

DEATHS

County of EssexDivision of Sandwich East

Marie No. 7 Morreau		Albert No. 8 Chartier		Herbie No. 9 Randall	
Name of Deceased	<u>Morreau Marie</u>	Name of Deceased	<u>Chartier Albert</u>	Name of Deceased	<u>Randall Herbie</u>
Sex	<u>Female</u>	Sex	<u>Male</u>	Sex	<u>Male</u>
Date of Death	<u>Dec 6th 1906</u>	Date of Death	<u>Aug 24th 1906</u>	Date of Death	<u>Oct 3rd 1906</u>
Age	<u>53 yrs</u>	Age	<u>4 years</u>	Age	<u>14 months</u>
Residence, Street No. or Concession and Lot	<u>S. East</u>	Residence, Street No. or Concession and Lot	<u>S. East</u>	Residence, Street No. or Concession and Lot	<u>Maidstone</u>
Occupation	<u>House wife</u>	Occupation	<u>Housewife</u>	Occupation	<u>Infant</u>
Single or Married	<u>married</u>	Single or Married	<u>married</u>	Single or Married	<u>Infant</u>
If Single give name of Father	<u>Jules Brutin</u>	If Single give name of Father	<u>Henri Chartier</u>	If Single give name of Father	<u>Charles Randall</u>
If Married give name of Husband	<u>France</u>	If Married give name of Husband	<u>S. East</u>	If Married give name of Husband	<u>Maidstone</u>
Where Born	<u>France</u>	Where Born	<u>S. East</u>	Where Born	<u>Maidstone</u>
Cause of Death	<u>Tuberculosis Peritonitis</u>	Cause of Death	<u>peritonitis enteritis</u>	Cause of Death	<u>Cholera Infantum</u>
Length of Illness	<u>not given</u>	Length of Illness	<u>a few days</u>	Length of Illness	<u>a few days</u>
Name of Physician in Attendance	<u>Dr Casgrin</u>	Name of Physician in Attendance	<u>Dr D. Richard</u>	Name of Physician in Attendance	<u>no doctor</u>
Religious Denomination	<u>R.C.</u>	Religious Denomination	<u>R.C.</u>	Religious Denomination	<u>R.C.</u>
Name of Person making Return	<u>Dr Casgrin</u>	Name of Person making Return	<u>Henri Chartier</u>	Name of Person making Return	<u>Mme Belair</u>
Date of Registration	<u>Dec 8th 1906</u>	Date of Registration	<u>Aug 24th 1906</u>	Date of Registration	<u>Oct 3rd 1906</u>
Remarks		Remarks		Remarks	

