the Best of My Knowledge and Belief.

### PHYSICIAN'S CERTIFICATE OF CAUSE OF DEATH.

I hereby certify that I attended George Vukob from 18<sup>th</sup> Aug 1916 to 30<sup>th</sup> Aug 1916

That I last saw him on the 29<sup>th</sup> day of August 1916 That he died, as I am informed, on the 30<sup>th</sup> day of August 1916 at about 3:30 o'clock A. M., and that to the best of my knowledge and belief, the cause of death was as hereunder written.

(a.) Remote or Earlier Pathological or Morbid Condition <u>Haemorrhagic Dietsentry</u>	Duration in Years, Months, Days or Weeks
Was operation performed within one month before death? <u>No</u>	
(b.) Immediate or Final Determining Cause <u>Heart failure</u>	

Witness my hand, this 30<sup>th</sup> day of August 1916 (Signature) Dr. Edward Duncan M.D. Address Vernon B.C.

Project 107

## Samuel Vulović

Alternate Given Name(s): Sam

Alternate Surname(s): Vulovich

Date of Death: 02 December 1918

Place of Death: Vernon, British Columbia

Burial Location: Vernon Cemetery (Pleasant Valley Cemetery), Vernon,  
British Columbia

1. NAME		2. SURNAME		3. CHRISTIAN NAME									
Follower of War		Vulovich		Samuel									
1. SERVICE NO. 579		4. N. H. S. FILE NO.		7. U.S. H. Q. FILE NO.									
5. UNIT Austrian		6. DATE OF BIRTH		8. NAME AND ADDRESS OF NEXT OF KIN									
9. PLACE		10. CIRCUMSTANCES OF DEATH		11. NEXT OF KIN NOTIFIED									
2/12/18		Internment Camp Hospital, Vernon B.C.		Died of Hemorrhage from Gastric Ulcer.		Mike Vulovich, (Brother) Butte, Montana, U.S.A.							
12. REPORTED TO U.S. H. Q. BY-		13. DATE		14. REPORTED TO U.S. H. Q. BY-		15. DATE							
16. CEMETERY		17. LOCATION		18. NATURE OF CEMETERY		19. GRAVE LOCATION		20. GRAVE NO.		21. MARKING		22. MAINTENANCE	
Vernon Cemetery		Vernon B.C.		Public		Lot #5 Block 7a		09646		Cement slab suitably inscribed.		Cemetery Authorities	
23. PHOTOGRAPH TAKEN-		24. EXPOSURE No.		25. COPIES OF PHOTOGRAPH SENT TO-									

# VITAL STATISTICS ACT.

## SCHEDULE B—Deaths

67333

Registered No. \_\_\_\_\_ City or town of Verdon  
 District of Yale R.C.

1. Full name Sam Sulovich  
 2. (a.) Sex Male (b.) Colour or race \_\_\_\_\_ (c.) Single Married Widowed Divorced Single  
 3. (a.) Birthplace Graich Austria (b.) Date of birth 15 April 1880  
 4. Age 38 Years 7 Months 17 Days  
 5. Died on the second day of December 1918 at about 9.40 am  
 6. Last occupation 11 Years New Westminster Postoffice  
 From \_\_\_\_\_ To \_\_\_\_\_  
 7. Former occupation Miner  
 From \_\_\_\_\_ To \_\_\_\_\_  
 8. (a.) Place of death Interment Camp Verdon B.C.  
 (b.) How long at place of death 2 Months six days  
 9. Former or usual residence Dawson City  
 Place of burial Verdon Cemetery  
 10. Date of burial 3 December 1918 Address Verdon B.C.  
 Hour 2.30 pm M.

11. How long in district u  
 12. How long in Canada, if foreign born 11 years  
 13. (a.) Name of father Nicholas Sulovich  
 (b.) Birthplace of father Bova Di Cattaro Austria  
 (c.) Maiden name of mother Galana Mastowich  
 14. (a.) Birthplace of mother Graich Austria  
 (b.) Birthplace of mother Graich Austria

The foregoing Stated Personal Particulars are True to the Best of My Knowledge and Belief.

