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*	McCarthy Richard		
Sex, and Race. 4.	Male, Irish		
Date of Death. 5.	Mar 14th 1916		
Date of Birth. 6.	1834		
Age and Place of Birth. 7.	76, 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.	Sandwich South		
Occupation. 9.	Farmer		
Single, Widowed, or Divorced. 10.	Widowed 011437		
Full Name of Father. 11.	Richard McCarthy		
Birthplace of Father. 12.	Ireland		
Maiden Name of Mother. 13.			
Birthplace of Mother. 14.	Ireland		
Name of Physician who attended Deceased. 15.	Dr Dewar		
Certified by	James P. McCarthy		
Address	Maidstone		
Date 16.			

Richard McCarthy

Medical Certificate of Death.

I hereby certify that I attended the deceased.

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.	Old age ✓		
Duration.			
Immediate.	Paralysis.		
Duration.			
Physician's name.	Dr Dewar		
Address.	Windsor		
Date.*			
Remarks.	Dr away at time of death but deceased was at Wm Lewis for some time + afterwards went to country.		

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.

Schedule D.

DEATHS

County of (2) Essex — Division of (1) Sand South

	Surname first.	Surname first.	Surname first
FULL NAME of Deceased. Initials only not accepted. 3.*	Lavin Patrick.	Brown Wilfred Charles	Patrick Lavin
Sex, and Race. 4.	Male, Irish	Male Irish	
Date of Death. 5.	Sept 25, 1910	Sept. 29, 1918	Wilfred Brown
Date of Birth. 6.	Feb 13/1838	Sept. 11, 1908	
Age and Place of Birth. 7.	72 yrs, 7 mon 12 days Ireland.	2 years 18 days 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.	Sand. South Lot 18 Con 11	Sandwich South	
Occupation. 9.	Farmer	—	
Single, Widowed, or Divorced. 10.	Married 011438	Single 011439	
Full name of Father. 11.	Bartholomew Lavin	Thos. H. Brown	
Birthplace of Father. 12.	Ireland	Chatham Ont.	
Maiden Name of Mother. 13.	Marcella Drewry	Margaret McRae	
Birthplace of Mother. 14.	Ireland	Woodslee	
Name of Physician who attended Deceased. 15.	Dr Jas Gow	Dr. Bowie	
Certified by	J. L. Lavin	Thos. H. Brown	
Address	Harsley	Maidstone	
Date 16.	Sept 26/1910		

Medical Certificate of Death.

I hereby certify that I attended the deceased.

Name.	Patrick Lavin	Wilfred Charles Brown	
From	Sept 19, 1910	Sept 29 1910	190
To	Sept 25 1910	Sept 29 1910	190
That I last saw h..... alive on	Sept 23 1910	Sept 29 1910	190
That the Death occurred on	Sept 25, 1910	Sept 29 1910	190
CAUSE OF DEATH.			
Primary.	Chronic Bronchitis	Jaundice with Meningitis	
Duration.	20 years	1 day	
Immediate.	Heart failure	Jaundice with Meningitis	
Duration.		1 day	
Physician's name.	James Gow	Dr. H. A. Bowie	
Address.	Windsor	Essex	
Date.	Sept 25, 1910	Sept. 30th. 1918	
Remarks.		Copied from L.S.N. March 30/17 H.A.H.	

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 1910

Given under my hand, this 30th day of Sept A.D. 1910

John Moynahan Division Registrar of Sandwich South

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

Schedule D.

