Schedule D. 463

D

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.*	Neville Solomon	3.	Chittle Bernard Maurice
Sex, and Race. 4.	Male Canadian	4.	Male, Canadian
Date of Death. 5.	Dec. 11th 1908	5.	Dec. 25th 1908.
Date of Birth. 6.	Unknown.	6.	Nov. 23rd 1908 Sandwich South
Age and Place of Birth. 7.	65 years Canada	7.	one month 2 days.
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.	Townline of Sandwich S. on W. E & L. R. R. (run over by cars)	8.	Lot 13 Con 12 Sand South.
Occupation. 9.	Laborer	9.	
Single, Widowed, or Divorced. 10.	Widower 010843	10.	010845
Full name of Father. 11.	Francis Neville	11. 010844	Edward Joseph Chittle
Birthplace of Father. 12.	Unknown	12.	Ys of Maidstone
Maiden Name of Mother. 13.	Nancy Williams	13.	Anna Eyrand
Birthplace of Mother. 14.	Canada	14.	Smyrker, Ohio.
Name of Physician who attended Deceased. 15.	Dr J. M. Brien	15.	none.
Certified by	Charles Neville		Edward Joseph Chittle
Address	Cottam, Ont		Maidstone
Date 16.		16.	

Medical Certificate of Death.

I hereby certify that I attended the deceased.

Name.	Neville Solomon	Drake Caroline	Chittle Bernard Maurice
From	Dec 11th 190 8	Nov 15 190 8	190
To	Dec. 11th 190 8	Dec. 30th 190 8	190
That I last saw h.... alive on	Don't know. 190	Dec. 19th 190 8	Nov. 23rd 190 8
That the Death occurred on	Dec. 11th at 7.15 190 8	Dec 31st 190 8	Dec 25 190 8
CAUSE OF DEATH. Primary.		Arterio Selerosis	Unknown
Duration.		2 years	sudden.
Immediate.	Killed by being run over by electric Car on W.E.& L.S.R.R.	Paralysis	Unknown.
Duration.	Immediate.	3 days.	Instantly.
Physician's name.	J. M. Brien	C. M. Hoare	J. M. Brien
Address.	Essex	Walkerville.	Essex
Date.	Jan 1/09.	Jan 1st 1909	Jan 2/09
Remarks.			

Neville Soloman — Caroline Drake — Bernard Chittle

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter year ending Mar. 31, 190 9
Given under my hand, this 31st day of March A.D. 190 9
John Moynahan Division Registrar of Sandwich South.

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

464

Schedule D.

DEATHS

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

	Surname first.	Surname first.	Surname first.
FULL NAME of Deceased. Initials only not not accepted. 3.	Cole Margaret	3. Lounsbrough William Thomas	3. Beahan Francis
Sex, and Race. 4.	Female, White	4. Male, Canadian	4. Male, Canadian
Date of Death. 5.	Jan. 9/1909	5. Mar. 3, 1909	5. Mar 26, 1909
Date of Birth. 6.	Oct 30/1850	6. Mar 3, 1856	6. Feb 7, 1909 one month, 19 days.
Age and Place of Birth. 7.	58 years, 2 months, 10 days. Pekenanguishene. Geo. Bay	7. 53 years Intario, near Toronto.	7. 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 7 Sand. South	Lot 5, Con 8 8. Sandwich South	Lot 18, Con 10 Sand. South
Occupation. 9.	Crown wife	9. Farmer	9. Infant.
Single, Widowed, or Divorced. 10.	Married. 010846	10. Married 010847	10. 010843
Full name of Father. 11.	Peter McGuigan	11. Edmund Lounsbrough	11. Denis Beahan.
Birthplace of Father. 12.	Ireland	12. Yorkshire England	12. Sandwich South
Maiden Name of Mother. 13.	Unknown	13. Ann Johnston	13. Ellie Hankin
Birthplace of Mother. 14.	Unknown	14. Unknown	14. Sandwich East.
Name of Physician who attended Deceased. 15.	H. R. Casgrain	15. W. C. Doyle	15. Dr Little.
Certified by	Chas. F. Cole	Frank Lounsbrough	Denis Beahan
Address	Windsor, Ont	Maidstone	Farmer
Date 16.	Jan 11/1909	Mar 4/1909	Mar 27/1909
	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.	Cole Margaret.	Lounsbrough William Thomas	Beahan Francis
From	Jan 7 1909	Feb. 21st 1909	Mar. 23, 1909 1909
To	Jan. 9 1909	Mar. 3, 1909	1909
That I last saw h.er.. alive on	Jan. 7 1909	Mar. 3, 1909	~~P.M.~~ Mar 23, 1909
That the Death occurred on	3 P.M. Jan. 9, 1909	10.45 P.M Mar 3 1909	10. M Mar 26, 1909
CAUSE OF DEATH. Primary.	Bright's disease	Typhoid fever	Bronchitis Acute
Duration.	3 years.	10 days.	3-4 days.
Immediate.	Cerebral Hemorrhage	Hemorrhage	Broncho Pneumonia
Duration.	3 days.	12 hrs.	2 days.
Physician's name.	H. R. Casgrain	W. C. Doyle	G. Gordon Little M.B.
Address.	Windsor, Ont.	Essex	Walkerville
Date.	Jan 11/09.	Mar. 5/09.	Mar 27/09
Remarks.			