Informant James C. C. Campbell  
 Address Int. Verdon Int. Camp  
 Undertaker Campbell Bros  
 Address Verdon B.C.

### PHYSICIAN'S CERTIFICATE OF CAUSE OF DEATH.

I hereby certify that I attended Sam Sulovich from 1-12-1918 to 2-12-1918  
 That I last saw him alive on the 2nd day of December 1918. That he died, as I am informed, on the 2nd day of December 1918  
 at about 9.40 o'clock a. M., and that to the best of my knowledge and belief, the cause of his death was as hereunder written.  
 (IF UNDER ONE YEAR OLD, STATE HOW FED.)

(a.) Remote or Earlier Pathological or Morbid Condition Was operation performed within one month before death?	Duration in Years, Months, Days or Hours.
(b.) Immediate or Final Determining Cause <u>Haemorrhage from Sarcinicleer</u>	<u>16 hours</u>

Witness my hand, this 2nd day of December 1918 }  
 Signature B. F. Bryce M.D.  
 Address Verdon B.C.



Project 107

## Fritz Carl Wagner

Alternate Given Name(s): Charle

Date of Death: 07 December 1918

Place of Death: Sudbury, Ontario

Original Burial Location: Eyre Protestant Cemetery, Sudbury, Ontario

Current Burial Location: Woodland Cemetery, Kitchener, Ontario

1. NO.	2. NAME OF DECEASED	3. SERVICE	4. CREMATION MARK
	Prisoner of War.	WAGNER.	Fritz Carl.
5. SEX OR SEX	6. DATE OF BIRTH	7. R.-L. SIDE NO.	8. SERVICE
German.	7-12-18.		
9. CIRCUMSTANCES OF DEATH		10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
Died of Pneumonia following Influenza - At St. Joseph's Hospital, Sudbury, Ont.		Mrs. Wagner (Mother) 25 Weissenburg Street, Gungahabara, Bavaria, Germany.	
11. LOCATION OF BURY BY NAME OF CEMETERY			
Eyre Protestant Cemetery, Sudbury, Ont.			
12. NUMBER OF GRAVE			
Not numbered.			
13. NUMBERED NO. OF GRAVE			
C. 1707.			
14. PHOTOGRAPH OF GRAVE	15. EXPENSE NO.	16. PHOTOGRAPH OF GRAVE AND CEMETERY OFFICER TO	

	<b>Surname First</b>
SURNAME of Deceased.	Wagner
Christian Name.	Charles
Sex.	male
Age.	27 years
Date of Death.	Dec. 7, 1918
Place of Birth.	Germany
Place of Death, City, Town, Village, or Precinct and Lot.	St. Joseph's Hosp. Sudbury, Ont.
Place of Burial.	Sudbury, Ont.
Occupation.	Employee C.N.R.
Single, Married or Widowed	Single 038302
Name of Father.	Charles Wagner
Maiden Name of Mother.	Barbara -
Cause of Death, if known.	
Name of Physician who attended Deceased.	D. M. Jowington
Name of Informant.	St. Joseph's Hosp.
Address.	Sudbury, Ont.
Date of Return.	Dec. 7, 1918.
<b>Physician's Return of Death</b>	
Surname of Deceased.	Wagner
Christian Name.	Charles
Date of Death.	Dec. 7, 1918.
DISEASE CAUSING DEATH.	Spanish Influenza
Duration.	3 weeks
Immediate Cause of Death.	pneumonia
Duration.	2 weeks
Physician's Name.	D. M. Jowington
Address.	Sudbury, Ont.
Date of Return.	Dec. 7, 1918.
Remarks.	