Anastasie Dequindre

Josephine Nouvion

Walter Baillargeon

Anastasie Dequindre No. 10		Josephine Nouvion No. 11		Walter Baillargeon No. 12	
Name of Deceased	<u>Dequindre Anastasie</u>	Name of Deceased	<u>Nouvion Josephine</u>	Name of Deceased	<u>Baillargeon Walter</u>
Sex	<u>Female</u>	Sex	<u>Female</u>	Sex	<u>Male</u>
Date of Death	<u>Sept 8th 1906</u>	Date of Death	<u>Sept 22nd 1906</u>	Date of Death	<u>Sept 9th 1906</u>
Age	<u>82</u>	Age	<u>80</u>	Age	<u>5 Mo.</u>
Residence, Street No. or Concession and Lot	<u>Maidstone</u>	Residence, Street No. or Concession and Lot	<u>Secumack</u>	Residence, Street No. or Concession and Lot	<u>Sandwich East</u>
Occupation	<u>housewife</u>	Occupation	<u>housewife</u>	Occupation	<u>Farmer</u>
Single or Married	<u>married</u>	Single or Married	<u>married</u>	Single or Married	<u>Married</u>
If Single give Name of Father	<u>Charles Campeau</u>	If Single give Name of Father	<u>Jacques Hebert</u>	If Single give Name of Father	<u>Gilbert Baillargeon</u>
If Married give Name of Husband	<u>State of Michigan</u>	If Married give Name of Husband	<u>Pike Creek</u>	If Married give Name of Husband	<u>S. East</u>
Where Born	<u>State of Michigan</u>	Where Born	<u>Quebec</u>	Where Born	<u>S. East</u>
Cause of Death	<u>Smile Decay</u>	Cause of Death	<u>Smile Decay</u>	Cause of Death	<u>Cholera infantum</u>
Length of Illness		Length of Illness	<u>4 weeks</u>	Length of Illness	<u>a few days</u>
Name of Physician in Attendance	<u>Dr Lemire</u>	Name of Physician in Attendance	<u>Dr Lemire</u>	Name of Physician in Attendance	<u>Dr Lemire</u>
Religious Denomination	<u>R.C.</u>	Religious Denomination	<u>R.C.</u>	Religious Denomination	<u>R.C.</u>
Name of Person making Return	<u>Pierre Champagne</u>	Name of Person making Return	<u>Dr Lemire</u>	Name of Person making Return	<u>Gilbert Baillargeon</u>
Date of Registration	<u>Sept 8th 1906</u>	Date of Registration	<u>Sept 22 1906</u>	Date of Registration	<u>Sept 9th 1906</u>
Remarks		Remarks	<u>Nouvion sometimes called 'Sans Cartier'</u>	Remarks	

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 of

A.D. 190

1906

DEATHS

County of EssexDivision of Sandwich South

Alice No. 1 Clark		Ella No. 2 Harshaw		Madeline No. 3 Dumouchelle	
Name of Deceased	<u>Clark Alice Pearson</u>	Name of Deceased	<u>Harshaw Ella Elizabeth</u>	Name of Deceased	<u>Dumouchelle Madeline</u>
Sex	<u>Female</u>	Sex	<u>Female</u>	Sex	<u>Female</u>
Date of Death	<u>Dec. 7/1905</u>	Date of Death	<u>Feb 1/1906</u>	Date of Death	<u>Mar. 5/06</u>
Age	<u>2 wks.</u>	Age	<u>2 yrs 5 mos</u>	Age	<u>12 days</u>
Residence, Street No. or Concession and Lot	<u>Lot 7 Con 5</u>	Residence, Street No. or Concession and Lot	<u>Lot 1 - Con 7</u>	Residence, Street No. or Concession and Lot	<u>Lot 14 - Con 5</u>
Occupation	<u>Infant</u>	Occupation	<u>Infant</u>	Occupation	<u>Infant</u>
Single or Married		Single or Married		Single or Married	
If Single give name of Father		If Single give name of Father	<u>Frank Harshaw</u>	If Single give name of Father	<u>Napoleon Dumouchelle</u>
If Married give name of Husband		If Married give name of Husband	<u>Sandwich South</u>	If Married give name of Husband	<u>Sandwich South</u>
Where Born	<u>Sandwich South</u>	Where Born	<u>Sandwich South</u>	Where Born	<u>Sandwich South</u>
Cause of Death	<u>Marasmus</u>	Cause of Death	<u>Cerebral Meningitis</u>	Cause of Death	<u>Bronchitis</u>
Length of Illness	<u>2 wks.</u>	Length of Illness	<u>2 weeks</u>	Length of Illness	<u>4 days</u>
Name of Physician in Attendance	<u>G. R. Cruickshank</u>	Name of Physician in Attendance	<u>Dr Doyle</u>	Name of Physician in Attendance	<u>Dr J. A. Ashlaugh</u>
Religious Denomination	<u>Epis.</u>	Religious Denomination	<u>Epis.</u>	Religious Denomination	<u>R. C.</u>
Name of Person making Return	<u>G. R. Cruickshank</u>	Name of Person making Return	<u>A. P. H. Killes</u>	Name of Person making Return	<u>J. A. Ashlaugh</u>
Date of Registration	<u>Jan 1/06</u>	Date of Registration	<u>Feb 2/06</u>	Date of Registration	<u>Mar. 6/06</u>
Remarks		Remarks		Remarks	