Margaret Cole

William Lounsbrough

Francis Beahan

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter year ending Mar 31, 1909

Given under my hand, this 31st day of March A.D. 1909

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.

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*	Larkins Peter.	3. Farough Gertrude	3. Shuel Harry
Sex, and Race. 4.	Male – White	4. Female - White.	4. Male
Date of Death. 5.	Apr 24th 1909	5. March 4, 1909	5. May 12th, 1909
Date of Birth. 6.	Aug 15th 1828	6. Aug. 29, 1909	6. May 12, 1909
Age and Place of Birth. 7.	yrs mos dys 80.8.9 – Ireland	7. 6mos – Sandwich South	7. 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.	Sandwich South	8. Sandwich South	8. Sandwich South
Occupation. 9.	Farmer	9. Farmer's daughter	9.
Single, Widowed, or Divorced. 10.	Married.	10. single	10. B 010851
Full Name of Father. 11.	Peter Larkins 010849	11. Charlie Farough.	11. Robert Shuel
Birthplace of Father. 12.	Ireland	12. Sandwich South	12. ~~Sarah Jones~~ Ireland
Maiden Name of Mother. 13.	Mary Ragan	13. Lizzie Thomas 010850	13. Sarah Jones.
Birthplace of Mother. 14.	Ireland	14. Tilbury North	14. Sand. South.
Name of Physician who attended Deceased. 15.	James. H. Brien	15. Dr Doyle.	15. J. H. Brien
Certified by	William Barrett.	Charlie Farough	Robert Shuel
Address	Maidstone Cross	Maidstone Cross.	Paquette Station
Date 16.	May 14/09	16. May 4/09.	16. May 14/09

Medical Certificate of Death.
I hereby certify that I attended the deceased.

Name.		Farough Gertrude.	Shuel Harry
From	190	March 4, 190 9	May 12, 190 9
To	190	March 4, 190 9	May 12, 190 9
That I last saw h..... alive on	190	one month ago at 6 A.M. 190	May 12, 190
That the Death occurred on	190	190	May 12, P.M. 190 9
CAUSE OF DEATH. Primary.	✓	Gertrude Farough ✓	Premature Birth 6
Duration.	Peter Larkins	Instant Death	few hours
Immediate.		Heart failure	Premature Birth.
Duration.			few hours
Physician's name.	J. H. Brien	H. C. Doyle	J. H. Brien
Address.	Essex	Essex	Essex.
Date.		May 5 09	May 14, 1909
Remarks.	No doctor attended him for some time before his death	Burial Permit issued by G. E. Wrightman	Harry Shuel

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter year ending June 30, 190 9
Given under my hand, this 1st day of July A.D. 190 9
John Monahan Division Registrar of Sandwich South

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

Schedule D.

