

| County of <i>Cum</i>                        |                          | Division of <i>Sancti Spiritus</i> |                         |
|---------------------------------------------|--------------------------|------------------------------------|-------------------------|
| No. <i>1</i>                                | No. <i>2</i>             | No. <i>3</i>                       |                         |
| Name of Deceased                            | <i>McCarthy Lily</i>     | <i>Barrett Catherine</i>           | <i>Halford John</i>     |
| Sex                                         | <i>Female</i>            | <i>Female</i>                      | <i>Male</i>             |
| Date of Death                               | <i>Jan 17/07</i>         | <i>Nov 21/1906</i>                 | <i>Jan 31/1907</i>      |
| Age                                         | <i>40</i>                | <i>75</i>                          | <i>82</i>               |
| Residence, Street No. or Concession and Lot | <i>301 N.Y.R.</i>        | <i>Lot 10 - Con 9</i>              | <i>Lot 297 - S.Y.R.</i> |
| Occupation                                  | <i>House-wife</i>        | <i>House-wife</i>                  | <i>Farmer</i>           |
| Single or Married                           | <i>Married</i>           | <i>Widow</i>                       | <i>Widower</i>          |
| If Single give name of Father               | <i>013534</i>            | <i>013565</i>                      | <i>013535</i>           |
| If Married give name of Husband             | <i>Yho McCarthy</i>      | <i>James Barrett</i>               | <i>James Barrett</i>    |
| Where Born                                  | <i>Virginia U.S.A.</i>   | <i>Ireland</i>                     | <i>Ireland</i>          |
| Cause of Death                              | <i>Pneumonia; 1 week</i> | <i>Enlargement of liver</i>        | <i>Old age</i>          |
| Length of Illness                           | <i>1 week</i>            | <i>3 months</i>                    | <i>1 month</i>          |
| Name of Physician in Attendance             | <i>Dr James Breen</i>    | <i>Dr Deane</i>                    | <i>Dr J. W. Breen</i>   |
| Religious Denomination                      | <i>R.C.</i>              | <i>R.C.</i>                        | <i>R.C.</i>             |
| Name of Person making Return                | <i>Thomas McCarthy</i>   | <i>R. J. Barrett</i>               | <i>Robt Halford</i>     |
| Date of Registration                        | <i>Jan 18/07</i>         | <i>Jan 28/1907</i>                 | <i>Feb 5/1907</i>       |
| Remarks                                     | <i>Lily McCarthy</i>     | <i>Catherine Barrett</i>           | <i>John Halford</i>     |

| No. <i>4</i>                                | No. <i>5</i>          | No. <i>6</i>                 |                       |
|---------------------------------------------|-----------------------|------------------------------|-----------------------|
| Name of Deceased                            | <i>Lennon Robert</i>  | <i>Watson Rebecca Louise</i> | <i>John Earle</i>     |
| Sex                                         | <i>Male</i>           | <i>Female</i>                | <i>Male</i>           |
| Date of Death                               | <i>Feb 11/1907</i>    | <i>Apr 4/1907</i>            | <i>Apr 25th 1907</i>  |
| Age                                         | <i>45</i>             | <i>58</i>                    | <i>6 weeks</i>        |
| Residence, Street No. or Concession and Lot | <i>Lot 296 S.Y.R.</i> | <i>Lot 11 - Con 9</i>        | <i>Lot 15 - Con 9</i> |
| Occupation                                  | <i>Farmer</i>         | <i>House-wife</i>            | <i>Infant</i>         |
| Single or Married                           | <i>Married</i>        | <i>Widow</i>                 | <i>013559</i>         |
| If Single give Name of Father               | <i>013537</i>         | <i>013563</i>                | <i>013559</i>         |
| If Married give Name of Husband             | <i>Robert Lennon</i>  | <i>Robert Watson</i>         | <i>Alex Jobin</i>     |
| Where Born                                  | <i>Sandwich South</i> | <i>Ontario</i>               | <i>Sandwich South</i> |
| Cause of Death                              | <i>Pneumonia</i>      | <i>Locomotor Ataxia</i>      | <i>Diphtheria</i>     |
| Length of Illness                           | <i>1 week</i>         | <i>2 years</i>               | <i>2 weeks</i>        |
| Name of Physician in Attendance             | <i>Dr J. W. Breen</i> | <i>Dr G. R. Cruickshank</i>  | <i>J. W. Breen</i>    |
| Religious Denomination                      | <i>R.C.</i>           | <i>Methodist</i>             | <i>R.C.</i>           |
| Name of Person making Return                | <i>Mr Sutton</i>      | <i>G. R. Cruickshank</i>     | <i>J. W. Breen</i>    |
| Date of Registration                        | <i>Feb 11/1907</i>    | <i>Apr 5/1907</i>            | <i>Apr 26/07</i>      |
| Remarks                                     | <i>Robert Lennon</i>  | <i>Rebecca Watson</i>        | <i>Earl Jobin</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