Edward Banwell

Doan

Emra Watson Ure

Edward Banwell No. 4		Doan No. 5		Emra Watson Ure No. 6	
Name of Deceased	<u>Banwell Edward D</u>	Name of Deceased	<u>Doan</u>	Name of Deceased	<u>Ure Emra Watson</u>
Sex	<u>Male</u>	Sex	<u>Female</u>	Sex	<u>Male</u>
Date of Death	<u>Mar 6/06</u>	Date of Death	<u>Mar 24/06</u>	Date of Death	<u>Mar. 20/06</u>
Age	<u>73</u>	Age	<u>one day</u>	Age	<u>3 days</u>
Residence, Street No. or Concession and Lot	<u>Lot 303 R. F. R.</u>	Residence, Street No. or Concession and Lot	<u>Lot 17 Con 8</u>	Residence, Street No. or Concession and Lot	<u>Lot 17 Con 8</u>
Occupation	<u>Farmer</u>	Occupation	<u>Infant</u>	Occupation	<u>Infant</u>
Single or Married	<u>Married</u>	Single or Married		Single or Married	
If Single give Name of Father	<u>Er</u>	If Single give Name of Father	<u>Andrew Doan</u>	If Single give Name of Father	<u>Daniel E. Ure</u>
If Married give Name of Husband	<u>England</u>	If Married give Name of Husband	<u>Sandwich South</u>	If Married give Name of Husband	<u>Sandwich</u>
Where Born	<u>England</u>	Where Born	<u>Sandwich South</u>	Where Born	<u>Sandwich</u>
Cause of Death	<u>Bronchitis</u>	Cause of Death	<u>unknown</u>	Cause of Death	<u>Convulsions</u>
Length of Illness	<u>1 week</u>	Length of Illness	<u>1 day</u>	Length of Illness	<u>3 days</u>
Name of Physician in Attendance	<u>James Samson</u>	Name of Physician in Attendance	<u>G. R. Cruickshank</u>	Name of Physician in Attendance	<u>G. R. Cruickshank</u>
Religious Denomination	<u>Epis.</u>	Religious Denomination	<u>Methodist</u>	Religious Denomination	<u>Methodist</u>
Name of Person making Return	<u>James Samson</u>	Name of Person making Return	<u>Mr. Ure</u>	Name of Person making Return	<u>Mr. Ure</u>
Date of Registration	<u>Mar 6/06</u>	Date of Registration	<u>Mar 24/06</u>	Date of Registration	<u>Mar. 24/06</u>
Remarks		Remarks		Remarks	

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 of

A.D. 190

1906

DEATHS

County of *Essex*Division of *Sandwich South*

Gertrude No. 7 Jobin

Gregory No. 8 Jobin

Margaret No. 9 O'Neil

Name of Deceased	1	<i>John Gertrude</i>	<i>John Gregory</i>	<i>O'Neil Margaret</i>
Sex	2	<i>Female</i>	<i>Male</i>	<i>Female</i>
Date of Death	3	<i>Apr. 17/1906</i>	<i>Apr 18/1906</i>	<i>Apr 1/1906</i>
Age	4	<i>26 da.</i>	<i>27 days</i>	<i>82 years</i>
Residence, Street No. or Concession and Lot	5	<i>Lot 15- Con 9</i>	<i>Lot 15- Con 9</i>	<i>Lot 14- Con 7</i>
Occupation	6	<i>Infant</i>	<i>Infant</i>	<i>House-wife</i>
Single or Married	7	<i>009944</i>	<i>009945</i>	<i>Married</i>
If Single give name of Father	8	<i>Thomas Jobin</i>	<i>Thomas Jobin</i>	<i>Patrick O'Neil (deceased)</i>
If Married give name of Husband	8	<i>Thomas Jobin</i>	<i>Thomas Jobin</i>	<i>Ireland</i>
Where Born	9	<i>Sandwich South</i>	<i>Sandwich South</i>	<i>Ireland</i>
Cause of Death	10	<i>unknown</i>	<i>unknown</i>	<i>Senile decay</i>
Length of Illness	11			<i>2 or 3 yrs</i>
Name of Physician in Attendance	12	<i>Dr. Dewar</i>	<i>Dr. Dewar</i>	<i>Dr. Dewar</i>
Religious Denomination	13	<i>R. Catholic</i>	<i>R. Catholic</i>	<i>R. Catholic</i>
Name of Person making Return	14	<i>Jas. McAuliffe</i>	<i>Jas. McAuliffe</i>	<i>Jas. McAuliffe</i>
Date of Registration	15	<i>Apr 21/06</i>	<i>Apr 21/06</i>	<i>Apr 2/06</i>
Remarks	16	<i>Explet</i>	<i>Explet.</i>	