DEATHS

0

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

	Surname first.	Surname first.	Surname first.
FULL NAME of Deceased. Initials only not accepted. 3.*	Robinson James.	3. McCloskey Mary	3. Maire Joseph
Sex, and Race. 4.	Male White	4. Female - White	4. Male White
Date of Death. 5.	May 11th 1909	5. May 23, 1909	5. Apr 12, 1909
Date of Birth. 6.	May 26th 1850	6. Month + Day unknown, 1840	6. Apr 12, 1909
Age and Place of Birth. 7.	58 yrs. 11 mon. 15 days. Sandwich South	7. 69 yrs; Ireland.	7. still born
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.	Maidstone Cross	8. Maidstone Cross.	8. Sand. South.
Occupation. 9.	Farmer	9. House wife 013853	9. 013851
Single, Widowed, or Divorced. 10.	Married. 013852	10. Widow of late Frank McCloskey	10.
Full Name of Father. 11.	Michael Robinson	11. Patrick Sheridan	11. John Maire
Birthplace of Father. 12.	Scotland.	12. Ireland.	12.
Maiden Name of Mother. 13.	Elizabeth Currie	13. Mary Prior	13. Delphine Gouin
Birthplace of Mother. 14.	Scotland	14. Ireland	14.
Name of Physician who attended Deceased. 15.	J. H. Brien	15. H. E. Doyle	15. Dr Lemire.
Certified by	Mary Robinson	J. Sutton & Son	J. Maire
Address	Maidstone P.O	Windsor, Ont.	Tecumseh.
Date 16.	May 14/1909	16. May 26/09	16. May 30/09
	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.		Mary McCloskey	
From	190	Dec. 1st 1908	190
To	190	May 23rd 1909	190
That I last saw h..... alive on	190	May 27 1909	190
That the Death occurred on	190	May 23, 1909	190
CAUSE OF DEATH. Primary.		Uterine fibroid 1st	
Duration.		6 mos.	
Immediate.		Heart failure	
Duration.	James Robinson	3 days.	
Physician's name.	J. H. Brien	H. E. Doyle.	
Address.	Essex	Essex.	
Date.		June 29/1909	
Remarks.	Robinson was found dead in his Room.	Mary McCloskey	Joseph Maitre

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending June 30, 190 9
Given under my hand, this 1st day of July A.D. 190 9
John Moynahan Division Registrar of Sandwich South.

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

Schedule D. 467

DEATHS

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

	Surname first.	Surname first.	Surname first.
FULL NAME of Deceased. Initials only not accepted. 3*	Wright Catherine Ellen	3. Cahill Francis	3. Doran Michael
Sex, and Race. 4.	Female, English	4. Male, White	4. Male, White
Date of Death. 5.	July 2, 1909	5. July 19, 1909	5. July 22, 1909
Date of Birth. 6.	Apr 11, 1865	6. Sept 10, 1844	6. May 4, 1843
Age and Place of Birth. 7.	44yrs 2 mos 22 days	7. 65 years, Ireland	7. 66 yrs 2 mos. 18 da.
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 2 Concession 11 Sandwich South	Lot 305 S.Y.R. 8. Sandwich South	Lot 3 Con 6 8. Sandwich South
Occupation. 9.	House wife	9 Retired farmer	9. Farmer
Single, Widowed, or Divorced. 10.	Married 010855	10. Married	10. Married
Full Name of Father. 11.	Robert Nicholson	11. James Cahill 010856	11. Michael Doran
Birthplace of Father. 12.	Michigan	12. Ireland	12. Ireland 010857
Maiden Name of Mother. 13.	Mary Halsall	13. Katherine McCally	13. Ann Sloan
Birthplace of Mother. 14.	Sandwich South	14. Ireland	14. Ireland
Name of Physician who attended Deceased. 15.	Dr Keane	15. H. R. Casgrain	15. Dr Stewart
Certified by	George Wright	J. Sutton & Son	A. Harley
Address	Essex	Windsor	McGregor
Date 16.	July 3/09	16. July 19/09.	16. July 22/09
	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.	Catherine Ellen Wright.	Frank Cahill	Michael Doran.
From	June 30, 1909	Jan 2, 1909	July 16, 1909
To	July 2, 1909	June 18, 1909.	July 21, 1909
That I last saw h..... alive on	June 30, 1909	June 18, 1909.	July 21, 1909
That the Death occurred on	July 2, 1909	July 18, 1909	July 22, 1909
CAUSE OF DEATH. Primary.	Heart Disease	Cancer of Stomach	Paralysis of lower half of body
Duration.	one year	one year.	six months.
Immediate.	Heart failure	Asthenia	Septic infection from bed sores
Duration.	Few Minutes	3 mos.	about 2 weeks
Physician's name.	A. M. Keane	H. R. Casgrain	A. C. Stewart
Address.	Essex	Windsor	McGregor
Date.	July 3/09	July 19/1909	July 22/09
Remarks.			Dr ..... I did not give cause of Death as exhaustion following Marasmus + Pneumonia.

