



APPLICATION FOR THE CENTENARIAN AWARD

*Pioneer form
Completed*

ELIGIBILITY

For purposes of this award, a *Centenarian* shall be any person who has attained or will attain his or her 100th birthday by or during 1971 but must be a resident of British Columbia NOW.

Award to be made during 1971.

[Handwritten mark]

PLEASE PRINT OR TYPE

1. Name in full Mr. Hobson Agnes Sophia.
(Family name.) (Given names.)

2. Date of birth 5 Feb. 1870 3. Place of birth Norfolk, England.
(Day.) (Month.) (Year.)

4. Maiden name Bell
If married—

5. Husband's given names George.

6. Wife's full maiden name Bell-Agnes Sophia.

7. Occupation before retirement Housewife.

8. If born in Canada but outside British Columbia—
(a) When did you first come to British Columbia 16 October 1890
(Day.) (Month.) (Year.)

(b) Where did you first live in British Columbia Vancouver.

(c) Where did you live immediately before coming to British Columbia
Uxbridge, Ontario.

9. If born outside Canada—
(a) Where did you live immediately before coming to Canada
England.

(b) When did you first come to Canada ? ? 1871
(Day.) (Month.) (Year.)

(c) Where did you first live in Canada Uxbridge Ontario.

(d) When did you first come to British Columbia 16 October 1890
(Day.) (Month.) (Year.)

10. Names of parents in full, including maiden name of mother—
Father Bell Samuel.
(Family name.) (Given names.)

Mother Emery Euphemis.
(Maiden name.) (Given names.)

11. Given names of brothers or sisters
Horace, Herbert, Arthur

12. Any remarks you may care to make about your family background or experiences (if required, please attach separate sheet) George Hobson in business in early Vancouver. Built home in West End in 1901.

13. Altamont Private Hospital, 1670 - 27th St. West Vancouver. *Agnes S. Hobson*
(Present address of applicant.) (Signature of applicant.)
Oct. 18, 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]* DISTRICT OF NORTH VANCOUVER
(Signature of local Centennial Committee Chairman.) (Name of local Centennial Committee.)

15. What, if any, verification of date of birth was available BIRTH CERTIFICATE