Stanley Neil / O'Neil

Eliza Delisle

Veronica Jobin

Name of Deceased	1	<i>Neil Stanley Earl.</i>	<i>Delisle Eliza</i>	<i>Jobin Veronica</i>
Sex	2	<i>Male</i>	<i>Female</i>	<i>Female</i>
Date of Death	3	<i>May 11, 1906</i>	<i>May 29/1906</i>	<i>May 6/1906</i>
Age	4	<i>3 da</i>	<i>4 weeks</i>	<i>90 da</i>
Residence, Street No. or Concession and Lot	5	<i>Lot 5- Con 7</i>	<i>Lot 224 S.T.R</i>	<i>Lot 15- Con 9</i>
Occupation	6	<i>Infant</i>	<i>Infant</i>	<i>Infant</i>
Single or Married	7	<i>009947</i>	<i>009948</i>	<i>009919</i>
If Single give Name of Father	8	<i>Mr. J. Neil</i>	<i>James Delisle</i>	<i>Alex Jobin</i>
If Married give Name of Husband	8	<i>Mr. J. Neil</i>	<i>James Delisle</i>	<i>Alex Jobin</i>
Where Born	9	<i>Sand. South</i>	<i>Sand. South</i>	<i>Sand. South</i>
Cause of Death	10	<i>unknown</i>	<i>whooping cough</i>	<i>Intestinal obstruction</i>
Length of Illness	11	<i>3 days</i>	<i>1 wk.</i>	<i>24 hrs.</i>
Name of Physician in Attendance	12	<i>J. M. Brien</i>	<i>W. C. Doyle</i>	<i>J. M. Brien</i>
Religious Denomination	13	<i>Epis</i>	<i>R. C.</i>	<i>R. C.</i>
Name of Person making Return	14	<i>Charles Neil</i>	<i>James Delisle</i>	<i>Alex Jobin</i>
Date of Registration	15	<i>May 12/06</i>	<i>May 31/06</i>	<i>May 10/1906</i>
Remarks	16			

DEATHS

County of

Division of

Gerald No. 13 Jobin

William No. 14 Jessop

Name of Deceased	1	<i>John Gerald</i>	<i>William Jessop</i>
Sex	2	<i>Male</i>	<i>Mr</i>
Date of Death	3	<i>June 27/06</i>	<i>May 31/06</i>
Age	4	<i>3 mos.</i>	<i>24 yrs.</i>
Residence, Street No. or Concession and Lot	5	<i>Lot 13- Con 9</i>	<i>Lot 307 N.Y.R.</i>
Occupation	6	<i>Infant</i>	<i>Farmer</i>
Single or Married	7	<i>009950</i>	<i>Single</i>
If Single give name of Father	8	<i>Thomas Jobin</i>	<i>Mr. Jessop</i>
If Married give name of Husband	8	<i>Thomas Jobin</i>	<i>Sand South</i>
Where Born	9	<i>Sand. South</i>	<i>Sand South</i>
Cause of Death	10	<i>Indigestion</i>	<i>Pneumonia, 10 da</i>
Length of Illness	11	<i>2 hrs</i>	<i>10 da</i>
Name of Physician in Attendance	12	<i>Dr. Dewar</i>	<i>Dr. Dewar</i>
Religious Denomination	13	<i>R. C.</i>	<i>Ch of Eng</i>
Name of Person making Return	14	<i>Thomas Jobin</i>	<i>P. A. Dewar</i>
Date of Registration	15	<i>June 27/06</i>	<i>June 1/06</i>
Remarks	16	<i>Explet.</i>	

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 of

June 30, 1906

A.D. 1906

Sandwich South

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 of

June 30, 1906

A.D. 1906

Sandwich South

DEATHS

County of

Division of

No.