Project 107

## Augusta Schuppert Weber

Alternate Name(s): Acousta / Mrs. Frederick

Date of Death: 03 February 1919

Place of Death: Québec City, Québec

Burial Location: Mount Hermon Cemetery, Québec, Québec

Note: paroled, not interned

Prisoner of War (Paroled but not interned)		A. SURNAME WEBER		A. CHRISTIAN NAMES Mrs. Frederick		
B. UNIT		B. M. H. S. FILE No.		C. DIS. H. S. FILE No. 17-8705 & 17-1-32-1		
B. DATE OF DEATH	C. PLACE	D. CIRCUMSTANCES OF DEATH		E. NAME AND ADDRESS OF NEXT OF KIN		
5-2-19	Québec	Cancer of the Liver		Frederick Weber 51 St Michael St. Québec From Solisbad, Germany		
F. NEXT OF KIN NOTIFIED		G. REPORTED TO DIS. H. S. BY--		H. DATE	I. REPORTED TO M. H. S. BY--	J. DATE
		District Intelligence Officer W.D. 5.		19-12-19	General Officer Commanding W.D. 5.	
K. CEMETERY	L. LOCATION	M. NATURE OF CEMETERY	N. GRAVE LOCATION	O. GRAVE No.	P. MARKING	Q. MAINTENANCE
Mount Hermon	Bergerville, Québec	Protestant	Sec. H. No. 10567	05151	Small Stone	Relatives
R. PHOTOGRAPH TAKEN--		S. EXPOSURE No.	T. COPIES OF PHOTOGRAPH SENT TO--			

Third leaf

✓ Burial  
Weber - Account  
Feb 4 - 1919

Account Weber, wife of  
Frederick Weber, watch maker,  
of Quebec City, died of cancer, in  
Quebec, Que., on the third day of  
February, nineteen hundred and  
nineteen, aged fifty two years,  
and was buried by me on the  
fourth day of the aforesaid  
month and year, at Mount  
Hermon cemetery in the  
presence of subscribing witnesses,  
Frederick Weber

Frederick Weber

Isaac Couch  
Officiating Minister

**William Wegener**

Alternate Surname(s): Wegner

Date of Death: 15 February 1919

Place of Death: Amherst, Nova Scotia

Original Burial Location: Highland Cemetery, Amherst, Nova Scotia

Current Burial Location: Woodland Cemetery, Kitchener, Ontario

1. REG'T. No. 519		2. RANK		3. SURNAME WEGENER		4. CHRISTIAN NAMES Willy	
5. UNIT 2nd Canadian Division				6. M. H. Q. FILE No.		7. M. H. Q. FILE No.	
8. DATE OF DEATH	9. PLACE	10. CIRCUMSTANCES OF DEATH		11. NAME AND ADDRESS OF NEXT OF KIN			
15-2-19	Temporary Military Hospital.	Influenza complicated with pneumonia.		12. NEXT OF KIN DENIED. NONE. Mrs. Robt. Deane, Melrose, c/Bilshoven			
13. REPORTED TO M. H. Q. BY--				14. DATE	15. REPORTED TO M. H. Q. BY--		16. DATE
					Commodant, Internment Camp, Amherst.		
17. CEMETERY	18. LOCATION	19. NATURE OF CEMETERY	20. GRAVE LOCATION	21. GRAVE No.	22. MARKING	23. MAINTENANCE	
Highland Cemetery.	Amherst, N.S.	Public.	Grave 412, Lot No. 8, Sect. "E".	05431	Wooden Cross with base inscribed.	Cemetery Authorities.	
24. PHOTOGRAPH TAKEN--		25. EXPOSURE No.	26. COPIES OF PHOTOGRAPH SENT TO--				

		Surname first	
Name of Deceased	Weyner William		#519
Sex	Male		1
Date of Death	Feb 15 / 19		02
Age	26 years		09
Residence Street and No. or P. O. Address	Internment Camp Amhurst N.S.		
Occupation	German soldier		09.4
Single, Married or Widowed	Single		1
If Single give name of Father If Married give Name of Husband			
Where Born	Germany		5'
Cause of Death	Primary	Pneumonia	092
	Immediate		
Length of Illness			6
Religious Denomination			1
Race of Deceased	White		1
Name of Physician in attendance	Dr. B. E. Goodwin Lieut.		
Name of Undertaker	F. M. Brown		
Place of Burial	Cemetery	Highland	
	at	Amhurst N.S.	
Name of Person Making Return	F. M. Brown		
Date of Return	Feb. 15 / 19		
REMARKS	✓		3

