

SCHEDULE C-DEATHS.

County of *Essex*Division of *Sandwich South*X No. 1
004653X No. 2
004654X No. 4
004655Name and
Surname of
Deceased.*Mrs Edward Sexton**Ellen Halford**Samuel Thomas McKenzie*

When Died.

*26 Feb 1894**24 Dec. 1893**Apr 16th 94*Sex—Male or
Female.*Female**Female* 027237*Male*

Age.

76 years 027236*60 years**Eight years & 6 months*Rank or
Profession.*Farmer's wife**Farmer's wife*

Where Born.

*Dublin (Ireland)**Ireland**Sandwich South*Certified Cause of
Death and
duration of illness.*Old age & La Grippe**Lumor - 13 months**Heart Failure*Name
of Physician,
(if any).*Dr Dewar**Dr Casgrain**Dr McKenzie*Signature,
Description and
Residence of
Informant.*John Sexton**John Halford**Samuel McKenzie*When
Registered.*Mar 4th 1894**Mar 18th 94**Apr. 21st 94*Religious
Denomination of
Deceased.*Roman Catholic**R. Catholic**Methodist*Signature of
Registrar.*J. Moynahan**J. Moynahan**J. Moynahan*

REMARKS.

*Mrs. Edward Sexton**Ellen Halford**Samuel McKenzie*X No. 3
004656X No. 5
004657X No. 6
004658Name and
Surname of
Deceased.*Margaret M^a Namara**Janie Barrett**Joseph Brouillette*

When Died.

*Apr 16th**Apr. 29th 94**Apr. 28th 94*Sex—Male or
Female.*Female**Female**Male*

Age.

*87 years**20 yrs, 8 mon. 21 days**Three weeks*Rank or
Profession.*Farmer's wife**Farmer's wife*

Where Born.

Ireland 027233*Sandwich South**Sandwich South*Certified Cause of
Death and
duration of illness.*Old age**14 hours* 027240
*Confinement - Blood poisoning**Nausea*

027244

Name of
Physician,
(if any).*Dr Dewar*Signature,
Description and
Residence of
Informant.*James McAuliffe (Leas)**John Barrett (her husband)**Stephen Brouillette*When
Registered.*Apr. 17th 94**May 1st - 94**May 1st - 94*Religious
Denomination of
Deceased.*Roman Catholic**Roman Catholic**Roman Catholic*Signature of
Registrar.*John Moynahan**J. Moynahan**J. Moynahan*

REMARKS.

*Margaret McNamara**Janie Barrett**Joseph Brouillette*

SANDWICH SOUTH HISTORICAL SOCIETY

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the half year ending

Given under my hand, this

2nd

day of

June 30th 1894

A.D. 1894

Division Registrar

*John Moynahan**Sandwich South*

SCHEDULE C.-DEATHS.

County of

Essex

Division of

Sandwich South

004659

No. 7.

No.

No.

Name and
Surname of
Deceased.

Wilfred Charles Roberts

When Died.

Apr. 28th 94

Sex—Male or
Female.

Male

Age.

one - day

Rank or
Profession.

DECEASED

Where Born.

Sandwich South

Certified Cause of
Death and
duration of Illness.

Premature Birth ✓

Name of
Physician,
(if any).Signature,
Description and
Residence of
Informant.

Charles M. Euzant (Councillor)

When
Registered.

26th May 1894

Religious
Denomination, of
Deceased.

Methodist

Signature of
Registrar.

J. Moynahan.

REMARKS.

(Charles Roberts is father
but I do not know the
mother's name)

No.

No.

No.

Name and
Surname of
Deceased.

Wilfred Roberts

When Died.

Sex—Male or
Female.

Age.

Rank or
Profession.

Where Born.

Certified Cause of
Death and
duration of Illness.Name of
Physician,
(if any).Signature,
Description and
Residence of
Informant.When
Registered.Religious
Denomination of
Deceased.Signature of
Registrar.

REMARKS.

SANDWICH SOUTH HISTORICAL SOCIETY

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the half-year ending

Given under my hand, this

day of

Division Registrar

A.D. 18

18

SCHEDULE C.-DEATHS.

County of *Essex*Division of *Sandwich South*~~X~~ No. 8 004660~~X~~ No. 9 004661~~X~~ No. 10 004662

