

SCHEDULE C

County of Cass of Missouri

Mary Lynch

William Kane

Michael
Sexton

Long

Denis
O'Keefe

[illegible]

I hereby certify the foregoing to be the true and correct

Given under my hand this

30 *h*

day of

DEATHS.

Division of

Sandwich South 1

OCCUPATION, MARRIED OR SINGLE.	WHERE BORN.	CAUSE OF DEATH. LENGTH OF ILLNESS.	NAME OF PHYSICIAN IN ATTENDANCE.	RELIGIOUS DENOMINATION.	NAME OF PERSON MAKING RETURN.	DATE OF REGISTRATION.
<i>Infant</i>	<i>Sand. South</i>	<i>Tuberculosis; 3 mos</i>	<i>Dr Hoare</i>	<i>Methodist</i>	<i>C. A. Allen</i>	<i>July 2 1905 009698</i>
<i>Housewife</i>	<i>Ohio, U. S.</i>	<i>Pleurisy; 5 weeks</i>	<i>H. R. Casgrain</i>	<i>R. C.</i>	<i>Mr. Charrette</i>	<i>July 6 009699</i>
<i>Married</i>	<i>Sand. South</i>	<i>Pleurisy; 6 months</i>	<i>P. A. Dewar</i>	<i>R. C.</i>	<i>Edmond McCarthy</i>	<i>July 19 009700</i>
<i>Housewife</i>	<i>"</i>	<i>Cholera Infantum; 6 days</i>	<i>Dr Cruickshank</i>	<i>R. C.</i>	<i>Edmond Demmon</i>	<i>Aug 11 009701</i>
<i>Married</i>	<i>Ireland</i>	<i>Old age; 1 month</i>	<i>Dr Cruickshank</i>	<i>R. C.</i>	<i>Jos. Dennison</i>	<i>" 16 009702</i>
<i>Infant</i>	<i>Sand. South</i>	<i>Inflammation brain; 3 wks</i>	<i>J. M. Brien</i>	<i>R. C.</i>	<i>Walter Kelly</i>	<i>" 23 009703</i>
<i>Farmer</i>	<i>Ypparary; Ireland</i>	<i>Old age; 4 days</i>	<i>Dr Albert Brien</i>	<i>R. C.</i>	<i>M. J. Kane</i>	<i>Sept 1 009704</i>
<i>Married</i>	<i>Sand. South</i>	<i>Old age paralysis 1 yr</i>	<i>Jas Brien & Doyle</i>	<i>R. C.</i>	<i>P. D. Connell</i>	<i>Sept 18 009705</i>
<i>Farmer</i>	<i>Sand. South</i>	<i>Typhoid fever; 2 mos</i>	<i>J. M. Brien</i>	<i>R. C.</i>	<i>Mich. Sullivan</i>	<i>Nov 24 009706</i>
<i>Married</i>	<i>Ireland</i>	<i>Pneumonia; 5 days</i>	<i>Brien & Doyle</i>	<i>R. C.</i>	<i>Wm. B. Doyle</i>	<i>Nov 25 009707</i>
<i>Housewife</i>	<i>Essex Co.</i>	<i>Bright Disease; 2 yrs</i>	<i>J. W. Moak</i>	<i>R. C.</i>	<i>J. H. Moak</i>	<i>" 26 009708</i>
<i>Married</i>	<i>as registered with Clerk of Walkerville & not forwarded to me.</i>					<i>009709</i>

and correct
day of

copy of entries of deaths returned by me.

December

A.D. *1905*

Signed,

John Moynahan

Div. Registrar,