Project 107

**Otto Weller**

Date of Death: 29 March 1917

Place of Death: Dartmouth, Nova Scotia

Original Burial Location: Christ Church Cemetery, Dartmouth, Nova Scotia

Current Burial Location: Woodland Cemetery, Kitchener, Ontario

1. POST. NO. 110		2. NAME		3. SURNAME WELLES,		4. CHRISTIAN NAMES OTTO	
5. UNIT German Prisoner of War				6. M. H. G. FILE NO.		7. C. I. A. FILE NO. 61-73-21-6	
8. DATE OF DEATH 29-3-17	9. PLACE Dartmouth, N.S.	10. CIRCUMSTANCES OF DEATH Committed suicide by hanging. Date of admission to hospital unknown.			11. NAME AND ADDRESS OF NEXT OF KIN Frank Weller, Dartmouth, N.S. (Postmaster's Office) Dartmouth.		
12. REPORTED TO C. I. A. BY C. I. Government Hospital, Akerst				13. DATE 30-3-17	14. REPORTED TO M. H. G. BY		15. DATE
16. CEMETERY Christ Church	17. LOCATION Dartmouth, N.S.	18. NATURE OF CEMETERY Church of England	19. GRAVE LOCATION Cr. 271	20. GRAVE NO. 0041	21. MARKING Marble Slab Suitably Inscribed	22. MAINTENANCE Cemetery Authorities	
23. PHOTOGRAPH TAKEN		24. EXPOSURE NO.	25. COPIES OF PHOTOGRAPH SENT TO				



Surname first	
Name of Deceased	Wells, Otto
Sex	Male
Date of Death	Mar 29 <sup>th</sup> 1917
Age	Twenty three years
Residence Street and No. or P. O. Address	Nova Scotia Hospital Halifax Co.
Occupation	Prisoner of War
Single, Married or Widowed	Single
If Single give name of Father If Married give Name of Husband	
Where Born	Germany
Cause of Death { Primary Immediate	Suicide by hanging while insane
Length of Illness	Suddenly
Religious Denomination	Lutheran
Race of Deceased	White
Name of Physician in attendance	N. S. Hosp.
Name of Undertaker	Fink, C. E.
Place of Burial { Cemetery at	Christ Church Dartmouth
Name of Person Making Return	Frost, W. D. Medical Examiner
Date of Return	Mar 30 <sup>th</sup> 1917
REMARKS	✓ ✓



Project 107

## Otto Wilnas

Alternate Surname(s): Wlnas / Wilnos

Date of Death: 08 November 1918

Place of Death: Kapuskasing, Ontario

Original Burial Location: Camp Cemetery, Kapuskasing, Ontario

Current Burial Location: Woodland Cemetery, Kitchener, Ontario

1. NO.	2. NAME IN BIRTH	3. SERVICE	4. CHRISTIAN NAME
	Prisoner of War.	WLNAS.	Otto.
5. UNIT OR SHIP	6. DATE OF CASUALTY	7. R.G. FILE NO.	8. RESIDENCE
STREUBER.	8-11-18.		
9. CIRCUMSTANCES OF CASUALTY	10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN		
Died of Spanish-Fluemia following Influenza - At Temporary Hospital, Kapuskasing, Ont.	(Father) Franz Wlnas, Kgl Weinbergs, Kronprinz Street 528, Austria.		
11. LOCATION OF UNIT AT TIME OF CASUALTY			
<small>NOTE:—Items 11, 12 and 13 are not to be completed and given in accordance thereto.</small>			
12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
Camp Cemetery.	Kapuskasing, Ont.	Case _____ 228. Plot _____ Row _____	0.2700.
16. PHOTOGRAPH OF GRAVE TAKEN	17. REFERENCE NO.	18. PHOTOGRAPH OF GRAVE AND CEMETERY 'VISIBLE TO	