DEATHS

541

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

FULL NAME of Deceased. Initials only not accepted. 3.*	Surname first. Holden James	Surname first. McCarthy Katherine	Surname first.
Sex, and Race. 4.	Male – White	Female – White	
Date of Death. 5.	June 8/1910	June 14/1910	
Date of Birth. 6.	Feb 7/1848	June 8/1906	
Age and Place of Birth. 7.	62yrs 4mos 1da Indiana	4 yrs 6 days Sand S.	
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 5 Sandwich South	Lot 299 N.Y.R. Sand. South	
Occupation. 9.	Farmer		
Single, Widowed, or Divorced. 10.	Married 011440	S. 011441	
Full name of Father. 11.	Holden James.	McCarthy Andrew	
Birthplace of Father. 12.	England.	Sandwich South	
Maiden Name of Mother. 13.	Bark Elizabeth	Lenlow Grace	
Birthplace of Mother. 14.	Scotland.	Sandwich South	
Name of Physician who attended Deceased. 15.	Dr Jas. Gow.	J. M. Breni	
Certified by	E. P. Holden.	Andrew McCarthy	
Address	Jacksons Corners	Maidstone	
Date 16.	June 9/1910.	June 14/1910	

James Holden

Katherine McCarthy

Medical Certificate of Death.

I hereby certify that I attended the deceased.

Name.	Dr Jas Holden	Katherine McCarthy.	
From	March 190 9	October 190 8	190
To	June 8 190 0	June 14 190 0	190
That I last saw him alive on	June 7 190 0	June 14, 190 0	190
That the Death occurred on	June 8th 190 0	June 14, 190 0	190
CAUSE OF DEATH. Primary.	Heart Disease. ✓	Nephritis. 170 ✓	
Duration.	probably 10 years.	1 yr 8½ months.	
Immediate.	Failure of Compensation - Hemorrhage of Lungs	Acute Nephritis.	
Duration.	2 weeks	4 days.	
Physician's name.	Dr Jas Gow	J. M. Breni	
Address.	Windsor	Essex	
Date.	June 11/1910	June 14/1910	
Remarks.			

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 1910

Given under my hand, this 1st day of July 1910

John Moynahan Division Registrar of Sandwich South.

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

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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.	O'Connell Mary	3. O'Brien Martha	3. Mary O'Connell
Sex, and Race. 4.	Female, White	4. Female, Irish.	4. Martha O'Brien
Date of Death. 5.	Aug 17/1910.	5. Nov. 30/1910	5.
Date of Birth. 6.	Aug 16/1910	6. ~~60 years Nov 30/1910~~	6.
Age and Place of Birth. 7.	1 day. Sand. South.	7. 60 years	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 299 S.Y.R.	8. Lot 301 S.Y.R Sand. South	8.
Occupation. 9.	011142	9. House wife	9.
Single, Widowed, or Divorced. 10.		10. Married 011443	10.
Full Name of Father. 11.	Peter O'Connell	11. Nicholas Dixon	11.
Birthplace of Father. 12.	Sand South.	12. England.	12.
Maiden Name of Mother. 13.	Emily Barrett	13. Martha Dixon	13.
Birthplace of Mother. 14.	Sandwich South	14. England.	14.
Name of Physician who attended Deceased. 15.	Dr Rodgers.	15. ~~Dr Cowle~~ Dr Cruickshank ~~Mrs Sutton~~	15.
Certified by	Emily O'Connell	Mrs Sutton	
Address	Maidstone	Windsor	
Date 16.	Dec 1st 1910	16. Dec 1/1910.	16.

Medical Certificate of Death.

I hereby certify that I attended the deceased.

Name.		Martha O'Brien	
From 19		Nov 9/1910 19	19
To 19		Nov 30/1910 19	19
That I last saw h..... alive on 19		Nov 20/1910. 19	19
That the Death occurred on 19		Nov 30/1910 19	19
CAUSE OF DEATH.			
Primary.	Premature Birth	Valvular disease of heart	
Duration.		Indefinite	
Immediate.		Dilation of Heart	
Duration.		3 weeks.	
Physician's name.		G. R. Cruickshank.	
Address.		Windsor	
Date.		Dec 1/10.	
Remarks.			

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending Dec 31, 1910
Given under my hand, this 1st day of A.D. 1911
John Moynahan Division Registrar of Sandwich South

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