Catherine Wright

Francis Cahill

Michael Doran

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter year ending Sept 30, 1909
Given under my hand, this 15th day of October A.D. 190 9
John Moynahan Division Registrar of Sandwich South.

*N.B.—The reference numbers given are those found in Form 0, to assist in transcribing.

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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.*	Greaves Mary Elizabeth	Hanley John	Boismer Arthur J.
Sex, and Race. 4.	Female, English	Male, Irish	Male, White
Date of Death. 5.	July 27, 1909	Aug. 17, 1909	Aug 20, 1909
Date of Birth. 6.	Aug 12, 1875	Dec. 1826	May 2, 1909
Age and Place of Birth. 7.	33 yrs 11 mos 15 days. Sandwich South.	82 yrs 8 mos Ireland.	3 mos. 18 days. Detroit, Mich
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 291 L.Y.R. Sandwich South.	Lot 16 Con. 6 Sandwich South.	Lot 4, Con 5 Sandwich South
Occupation. 9.	House wife	Farmer	Infant.
Single, Widowed, or Divorced. 10.	Married	Married (Widower)	010860
Full Name of Father. 11.	010858 Peter Haroigh	Thomas Hanley	Arthur Boismer
Birthplace of Father. 12.	Leeds County, Ont.	Ireland 010859	Sandwich South
Maiden Name of Mother. 13.	Mary Mahlda Raysler	Mary Dunn	Laura Ripley
Birthplace of Mother. 14.	Germany	Ireland	Sandwich South
Name of Physician who attended Deceased. 15.	J. W. Brien.	Dr Dewar	Dr Labelle Coroner
Certified by	Thomas Greaves	Frank Hanley	J. Sutton & Son
Address	Essex	Jackson's Corner	Windsor
Date 16.	July 28/09	Aug 18/09	Aug 20/09
	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.	Mary E. Greaves		Arthur Joseph Boismer
From	190	190	190
To	July 27, 190 9	190	190
That I last saw h..... alive on	July 27, 190 9	190	190
That the Death occurred on	July 27, 190 9	190 ✓	Aug 20 190 9
CAUSE OF DEATH. Primary.	Tuberculosis ✓		Natural Cause ✓
Duration.	3 Years		Immediate.
Immediate.	Tuberculosis		
Duration.	3 years.		
Physician's name.	J. W. Brien.	John Hanley	J. S Labelle Coroner.
Address.	Essex		Windsor
Date.	July 28/09		Aug 20/1909
Remarks.	Mary Greaves	This man had paralysis & was in Hotel Dieu & was expected to die at any time during the last 6 mos & was removed home	Arthur Boismer?

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending Sept 30, 190 9
Given under my hand, this 11th day of October A.D. 190 9
John Moynahan Division Registrar of Sandwich South

*N.B.—The reference numbers given are those found in Form 0, to assist in transcribing.

Schedule D.

0

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*	Larkins Mary Ann	Ure Jane	O'Neil Mary Ann
Sex, and Race. 4.	Female, Irish	Female, White	Female, White
Date of Death. 5.	Oct 5th 1909	Oct 15th 1909	Oct 22, 1909
Date of Birth. 6.	May 10th 1826	Apr 1, 1821	Oct 12, 1825
Age and Place of Birth. 7.	83 yrs 5 mos. 25 days Ireland	88 yrs 6 mo 15 da Scotland	84 yrs 10 da New Brunswick
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 10 Con 9 Sand. South.	Lot 17 Con 8 Sand. South.	Lot 11 Con 9 Sandwich South
Occupation. 9.	House wife		010863
Single, Widowed, or Divorced. 10.	Widow 010861	Widow 010862	Widowed
Full Name of Father. 11.	Thomas McCardel	David Ure	Cropley
Birthplace of Father. 12.	Ireland	Scotland	England.
Maiden Name of Mother. 13.	Mary Welsh	Jane Orr	
Birthplace of Mother. 14.	Ireland	Scotland	
Name of Physician who attended Deceased. 15.	None.	Dr Prouse.	J. Gilbert Brien
Certified by Address Date 16.	Wm Barrett. Maidstone Oct 5/09	David Ure North Colton Oct 16/09	Albert McCarthy Maidstone, Ont Oct 23/09

Medical Certificate of Death.

I hereby certify that I attended the deceased.