Surname first	
SURNAME of Deceased.	Wilnos <span style="float: right;">4</span>
Christian Name.	Uetto
Sex.	Male
Age.	30 years
Date of Death.	Mar 8 / 1918 ✓
Place of Birth.	Prague Bohemia <span style="float: right;">Austria</span>
Place of Death, City, Town, Village, or Concession and Loc.	Kapuskasing
Place of Burial.	Ho.
Occupation.	Sailor 038703
Single, Married or Widowed	Single
Name of Father.	Franz Wilnos
Maiden Name of Mother.	Ludmila Hanel
Cause of Death, if known.	Influenza
Name of Physician who attended Deceased.	W. B. Jamieson
Name of Informant.	Lt. Col. W. E. Watt
Address.	Kapuskasing
Date of Return.	Mar 8 / 1918
<b>Physician's Return of Death</b>	
Surname of Deceased.	Wilnos
Christian Name.	Uetto
Date of Death.	Mar 8 / 1918
DISEASE CAUSING DEATH.	Influenza <sup>10</sup> ✓
Duration.	5 days
Immediate Cause of Death.	Broncho Pneumonia
Duration.	4 days
Physician's Name.	W. B. Jamieson
Address.	Kapuskasing
Date of Return.	Mar 8 / 1918
Remarks.	

**John Wolski**

Alternate Surname(s): Woloski

Date of Death: 03 March 1916

Place of Death: Dartmouth, Nova Scotia

Burial Location: Mount Olivet Cemetery, Halifax, Nova Scotia

1. REGT. No. 341.		2. RANK		3. SURNAME WOLOSKI,		4. CHRISTIAN NAMES John		
5. UNIT Austrian Volunteer of Inf.			6. M. H. & FILE No.			7. D. H. & FILE No.		
8. DATE OF DEATH 8-3-16		9. PLACE Nova Scotia Hosp. Dartmouth, N.S.		10. CIRCUMSTANCES OF DEATH Tuberculosis.		11. NAME AND ADDRESS OF NEXT OF KIN Father, John Woloski, 16 Wiede St. Grazzetta, Bassano, Austria.		
12. REPORTED TO D. H. & BY--				14. DATE		13. REPORTED TO M. H. & BY-- Commandant, Internment Camp, Halifax.		15. DATE
17. CEMETERY Mount Olivet.		18. LOCATION Halifax, N.S.		16. NATURE OF CEMETERY Public (Catholic)		19. GRAVE LOCATION Grave No. 11 Sect. 3, Range 5.		20. GRAVE No. 02435
						21. MARKING Hardwood cross mistakenly inscribed.		22. MAINTENANCE Cemetery authorities.
13. PHOTOGRAPH TAKEN--				18. EXPOSURE No.		19. COPIES OF PHOTOGRAPH SENT TO--		

	Surname first	
Name of Deceased	1	Wolski John
Sex	2	Male
Date of Death	3	March 4, 1916
Age	4	?
Residence Street and No. or P. O. Address	5	
Occupation	6	Austrian prisoner
Single, Married or Widowed	7	I was single
If Single give Name of Father If Married give Name of Husband	8	
Where Born	9	
Cause of Death { Primary Immediate	10	Pulmonary Tuberculosis Pulmonary Tuberculosis
Length of Illness	11	
Religious Denomination	12	Roman Catholic
Race of Deceased	13	White
Name of Physician in at- tendance	14	E. F. Moore
Name of Undertaker	15	J. Spencer
Place of Burial { Cemetery at	16	Mt. Olivet Halifax, N.S.
Name of Person making Return	17	E. F. Moore, Major A.M.C.
Date of Return	18	March 5, 1916
REMARKS	19	

**Wilhelm Heinrich Eduard Wolter**

Alternate Given Name(s): William Henry Edward

Alternate Surname(s) Walters

Date of Death: 06 May 1918

Place of Death: Vernon, British Columbia

Original Burial Location: Vernon Cemetery (Pleasant Valley Cemetery), Vernon, British Columbia