*John J. Maganahan*

*John J. Maganahan*

*John J. Maganahan*

1907

South Historical Society

| No. | Surname first                                         | No. | Surname first           | No. | Surname first                                         | No. | Surname first   |
|-----|-------------------------------------------------------|-----|-------------------------|-----|-------------------------------------------------------|-----|-----------------|
| 1   | Name of Deceased                                      | 1   | <i>Holden Ora Marie</i> | 1   | Name of Deceased                                      | 1   | <i>Melchior</i> |
| 2   | Sex                                                   | 2   | <i>Female</i>           | 2   | Sex                                                   | 2   | <i>Male</i>     |
| 3   | Date of Death                                         | 3   | <i>May 17th 1907</i>    | 3   | Date of Death                                         | 3   | <i>Aug</i>      |
| 4   | Age                                                   | 4   | <i>8 weeks</i>          | 4   | Age                                                   | 4   | <i>5</i>        |
| 5   | Residence<br>Street No. or<br>Concession and Lot      | 5   | <i>Lot 5- Con 6</i>     | 5   | Residence,<br>Street No. or<br>Concession and Lot     | 5   | <i>Lot 30</i>   |
| 6   | Occupation                                            | 6   | <i>Farmer</i>           | 6   | Occupation                                            | 6   | <i>Inf</i>      |
| 7   | Single or Married<br>If Single give name of<br>Father | 7   | <i>Infant</i>           | 7   | Single or Married<br>If Single give name of<br>Father | 7   | <i>Geo.</i>     |
| 8   | If Married give name<br>of Husband                    | 8   | <i>Arthur Holden</i>    | 8   | If Married give name of<br>Husband                    | 8   | <i>Sand.</i>    |
| 9   | Where Born                                            | 9   | <i>Sand. South</i>      | 9   | Where Born                                            | 9   | <i>Menun</i>    |
| 10  | Cause of Death                                        | 10  | <i>Improper feeding</i> | 10  | Cause of Death                                        | 10  | <i>3 days</i>   |
| 11  | Length of Illness                                     | 11  | <i>4 days</i>           | 11  | Length of Illness                                     | 11  | <i>C. H.</i>    |
| 12  | Name of Physician<br>in Attendance                    | 12  | <i>A. E. Stuart</i>     | 12  | Name of Physician<br>in Attendance                    | 12  | <i>Melchior</i> |
| 13  | Religious Denomination                                | 13  | <i>Ch of Eng.</i>       | 13  | Religious Denomination                                | 13  | <i>Geo.</i>     |
| 14  | Name of Person making<br>Return                       | 14  | <i>A. E. Stuart</i>     | 14  | Name of Person making<br>Return                       | 14  | <i>Aug</i>      |
| 15  | Date of Registration                                  | 15  | <i>May 18/1907</i>      | 15  | Date of Registration                                  | 15  |                 |
| 16  | Remarks                                               | 16  | <i>Ora Marie Holden</i> | 16  | Remarks                                               | 16  |                 |