Name.		Jane Ure.	O'Neil Mary Ann.
From	190	No attendance required	Aug 29, 190 9
To	190	or necessary 190	Oct 23, 190 9
That I last saw h..... alive on	190	Sept 24, 190 9	Oct. 13, 190 9
That the Death occurred on	190	Oct 15, 190 9	Oct 23, 190 9
CAUSE OF DEATH. Primary.			Chronic Tuberculosis of Right Lung
Duration.			From before Aug 29/09
Immediate.	Senile Decay.	Senile Decay.	Cardiac & Renundupsy.
Duration.		six years	From before Aug 29/09
Physician's name.		Dr Prouse	J. Gilbert Brien
Address.		Windsor	Windsor
Date.		Oct 16/09	Oct 23/09.
Remarks.	Mary Larkins	Jane Ure	Mary O'Neil

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter year ending Sept 30, 190 9
Given under my hand, this 15th day of October A.D. 190 9
John Moynahan Division Registrar of Sandwich South.

*N.B.—The reference numbers given are those found in Form 0, to assist in transcribing.

470 Schedule D.

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.*	Doan William Forrest	3.	3.
Sex, and Race. 4.	Male, White	4.	4.
Date of Death. 5.	Oct 21, 1909	5.	5.
Date of Birth. 6.	About May 19/09	6.	6.
Age and Place of Birth. 7.	5 mos 2 days U.S	7.	7.
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 17 Con 8 Sandwich South	8.	8.
Occupation. 9.	Infant	9.	9.
Single, Widowed, or Divorced. 10.	Single	10.	10.
Full Name of Father. 11.	013864 Andrew J Doan	11.	11.
Birthplace of Father. 12.	Essex	12.	12.
Maiden Name of Mother. 13.	Elizabeth Jane Ure	13.	13.
Birthplace of Mother. 14.	Sandwich South	14.	14.
Name of Physician who attended Deceased. 15.	Dr Cruickshank.	15.	15.
Certified by	Wm Ure		
Address	North Pelton		
Date 16.	Oct 24/09	16.	16.

Medical Certificate of Death.
I hereby certify that I attended the deceased.

Name.	William Forrest Doan		
From	7 Oct. 190 9	190	190
To	21 Oct 190 9	190	190
That I last saw h..... alive on	Oct 17th 190 9	190	190
That the Death occurred on	Oct 21, 190 9	190	190
CAUSE OF DEATH. Primary.	Marasmus		
Duration.	4 weeks.		
Immediate.	Pneumonia		
Duration.	2 weeks		
Physician's name.	G. R. Cruickshank		
Address.	Windsor, Ont		
Date.	Oct 21, 1909		
Remarks.			

William Doan

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending Sept. 30, 190 9
Given under my hand, this 15th day of October A.D. 190 9
John Brodie Division Registrar of Sandwich South.

*N.B.—The reference numbers given are those found in Form 0, to assist in transcribing.

Schedule D. 471

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.*	Lynch Mary Helen	Barron Annie	McCarthy Susan
Sex, and Race. 4.	Female	Female	Female
Date of Death. 5.	Sept 21st 1909	Nov. 22nd 1909	Dec 28th 1909
Date of Birth. 6.	Sept 21st 1909	May 28th 1893.	July 17th 1828
Age and Place of Birth. 7.	1 hr. Sand. South	16 yrs 6 mos. 24 days Sand South.	81 yrs. Fredericton N. B.
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 5 Con 9 Sandwich South	Lot 1 Con 12 Sand. South	Lot 304 N. Y. R Sandwich South.
Occupation. 9.	Infant.	House maid	Retired
Single, Widowed, or Divorced. 10.	010865	Single 010866	widowed 010867
Full name of Father. 11.	John Lynch	David Barron	Anthony McMahon
Birthplace of Father. 12.	Sandwich South	Yorkshire Lambton	Ireland
Maiden Name of Mother. 13.	Lizzie Kelly	Marion Collins	
Birthplace of Mother. 14.	Sandwich South.	Sand. South.	Ireland.
Name of Physician who attended Decensed. 15.	J. O'Brien	J. O'Brien	
Certified by	John Lynch	David Barron	Thos. McCarthy
Address	Maidstone.	Maidstone	Windsor
Date 16.			

Medical Certificate of Death.

I hereby certify that I attended the deceased.

Mary Lynch

Annie Barron

Susan McCarthy

Name.			
From	190	190	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.			
Duration.			
Immediate.			
Duration.			
Physician's name.			
Address.			
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 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.