Name and Surname of Deceased.	When Died.	Sex - Male or Female.	Age.	Rank or Profession.	Where Born.	Certified Cause of death and duration of illness.	Name of Physician (if any).	Signature, Description and Residence of Informant.	When Registered.	Religious Denomination of Deceased.	Signature of Registrar.	REMARKS.
<i>Alex. Farough</i>	<i>June 29th 1894</i>	<i>Male</i>	<i>22 years.</i>	<i>Farmer's son.</i>	<i>Sandwich South</i>	<i>Pneumonia; 12 weeks.</i>	<i>George Mc Kenzie.</i>	<i>Lot 2 - 12th Con.</i>	<i>July 2nd 94</i>	<i>Methodist</i>	<i>John Moynahan</i>	<i>Alex Farough</i>
<i>John Augustine Hayes</i>	<i>Aug. 1st 94</i>	<i>Male</i>	<i>7 months</i>		<i>Sandwich South</i>	<i>Cholera; 1 week.</i>	<i>Dr. Dewar</i>	<i>8th Con.</i>	<i>Aug. 2nd 94</i>	<i>Roman Catholic</i>	<i>John Moynahan</i>	<i>John Hayes</i>
<i>Bernice Phillips</i>	<i>October 7th 94</i>	<i>Female</i>	<i>20 years</i>		<i>Sandwich South</i>	<i>Consumption of Bowels; 15 months</i>	<i>Dr. Brein.</i>		<i>Oct. 9th 1894</i>	<i>Church of England</i>	<i>John Moynahan</i>	<i>Bernice Phillips</i>

Name and Surname of Deceased.	When Died.	Sex - Male or Female.	Age.	Rank or Profession.	Where Born.	Certified Cause of death and duration of illness.	Name of Physician (if any).	Signature, Description and Residence of Informant.	When Registered.	Religious Denomination of Deceased.	Signature of Registrar.	REMARKS.
<i>Bridget Kilroy</i>	<i>Oct 12th - 94</i>	<i>Female</i>	<i>93 years - 8 months</i>	<i>House - wife</i>	<i>Ireland</i>	<i>Old age; 3 weeks</i>		<i>Abraham Cole, Reeve</i>	<i>Oct 14th 1894</i>	<i>Roman Catholic</i>	<i>John Moynahan</i>	<i>Bridget Kilroy</i>
<i>Mrs Mary Ann Merrick</i>	<i>Oct 19th 1894</i>	<i>Female</i>	<i>89 years.</i>	<i>House - wife</i>	<i>England</i>	<i>Old age; 1 week</i>	<i>Dr. Lambert.</i>	<i>Richard Shuel - Lot 1 - Con. 6</i>	<i>Oct 20th 1894</i>	<i>Church of England</i>	<i>John Moynahan</i>	<i>Mary Ann Merrick</i>
<i>Florence Patrick Mahoney</i>	<i>June 16th 94</i>	<i>Male</i>	<i>4 months</i>		<i>Sand. South</i>	<i>Convulsion; 1 month</i>	<i>Dr. Dewar</i>	<i>Lot 2 9th N. 3, R.</i>	<i>Oct 20th 1894</i>	<i>Roman Catholic</i>	<i>John Moynahan.</i>	<i>F. Patrick Mahoney</i>

SANDWICH SOUTH HISTORICAL SOCIETY

I hereby certify the foregoing to be the true and correct entries of all deaths returned to me for the half year ending *Dec. 31st 1894*Given under my hand, this *1st* day of *January* A.D. 18 *95*
John Moynahan Division Registrar. *Sandwich South*

SCHEDULE C.-DEATHS.

County of

Essex

Division of

Sandwich South.

No. 14

004666

No. 15-

004667

No. 16

004668

Name and
Surname of
Deceased.

Ellen McAuliffe

Francis Matilda White

Gordon Neil

When Born.

Sept 30th 1894

Oct 23rd 1894

Dec. 5th 94

Sex - Male or
Female.

Female

Female

Male

Age.

54 years

79 years

7 years

Rank or
Profession.

House - wife

House - wife

~~House - wife~~

Where Born.

Chatham (Kent Co)

Dublin (Ireland)

Sandwich South

Cause of Death and
Duration of Illness.

Consumption - 14 months

Old age; one day

Membranous croup; no cough

Name of
Physician
(if any).

Dr Chirley; Detroit

Dr Brooks

Dr Cruickshank.

Signature,
Description and
Residence of
Informant.James McAuliffe
Lot 296 N.Y.R.R.

Wm White Lot 1 Con. 6

Wm J. Neil; Lot 5, Con 7

When
Registered.

Oct 20th 1894

Oct. 24th 1894

Dec. 5th 94

Religious
Denomination of
Deceased.

Roman Catholic

Church of England

Church of England

Signature of
Registrar.

John Moynahan

John Moynahan

John Moynahan

REMARKS

Ellen McAuliffe

Matilda White

Gordon O'Neil

No.

No.

No.

Name and
Surname of
Deceased.

When Born.

Sex - Male or
Female.

Age.

Rank or
Profession.

Where Born.

Cause of Death and
Duration of Illness.Name of
Physician
(if any).Signature,
Description and
Residence of
Informant.When
Registered.Religious
Denomination of
Deceased.Signature of
Registrar.

REMARKS.

SANDWICH SOUTH HISTORICAL SOCIETY

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for this half-year ending

Dec. 31st 1894

given under my hand, this

1st

day of

January

A. D. 1895-

John Moynahan

Division Registrar

Sandwich South