| No. | Surname first                                         | No. | Surname first | No. | Surname first                                         | No. | Surname first   |
|-----|-------------------------------------------------------|-----|---------------|-----|-------------------------------------------------------|-----|-----------------|
| 1   | Name of Deceased                                      | 1   |               | 1   | Name of Deceased                                      | 1   | <i>Abu M</i>    |
| 2   | Sex                                                   | 2   |               | 2   | Sex                                                   | 2   | <i>Male</i>     |
| 3   | Date of Death                                         | 3   |               | 3   | Date of Death                                         | 3   | <i>Dec 10</i>   |
| 4   | Age                                                   | 4   |               | 4   | Age                                                   | 4   | <i>18</i>       |
| 5   | Residence<br>Street No. or<br>Concession and Lot      | 5   |               | 5   | Residence,<br>Street No. or<br>Concession and Lot     | 5   | <i>Lot 17</i>   |
| 6   | Occupation                                            | 6   |               | 6   | Occupation                                            | 6   |                 |
| 7   | Single or Married<br>If Single give Name of<br>Father | 7   |               | 7   | Single or Married<br>If Single give Name of<br>Father | 7   | <i>David E</i>  |
| 8   | If Married give Name<br>of Husband                    | 8   |               | 8   | If Married give Name of<br>Husband                    | 8   | <i>Sand.</i>    |
| 9   | Where Born                                            | 9   |               | 9   | Where Born                                            | 9   | <i>Connors</i>  |
| 10  | Cause of Death                                        | 10  |               | 10  | Cause of Death                                        | 10  | <i>18 days</i>  |
| 11  | Length of Illness                                     | 11  |               | 11  | Length of Illness                                     | 11  | <i>G. R. C.</i> |
| 12  | Name of Physician in<br>Attendance                    | 12  |               | 12  | Name of Physician in<br>Attendance                    | 12  | <i>Melchior</i> |
| 13  | Religious Denomination                                | 13  |               | 13  | Religious Denomination                                | 13  | <i>G. R. C.</i> |
| 14  | Name of Person making<br>Return                       | 14  |               | 14  | Name of Person making<br>Return                       | 14  | <i>Dec 1</i>    |
| 15  | Date of Registration                                  | 15  |               | 15  | Date of Registration                                  | 15  |                 |
| 16  | Remarks                                               | 16  |               | 16  | 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

day of

Division Registrar of

A.D. 190

190

I hereby certify the foregoing to be  
Given under my hand,

Sandwich South Historical Society

| No. | Surname first           | No. | Surname first                | No. | Surname first         |
|-----|-------------------------|-----|------------------------------|-----|-----------------------|
| 1   | <i>Welsh Chas Ester</i> | 1   | <i>Dumouchelle Elizabeth</i> | 1   | <i>Lennon</i>         |
| 2   | <i>Male</i>             | 2   | <i>Female</i>                | 2   | <i>Male</i>           |
| 3   | <i>Aug 22/1907</i>      | 3   | <i>Sept 15/1907</i>          | 3   | <i>Nov 1st 1907</i>   |
| 4   | <i>5 mos.</i>           | 4   | <i>78</i>                    |     |                       |
| 5   | <i>Lot 303 N.Y.R.</i>   | 5   | <i>Lot 15 - Con 5</i>        | 5   | <i>Lot 295 N.Y.R.</i> |
| 6   | <i>Infant</i>           | 6   | <i>House wife</i>            |     |                       |
| 7   | <i>010571</i>           | 7   | <i>Married 010572</i>        | 7   | <i>010573</i>         |
| 8   | <i>Geo. Welsh</i>       | 8   | <i>Ignace Dumouchelle</i>    | 8   | <i>Ed. Lennon</i>     |
| 9   | <i>Sand. South</i>      | 9   | <i>Sand. West.</i>           | 9   | <i>Sand. Southy</i>   |
| 10  | <i>Menigitis</i>        | 10  | <i>Old age</i>               | 10  |                       |
| 11  | <i>3 days</i>           | 11  | <i>one year</i>              | 11  | <i>J. H. Bruin</i>    |
| 12  | <i>C. H. Hare</i>       | 12  | <i>H. R. Casgrain</i>        | 12  | <i>J. H. Bruin</i>    |
| 13  | <i>Methodist</i>        | 13  | <i>R. B.</i>                 | 13  | <i>R. B.</i>          |
| 14  | <i>Geo. Welsh</i>       | 14  | <i>A. J. Janisse</i>         | 14  | <i>Ed. Lennon</i>     |
| 15  | <i>Aug 23/07</i>        | 15  | <i>Sept 16/1907.</i>         | 15  | <i>Nov 107</i>        |
| 16  | <i>Charles Welsh</i>    | 16  | <i>Elizabeth Dumouchelle</i> | 16  | <i>Lennon</i>         |

