855

DEATHS

County of Essex — Division of Sandwich South

	No. 1	No. 2	No. 3
	Surname first	Surname first	Surname first
1 Name of Deceased	O'Neil Joseph	Barron David Joseph	McAuliffe —
2 Sex	Male	Male	Female
3 Date of Death	Jan 18/1908	Jan. 19th 1908	Jan 17th 1908
4 Age	3.0	5 hours	—
5 Residence, Street No. or Concession and Lot	Lot 5 – Con 6	Lot 1 – Con 17	Lot 264 L.S.R.
6 Occupation	Farmer		
7 Single or Married If Single give Name of Father If Married give Name of Husband	Single 010673	010674	010675
8	James O'Neil	David Barron	Jas. McAuliffe
9 Where Born	Sand. South.	Sand South.	Sandwich South
10 Cause of Death	Endocarditis; few moments	Non-closure of foramen ovale	Still-born
11 Length of Illness	few moments	5 hrs.	
12 Name of Physician in Attendance	J. H. Breen	J. H. Breen	J. H. Breen
13 Religious Denomination	R.C.	R.C.	R.C.
14 Name of Person making Return	J. H. Breen	J. H. Breen	J. H. Breen
15 Date of Registration	Jan 19/1908	Jan 19th 1908	Jan 20/1908
16 Remarks	This death occurred in St Colchester North but was sent me by Clerk of Town of Ears as deceased always lived here.		Still Born

Joseph O'Neil

David Barron

McAuliffe

	No. 4	No. 5	No.
	Surname first	Surname first	Surname first
1 Name of Deceased	Shuell James	O'Connell —	
2 Sex	Male	Female	
3 Date of Death	Jan 13/1908	Oct 25/1907	
4 Age	78	—	
5 Residence, Street No. or Concession and Lot	Lot 1 – Con 8	Lot 299 S.S.R.	
6 Occupation	Farmer 010676	Farmer	
7 Single or Married If Single give Name of Father If Married give Name of Husband	Single	Peter O'Connell.	
8	Don't know		
9 Where Born	Ireland	Sand. South	
10 Cause of Death	General Debility	Still Born	
11 Length of Illness			
12 Name of Physician in Attendance	J. H. Breen	Dr Doyle	
13 Religious Denomination	Ch of England	R. C.	
14 Name of Person making Return	J. H. Breen	Dr Doyle	
15 Date of Registration	Jan 20/08	Feb 1/1908	
16 Remarks			

James Shuel

O'Connell

Certificate of Death.
I attended the deceased.

190 9

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the half-year ending June 30, 190 8
Given under my hand, this 30th day of June A.D. 1908
John Maynahan Division Registrar of Sandwich South.

Schedule D.

DEATHS

357

County of (2) Essex Division of (1) Sandwich South

	Surname first.	Surname first.	Surname first.
FULL NAME of Deceased. Initials only not accepted. 3.*	Halford	Chauvin Ida	Halford Mary Elizabeth
Sex, and Race. 4.	Female	Female	Female
Date of Death. 5.	May 24/1908	Aug 4/1908	Aug 3rd 1908
Date of Birth. 6.	May 24/1908	Aug 24/1907	June 26th 1908
Age and Place of Birth. 7.	Sandwich South	one year; Sand South	5 weeks; Sand South
Place of Death, City, Town, Village or Concession and Lot. If in Hospital, give name, how long Deceased was an Inmate, and former or usual place of residence. 8.	Lot 294 M.S.R.	Lot 14 Con 11 Sand. South.	Lot 297 S.S.R Sandwich South
Occupation. 9.		Infant.	Infant.
Single, Widowed, or Divorced. 10.	010678	010679	010680
Full name of Father. 11.	Ignatius Halford	William Chauvin	Robert Halford
Birthplace of Father. 12.	Sand. South		Sand. South.
Maiden Name of Mother. 13.	Christene Rourke	Louise Adam	Lizzie McCloskey
Birthplace of Mother. 14.	Maidstone		Sandwich South
Name of Physician who attended Deceased. 15.	None	None	H. C. Doyle
Certified by	Ignatius Halford	H. Janisse Undertaker	Robert Halford
Address	Maidstone	Windsor	Maidstone
Date 16.	July 30(08) Still born	Aug 5/08	Aug 5/08
	Medical Certificate of Death. I hereby certify that I attended the deceased	**Medical Certificate of Death.** I hereby certify that I attended the deceased.	**Medical Certificate of Death.** I hereby certify that I attended the deceased.
Name	Halford	Ida Chauvin	Mary Halford
From	190	190	190
That I last saw h..... alive on	190	190	190
That the death occurred on	190	190	190
CAUSE OF DEATH. Primary.	✓	Cholera Infantum ✓	Acute Indigestion ✓
Duration.		3 days	3 days
Immediate.			Heart failure
Duration.			
Physician's name.			H. C. Doyle
Address.			Essex
Date.			
Remarks.			