Current Burial Location: Woodland Cemetery, Kitchener, Ontario

Prisoner of War						ORIGINAL	
1. NUMBER 340		2. RANK		3. SURNAME Wolter		4. CHRISTIAN NAMES Wilhelm, Heinrich Eduard	
5. UNIT GSTRAS			6. M. H. Q. FILE No.			7. D. H. Q. FILE No.	
8. DATE OF DEATH 5/5/18		9. PLACE Vernon Internment Camp Hospital Vernon B.C.		10. CIRCUMSTANCES OF DEATH Died of Syncope due to Chronic Pericarditis and Myocarditis.		11. NAME AND ADDRESS OF NEXT OF KIN Mrs. W.H.E. Wolter. (Wife) c/o Mrs. Poynter, 9 Terrianna Cottages, Leighton Road, London, N.W. England.	
12. NEXT OF KIN NOTIFIED							
13. REPORTED TO D.H. H. Q. BY--				14. DATE		15. REPORTED TO M. H. Q. BY--	
16. CEMETERY Vernon Cemetery		17. LOCATION Vernon B.C.		18. NATURE OF CEMETERY Public		19. GRAVE LOCATION Lot 4 Block 5g	
				20. GRAVE No. 09241		21. MARKING Hardwood Cross suitably inscribed	
22. PHOTOGRAPH TAKEN--		23. EXHIBIT No.		24. COPIES OF PHOTOGRAPH SENT TO--			

# VITAL STATISTICS ACT.

67337

## SCHEDULE B—Deaths.

Registered No ..... City or town of Vernon .....

1. Full name William Henry Edward Walters ..... District of Yale ..... R.C.

2. (A.) Sex Male (B.) Colour or race White (C.) Single Married Widowed Divorced } Married ..... 10. How long resident in city .....

3. (A.) Birthplace Stettin, Germany (Province or country.) Date of birth 29-4-1859 ..... 11. How long in district 15 .....  
 (Province or country.)

4. Age 59 Years 0 Months 7 Days ..... 12. How long in Canada, if foreign born .....

5. Died on the 6th day of May 1918 at about 11 A.M. ..... (A.) Name of father .....

6. Last occupation Interned Prisoner of War (Kind of industry.) ..... (B.) Birthplace of father (Province or country.)  
 From 14-5-1915 To .....

7. Former occupation Hairdresser ..... (C.) Maiden name of mother .....

8. (A.) Place of death Vernon Internment Camp (Street and No.) ..... (D.) Birthplace of mother (Province or country.)  
 (B.) How long at place of death 3 years ..... (E.) Name of informant .....

9. Former or usual residence Kanloops, P.C. (Address) ..... (F.) Address of informant .....

10. Place of burial Vernon Cemetary ..... 17. Undertaker Campbell Bros. .....  
 Date of burial 8-5-1918 ..... Address Barnard Avenue .....  
 Hour ..... M. Vernon, P.C. .....

### PHYSICIAN'S CERTIFICATE OF CAUSE OF DEATH.

I hereby certify that I attended William Henry Edward Walters from 18-4 1918 to 6-5 1918.  
 That I last saw him live on the 6th day of May 1918 that he died, as far as I am informed, on the 6th day of May 1918  
 at about 11 o'clock A.M., and that to the best of my knowledge and belief, the cause of his death was as hereunder written.  
 (IF UNDER ONE YEAR OLD, STATE HOW FED.)

(A.) Name of Earlier Pathological or Morbid Condition <u>Pericarditis &amp; Endocarditis</u> ..... Duration in Years, Months, Days or Weeks .....
Was operation performed within one month before death? <u>No</u> .....
(B.) Immediate or Final Determining Cause <u>syncope</u> .....

Witness my hand, this 7th day of May 1918 ..... (Signature) B. F. Boyce M.D.  
 Address Vernon P.C. .....