No.

No.

Surname first

Surname first

Surname first

Name of Deceased

Sex

Date of Death

Age

Residence
Street No. or
Concession and Lot

Occupation

Single or Married
If Single give name of
Father
If Married give name of
Husband

Where Born

Cause of Death

Length of Illness

Name of Physician
in Attendance

Religious Denomination

Name of Person making
Return

Date of Registration

Remarks

DEATHS

County of

Division of

No. 15

No. 16

No. 17

Surname first

Surname first

Surname first

Name of Deceased

Sex

Date of Death

Age

Residence,
Street No. or
Concession and Lot

Occupation

Single or Married
If Single give name of
Father
If Married give name of
Husband

Where Born

Cause of Death

Length of Illness

Name of Physician
in Attendance

Religious Denomination

Name of Person making
Return

Date of Registration

Remarks

Nicholas Dixon

George Fluke

Thomas Shuttleworth

No.

No.

No.

Surname first

Surname first

Surname first

Name of Deceased

Sex

Date of Death

Age

Residence
Street No. or
Concession and Lot

Occupation

Single or Married
If Single give Name of
Father
If Married give Name of
Husband

Where Born

Cause of Death

Length of Illness

Name of Physician
in Attendance

Religious Denomination

Name of Person making
Return

Date of Registration

Remarks

Surname first

Surname first

Surname first

Name of Deceased

Sex

Date of Death

Age

Residence,
Street No. or
Concession and Lot

Occupation

Single or Married
If Single give Name of
Father
If Married give Name of
Husband

Where Born

Cause of Death

Length of Illness

Name of Physician
in Attendance

Religious Denomination

Name of Person making
Return

Date of Registration

Remarks

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

Division Registrar of

A.D. 190

190

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

Division Registrar of

A.D. 190

190

J. Naprahan

December

Sandwich South

DEATHS

County of *Essex*
Mich McCannDivision of *Sandwich South*
Henry TrudellNo. *21*No. *22*

No.

Name of Deceased	1	<i>McCann Mich.</i>	<i>Trudell Henry</i>
Sex	2	<i>Male</i>	<i>Male</i>
Date of Death	3	<i>Nov 8/06</i>	<i>About Dec 7/06</i>
Age	4	<i>62 yrs</i>	<i>40</i>
Residence Street No. or Concession and Lot	5	<i>Lot 10 - Con 10</i>	
Occupation	6	<i>Farmer</i> ✓	
Single or Married If Single give name of Father If Married give name of Husband	7	<i>Married</i>	<i>Supposed to be married.</i>
Where Born	9	<i>Ireland</i> 009958	009959
Cause of Death	10	<i>Consumption</i> ✓	
Length of Illness	11	<i>3 years</i>	
Name of Physician in Attendance	12	<i>Brown + Doyle</i>	
Religious Denomination	13	<i>R.C.</i>	
Name of Person making Return	14	<i>And. McCann</i>	<i>J. I. Shuttleworth</i>
Date of Registration	15	<i>Nov 9/06</i>	<i>Dec 12/06</i>
Remarks	16		<i>This man went by name of Armstrong + is supposed to be married. He was found dead on Dec 11/06 + Dr James made no report to time</i>

No.

No.

No.