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter year ending Dec 31st 1908

Given under my hand, this 31st day of December A.D. 1908

John Moynahan Division Registrar of Sandwich South.

*N. B.—The reference numbers given are those found in Form C, to assist in transcribing.

Schedule D.

358

DEATHS

County of (2) Essex Division of (1) Sandwich South

	Surname first.	Surname first	Surname first
FULL NAME of Deceased. Initials only not accepted. 3.*	O'Connell	Deslippe Leona	Willette Margaret
Sex, and Race. 4.	Female	Female	Female
Date of Death. 5.	Aug 4/1908	July 22/1908	Aug. 19/1908
Date of Birth. 6.	Aug 3/1908		
Age and Place of Birth. 7.	one day, Sand. South.	2 years	76 years
Place of Death, City, Town, Village or Concession and Lot. If in Hospital, give name, how long Deceased was an inmate, and former or usual place of residence. 8.	Lot 299 S.Y.R Sandwich South	Lot 300 S.Y.R Sand. South	Lot 306 S.Y.R Sand. South
Occupation. 9.	010681	010682	010683
Single, Widowed, or Divorced. 10.			Widow;
Full name of Father. 11.	Peter O'Connell	Chas Deslippe	D.J. Willette (Husband)
Birthplace of Father. 12.	Sand. South		
Maiden Name of Mother. 13.	Emily Barrett.		
Birthplace of Mother. 14.	Sand. South.		
Name of Physician who attended Deceased. 15.		V.C. Doyle	G.R. Cruickshank
Certified by	Peter O'Connell	V.C. Doyle.	
Address	Maidstone	Essex	
Date 16.	Aug 8/08	July 22/1908	

Medical Certificate of Death.

I hereby certify that I attended the deceased

O'Connell

Leona Deslippe

Margaret
Willette / Ouellette

Name.

From 190

To 190

That I last saw h..... alive on 190

That the death occurred on 190

CAUSE OF DEATH.

Primary.

Duration.

Immediate.

Duration.

Physician's name.

Address.

Date.

Remarks.

Aug 19/1908

Valvular disease of heart.

Asthma

10 days.

G.R. Cruickshanks

Windsor

Aug 19/1908

Person lived for years in Detroit, and just came over for a few days.

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter year ending Dec 31st 190 8

Given under my hand, this 3/st day of December A.D. 190 8

John Moynihan Division Registrar of Sandwich South

*N.B.—The reference numbers given are those found in Form 8, to assist in transcribing.

Schedule D.

DEATHS

359

County of (2) Essex Division of (1) Sandwich South

	Surname first.	Surname first.	Surname first.
FULL NAME of Deceased. Initials only not accepted. 3.	McCarthy William	Battersby Francis	Battersby James
Sex, and Race. 4.	Male	Male	Male
Date of Death. 5.	Aug 31/08	Oct 30/1908	Oct 30/1908
Date of Birth. 6.			
Age and Place of Birth. 7.	66 Sandwich South	21 Sand. South.	18 Sandwich South
Place of Death, City, Town, Village or Concession and Lot. If in Hospital, give name, how long Deceased was an Inmate, and former or usual place of residence. 8.	Lot 12 Con 9 Sandwich South	Lot 14 Con 7 Sand. South.	Lot 14 Con 7 Sand. South.
Occupation. 9.	Farmer	Farmer	Farmer
Single, Widowed, or Divorced. 10.	Married 010684	Single 010685	Single 010686
Full name of Father. 11.	Richard McCarthy	Wm Battersby	John Battersby
Birthplace of Father. 12.	Ireland	Sand. South.	Sand. South.
Maiden Name of Mother. 13.	———	Ellen Dennison	Sarah McCarthy
Birthplace of Mother. 14.	———	Sand. South.	Sand. South.
Name of Physician who attended Deceased. 15.	Dr Dewar	———	
Certified by	James McCarthy	Ed. McCarthy	Ed. McCarthy
Address	Walkerville	Windsor	Windsor
Date 16.	Sept/08	Nov/08	Nov 1st 1908

Medical Certificate of Death.