**John Zadworny**

Alternate Given Name(s): Jan

Date of Death: 09 November 1918

Place of Death: Kapuskasing, Ontario

Burial Location: Camp Cemetery, Kapuskasing, Ontario

1. REG.	2. NAME OF SERVICE	3. SURNAME	4. CHRISTIAN NAME
	Prisoner of War.	ZADWORNY.	John.
5. TYPE OF CASE	6. DATE OF CASUALTY	7. U.S. THE NO.	8. RESIDENCE
AUSTRIAN.	9-11-18.		
9. CHARACTER OF CASUALTY		10. NEXT RELATIVES AND ADDRESS OF NEXT OF KIN	
Died of Broncho-Pneumonia following Influenza, at Temporary Hospital, Kapuskasing, Ont.		Antoni Zadworny (Father) Wlos Hienstow, P.O. Gieszanow, Galicia, Austria.	
11. LOCATION OF CASE AT TIME OF CASUALTY			
NOTE—When 11, 12 and 13 are not to be completed said space is automatically blank.			
12. GRAVE	13. LOCATION OF GRAVE	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
Camp Cemetery.	Kapuskasing, Ont.	Sec. 211.	C. 5700.
16. PHOTOGRAPH OF GRAVE MARK	17. EXHIBIT NO.	18. PHOTOGRAPH OF DEATH AND IDENTIFY SUPPLIED BY	

Surname first	
SURNAME of Deceased.	Gadunony
Christian Name.	Jahn
Sex.	Male
Age.	27 - 10 - 22
Date of Death.	Nov. 9 / 1918 ✓
Place of Birth.	Minnetonka <sup>Austere</sup> <del>Wisconsin</del>
Place of Death, City, Town, Village, or Concession and Lot.	Kapuskasing
Place of Burial.	W.C.
Occupation.	Chauffeur
Single, Married or Widowed	Single
Name of Father.	Antoni Gadunony
Maiden Name of Mother.	Marion Tusk
Cause of Death, if known.	Influenza 033302
Name of Physician who attended Deceased.	W. B. Jamieson
Name of Informant.	Lt. Col. W. E. Wate
Address.	Kapuskasing
Date of Return	Nov 9 / 1918
<b>Physician's Return of Death</b>	
Surname of Deceased.	Gadunony
Christian Name.	Jahn
Date of Death.	Nov 9 / 1918
DISEASE CAUSING DEATH.	Influenza ✓
Duration.	7 days
Immediate Cause of Death.	Pneumo pneumonia
Duration.	4 days
Physician's Name.	W. B. Jamieson
Address.	Kapuskasing
Date of Return.	Nov 9 / 1918
Remarks.	



Project 107

## Ivan Zarachook

Date of Death: 07 October 1918

Place of Death: Lauzon, Québec

Burial Location: St. Joseph de Levis Cemetery (Saint Joseph de la Pointe Lévy), St. Joseph de Levis, Québec

REGT. NO. 179 (155)		E. RANK Prisoner of War		A. SURNAME ZARACHOOK		A. CHRISTIAN NAME NONE		
UNIT			E. H. R. G. FILE NO.			F. DIS. R. G. FILE NO. 17-1-32-1		
DATE OF DEATH		9. PLACE	10. CIRCUMSTANCES OF DEATH	11. NAME AND ADDRESS OF NEXT OF KIN				
7-10-18		Lauzon P.Q.	Influenza	Mrs. Ivan Zarachook (Wife) Verdun, Austin.				
12. NEXT OF KIN NOTIFIED								
REPORTED TO DIS. R. G. BY--			14. DATE	15. REPORTED TO H. R. G. BY--		16. DATE		
District Intelligence Officer, H.D. 5.			19-12-19	General Officer Commanding H.D. 5.				
17. CEMETERY	18. LOCATION	19. NATURE OF CEMETERY	20. GRAVE LOCATION	21. GRAVE NO.	22. MARKING	23. MAINTENANCE		
St Joseph de Levis	St Joseph de Levis, P.Q.	Catholic	Common Plot	0519	N/A	NIL		
PHOTOGRAPH TAKEN--			24. EXPOSURE NO.	25. COPIES OF PHOTOGRAPH SENT TO--				