Name of Deceased	1		
Sex	2		
Date of Death	3		
Age	4		
Residence Street No. or Concession and Lot	5		
Occupation	6		
Single or Married If Single give Name of Father If Married give Name of Husband	7		
Where Born	9		
Cause of Death	10		
Length of Illness	11		
Name of Physician in Attendance	12		
Religious Denomination	13		
Name of Person making Return	14		
Date of Registration	15		
Remarks	16		

DEATHS

County of *Essex*
Joseph NantaisDivision of *Sandwich West*
Widow Mougiss???
Maglore? ParentNo. *1*No. *2*No. *3*

Name of Deceased	1	<i>Nantais Joseph</i>	<i>Mougiss Widow Charles</i>	<i>Parent Maglore</i>
Sex	2	<i>Male</i>	<i>Female</i>	<i>Male</i>
Date of Death	3	<i>December 20 - 1905</i>	<i>January 29/06</i>	<i>January 31/06</i>
Age	4	<i>15 months</i>	<i>76 years</i>	<i>76 years</i>
Residence Street No. or Concession and Lot	5	<i>Home line road</i>	<i>4th Concession</i>	<i>6th Concession</i>
Occupation	6		<i>housewife</i> ✓	<i>Farmer</i> ✓
Single or Married If Single give name of Father If Married give name of Husband	7		<i>Married - Mougiss</i>	<i>Married</i>
Where Born	9	<i>Sandwich West</i>	<i>Sandwich West</i>	<i>Sandwich West</i>
Cause of Death	10	<i>Consumption</i> ✓	<i>Insane</i> ✓	<i>Old age</i> ✓
Length of Illness	11	<i>4 months</i>	<i>3 years</i>	<i>12 months</i>
Name of Physician in Attendance	12	<i>Dr. Lamson</i>	<i>Dr. Lamson</i>	<i>Dr. Lamson</i>
Religious Denomination	13	<i>R.C.</i>	<i>R.C.</i>	<i>R.C.</i>
Name of Person making Return	14	<i>Patrice Nantais</i>	<i>Victor Field</i>	<i>Mr. Buck</i>
Date of Registration	15	<i>January 15 - 1906</i>	<i>January 30/06</i>	<i>January 31/06</i>
Remarks	16			

Alma Pare

Mrs. Patrice Beneteau

Mary Donlan

Name of Deceased	1	<i>Pare Alma</i>	<i>Beneteau Mrs Patrice</i>	<i>Donlan Mary</i>
Sex	2	<i>Female</i>	<i>Female</i>	<i>Female</i>
Date of Death	3	<i>February 28/06</i>	<i>February 28/06</i>	<i>February 13/06</i>
Age	4	<i>16 years</i>	<i>49 years</i>	<i>17 years</i>
Residence Street No. or Concession and Lot	5	<i>1st Concession</i>	<i>2nd Concession</i>	<i>Home line road</i>
Occupation	6		<i>housewife</i> ✓	<i>single at home</i> ✓
Single or Married If Single give Name of Father If Married give Name of Husband	7	<i>Single</i>	<i>Married</i> 009963	<i>Single</i> 009965
Where Born	9	<i>Sandwich West</i>	<i>Anderton Sp. Ensign</i>	<i>Sandwich West</i>
Cause of Death	10	<i>heart disease</i> ✓	<i>Cancer</i> ✓	<i>Inflammation of the Lungs</i> ✓
Length of Illness	11	<i>6 months</i>	<i>1 week</i>	<i>3 weeks</i>
Name of Physician in Attendance	12	<i>Dr. Lamson</i>	<i>Dr. Lamson</i>	<i>Dr. Lamson</i>
Religious Denomination	13	<i>R.C.</i>	<i>R.C.</i>	<i>R.C.</i>
Name of Person making Return	14	<i>Alma Pare</i>	<i>Rene Beneteau</i>	<i>Victor Field</i>
Date of Registration	15	<i>February 28/06</i>	<i>February 26/06</i>	<i>February 13/06</i>
Remarks	16			

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 *31st* day of *December* A.D. 190 *6*

Division Registrar of

Sandwich South

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 *15th* day of *July* A.D. 190 *6*

Division Registrar of

Sandwich West