I hereby certify that I attended the deceased

I hereby certify that I attended the deceased.

I hereby certify that I attended the deceased.

Name		J. H. Breen	J. H. Breen
From	William McCarthy 190	Francis Battersby 190	James Battersby 190
To	190	190	190
That I last saw h..... alive on	190	190	190
That the death occurred on	190	190	190
CAUSE OF DEATH. Primary.	Liver trouble	Killed by car on G.T.R. & L.S.R.R. Electric Railway	Killed by car on G.T.R. & L.S.R.R Electric Railway
Duration.			
Immediate.	Heart failure ✓		
Duration.	Troubled for years		
Physician's name.	P.A. Dewar	J.H. Breen Coroner	J.H. Breen Coroner
Address.	Windsor	Essex	Essex
Date.	Sept/08	Nov 1st/08	Nov 1st 1908
Remarks.			

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter year ending 190

Given under my hand, this day of A.D. 190

Division Registrar of

*N.B.—The reference numbers given are those found in Form 6, to assist in transcribing.

360

DEATHS

County of (2) Essex Division of (1) Sandwich South

	Surname first.	Surname first	Surname first
FULL NAME of Deceased. Initials only not accepted. 3.*	Gihula Walter	3. Deehan Gertrude	3. O'Keefe Michael
Sex, and Race. 4.	Male,	4. Female	4. Male
Date of Death. 5.	Oct 30/1908	5. Nov 1st 1908	5. Dec 5th 1908
Date of Birth. 6.	2	6.	6. 1834
Age and Place of Birth. 7.	21, Buxton, Ont.	7. Maidstone Ont.	7. 74 years, Ireland.
Place of Death, City, Town, Village or Concession and Lot, If in Hospital, give name, how long Deceased was an inmate, and former or usual place of residence. 8.	Lot 14 Con 7 Sand. South.	Lot 295 L.S.R. 8. Sand. South.	Lot 10 Con 11 8. Sand. South.
Occupation. 9.	Employee of Railway St Pelton	9. House wife	9. Farmer
Single, Widowed, or Divorced. 10.	Single	10. Married.	10. Married.
Full name of Father. 11.	Stephen J. Gihula.	11. Lawrence Kane.	11. Michael O'Keefe.
Birthplace of Father. 12.	010687	12. Maidstone 010688	12. Ireland.
Maiden Name of Mother. 13.		13. Mary Ann Barrett	13. 010689
Birthplace of Mother. 14.		14. Sand. South.	14.
Name of Physician who attended Deceased. 15.	J. St. Breni	15. J. St. Breni	15. Dr Doyle
Certified by	Ed. McCarthy	Rich. Kane	Sullivan Sons
Address	Sandwich	Sandwich	Sandwich
Date 16.	Nov 1st 1908	10. Nov 1st 1908	10. Dec 5th 1908

Medical Certificate of Death.

I hereby certify that I attended the deceased

Name.	J. St. Breni	J. St. Breni	
From			190
To	Walter Gihula	Gertrude Deehan	190
That I last saw h..... alive on			190
That the death occurred on			190
CAUSE OF DEATH. Primary.	Killed by car on W. E. & L. S. R. R Electric Railway	Consumption	Old age
Duration.		About one year	one year
Immediate.			
Duration.			
Physician's name.	J. St. Breni Coroner	J. St. Breni.	M. C. Doyle
Address.	Essex	Essex	Essex
Date.	Nov 1st 1908.	Nov 10/1908	Dec 6/1908.
Remarks.			

Michael O'Keefe

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter year ending day of A.D. 190

Given under my hand, this

Division Registrar of

* N.B.—The reference numbers given are those found in Form A to assist in transcribing.