Project 107

**Mike Zrobok**

Date of Death: 17 October 1916

Place of Death: Spirit Lake, Québec

Burial Location: Camp Cemetery, Spirit Lake, Québec

1. NO.		2. NAME OR NUMBER		3. SERVICE		4. GRAVITAS NAME	
		ZROBOK				Mike	
5. TYPE OF DEPT.		6. DATE OF CASUALTY		7. U.S. FILE NO.		8. SERVICE	
Prisoner of War (Dethroned)		17-10-16;				R.C.	
9. CIRCUMSTANCES OF CASUALTY				10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN			
Died of Tuberculosis.				Andre Zrobok, Sololovka, Elevsok, Galicia			
11. LOCATION OF DEPT AT TIME OF CASUALTY							
Camp Hospital, Spirit Lake, Que.							
NOTE - Space to be left if not to be completed until space is previously located							
12. DEPART		13. LOCATION OF BURIAL		14. GRAVE LOCATION		15. REGISTERED NO. OF GRAVE	
Camp Cemetery		Spirit Lake, Que.		None. Not numbered.		3539	
16. PHOTOGRAPHS OF GRAVE TAKEN		17. EXPENSE NO.		18. PHOTOGRAPHS OF GRAVE AND BURIAL DEPT. TO			
19. STATISTICAL PARTICULARS OR OTHER DATA OF INTEREST							

**Jury Zubron**

Alternate Given Name(s): Jurko

Alternate Surname(s): Zubryn / Zubran

Date of Death: 03 November 1918

Place of Death: Kapuskasing, Ontario

Burial Location: Camp Cemetery, Kapuskasing, Ontario

1. NO.	2. NAME OF SERVICE	3. SURNAME	4. CHRISTIAN NAME
	Prisoner of War,	ZUBRON,	Jury.
5. ETHNIC OR UNIT	6. DATE OF ENLISTMENT	7. U. S. REG. NO.	8. GRAVE NO.
AUSTRIAN.	2-11-18.		
9. DESCRIPTION OF DISEASE		10. NAME RELATIVES WITH ADDRESS OF NEXT OF KIN	
Died of Influenza following Influenza - at Temporary Hospital, Kapuskasing, Ont.		(wife) Nestasia Zubron, Petrovec, Slatin, Galicia, Austria.	
11. LOCATION OF GRAVE AT TIME OF ENLISTMENT			
NOTE: - Item 11, if not to be included, last given is permanent home.			
12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
Camp Cemetery.	Kapuskasing, Ont.	Grave No 20.	C, 1000.
16. PHOTOGRAPH OF GRAVE	17. EXPENSE NO.	18. PHOTOGRAPH OF GRAVE AND GENERAL APPEARANCE	

Surname First	
SURNAME of Deceased.	Gubron 4.
Christian Name.	Jury
Sex.	Male
Age.	33 years
Date of Death.	Nov 3/1918 ✓
Place of Birth.	<sup>Austria</sup> Kolovezek Smetin
Place of Death, City, Town, Village, or Concession and Lot.	Kapuskasing
Place of Burial.	hlo.
Occupation.	Labourer
Single, Married or Widowed	Married 633730
Name of Father.	Nichola Gubron
Maiden Name of Mother.	Anna Hutgubisk
Cause of Death, if known.	Influenza
Name of Physician who attended Deceased.	R. R. Walker
Name of Informant.	Lt. Col. W. S. Watt
Address.	Kapuskasing
Date of Return.	Nov. 4/1918
<b>Physician's Return of Death</b>	
Surname of Deceased.	Gubron
Christian Name.	Jury
Date of Death.	Nov 3/1918 ✓
DISEASE CAUSING DEATH.	Influenza ✓
Duration.	2 days
Immediate Cause of Death.	Endocarditis
Duration.	2 years
Physician's Name.	R. R. Walker
Address.	Kapuskasing
Date of Return.	Nov 4/1918
Remarks.	

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