| No. | Surname first            | No. | Surname first | No. | Surname first |
|-----|--------------------------|-----|---------------|-----|---------------|
| 1   | <i>Ure Wilfred</i>       |     |               |     |               |
| 2   | <i>Male</i>              |     |               |     |               |
| 3   | <i>Dec 10th 1907</i>     |     |               |     |               |
| 4   | <i>18 days</i>           |     |               |     |               |
| 5   | <i>Lot 17 Con 8</i>      |     |               |     |               |
| 6   | <i>010574</i>            |     |               |     |               |
| 7   |                          |     |               |     |               |
| 8   | <i>David E. Ure</i>      |     |               |     |               |
| 9   | <i>Sand. South.</i>      |     |               |     |               |
| 10  | <i>Convulsions</i>       |     |               |     |               |
| 11  | <i>18 days</i>           |     |               |     |               |
| 12  | <i>G. R. Cruickshank</i> |     |               |     |               |
| 13  | <i>Methodist</i>         |     |               |     |               |
| 14  | <i>G. R. Cruickshank</i> |     |               |     |               |
| 15  | <i>Dec 15/07</i>         |     |               |     |               |
| 16  | <i>Wilfred Ure</i>       |     |               |     |               |

County of

Division of

Court

| No.                                                   | No.           | No.                                                   | No.           |
|-------------------------------------------------------|---------------|-------------------------------------------------------|---------------|
| Surname first                                         | Surname first | Surname first                                         | Surname first |
| Name of Deceased                                      | 1             | Name of Deceased                                      | 1             |
| Sex                                                   | 2             | Sex                                                   | 2             |
| Date of Death                                         | 3             | Date of Death                                         | 3             |
| Age                                                   | 4             | Age                                                   | 4             |
| Residence<br>Street No. or<br>Concession and Lot      | 5             | Residence,<br>Street No. or<br>Concession and Lot     | 5             |
| Occupation                                            | 6             | Occupation                                            | 6             |
| Single or Married<br>If Single give name of<br>Father | 7             | Single or Married<br>If Single give Name of<br>Father | 7             |
| If Married give name<br>of Husband                    | 8             | If Married give Name<br>of Husband                    | 8             |
| Where Born                                            | 9             | Where Born                                            | 9             |
| Cause of Death                                        | 10            | Cause of Death                                        | 10            |
| Length of Illness                                     | 11            | Length of Illness                                     | 11            |
| Name of Physician<br>in Attendance                    | 12            | Name of Physician in<br>Attendance                    | 12            |
| Religious Denomination                                | 13            | Religious Denomination                                | 13            |
| Name of Person making<br>Return                       | 14            | Name of Person making<br>Return                       | 14            |
| Date of Registration                                  | 15            | Date of Registration                                  | 15            |
| Remarks                                               | 16            | Remarks                                               | 16            |

| No.                                                   | No.           | No.                                                   | No.           |
|-------------------------------------------------------|---------------|-------------------------------------------------------|---------------|
| Surname first                                         | Surname first | Surname first                                         | Surname first |
| Name of Deceased                                      | 1             | Name of Deceased                                      | 1             |
| Sex                                                   | 2             | Sex                                                   | 2             |
| Date of Death                                         | 3             | Date of Death                                         | 3             |
| Age                                                   | 4             | Age                                                   | 4             |
| Residence<br>Street No. or<br>Concession and Lot      | 5             | Residence,<br>Street No. or<br>Concession and Lot     | 5             |
| Occupation                                            | 6             | Occupation                                            | 6             |
| Single or Married<br>If Single give Name of<br>Father | 7             | Single or Married<br>If Single give Name of<br>Father | 7             |
| If Married give Name<br>of Husband                    | 8             | If Married give Name<br>of Husband                    | 8             |
| Where Born                                            | 9             | Where Born                                            | 9             |
| Cause of Death                                        | 10            | Cause of Death                                        | 10            |
| Length of Illness                                     | 11            | Length of Illness                                     | 11            |
| Name of Physician in<br>Attendance                    | 12            | Name of Physician in<br>Attendance                    | 12            |
| Religious Denomination                                | 13            | Religious Denomination                                | 13            |
| Name of Person making<br>Return                       | 14            | Name of Person making<br>Return                       | 14            |
| Date of Registration                                  | 15            | Date of Registration                                  | 15            |
| Remarks                                               | 16            | 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

day of  
Division Registrar of

A.D. 190

100

I hereby certify the foregoing to be  
Given under my hand,

Sandwich South Historical Society