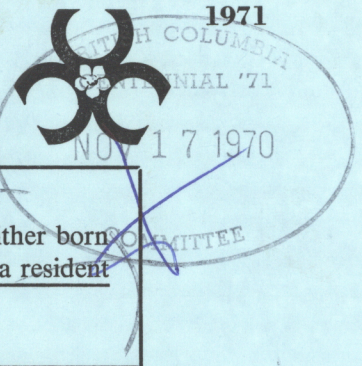




APPLICATION FOR THE PIONEER MEDALLION



ELIGIBILITY

For purposes of this award, a *Pioneer* shall be any person who was either born in Canada or a resident of Canada prior to January 1, 1897, but must be a resident of British Columbia NOW.

Award to be made during 1971.

PLEASE PRINT OR TYPE

- 1. Name in full ~~Mr.~~ ~~Mrs.~~ Miss Mrs Lillian Klauber Lillian Gray  
(Family name.) (Given names.)
- 2. Date of birth 10 June 1891 3. Place of birth Sault Ste Marie  
(Day.) (Month.) (Year.)
- If married—
- 4. Maiden name Lillian Gray
- 5. Husband's given names David
- 6. Wife's full maiden name Lillian Klauber
- 7. Occupation before retirement HOUSEWIFE
- 8. If born in Canada but outside British Columbia—
  - (a) When did you first come to British Columbia NOV 1905  
(Day.) (Month.) (Year.)
  - (b) Where did you first live in British Columbia VANCOUVER NOV 1905
  - (c) Where did you live immediately before coming to British Columbia ONTARIO
- 9. If born outside Canada—
  - (a) Where did you live immediately before coming to Canada \_\_\_\_\_
  - (b) When did you first come to Canada 7 1891  
(Day.) (Month.) (Year.)
  - (c) Where did you first live in Canada \_\_\_\_\_
  - (d) When did you first come to British Columbia 1905 1906  
(Day.) (Month.) (Year.)
- 10. Names of parents in full, including maiden name of mother—
  - Father FRED GRAY  
(Family name.) (Given names.)
  - Mother MINNIE BLACK  
(Maiden name.) (Given names.)
- 11. Given names of brothers or sisters GEORGE HANNA RUTH ANNABLE
- 12. Any remarks you may care to make about your family background or experiences (if required, please attach separate sheet) \_\_\_\_\_
- 13. 815 KENNEDY Mrs. Lillian Klauber  
(Present address of applicant.) (Signature of applicant.)  
NEW WESTMINSTER July 3rd, 1970.  
(Date.)

RETURN THIS FORM IN QUADRUPPLICATE TO YOUR LOCAL CENTENNIAL COMMITTEE FOR FORWARDING TO VICTORIA. NO FORMS WILL BE ACCEPTED AFTER NOVEMBER 19, 1970.

*To be completed by the local Centennial Committee*

14. [Signature] New Westminster  
(Signature of local Centennial Committee Chairman.) (Name of local Centennial Committee.)

15. What, if any, verification of date of birth was available \_\_\_\_\_