Schedule D.

DEATHS

535

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

	Surname first.	Surname first.	Surname first.
FULL NAME of Deceased. Initials only not accepted. 3*	Farough Herbert	Halford Robert Francis	Collins Harold
Sex, and Race. 4.	Male — White	Male — White	Male — White
Date of Death. 5.	Jan 2/1911	Jan. 13th 1911	Jan 29/1911
Date of Birth. 6.		4 Sept 1881	Sept 5th 1911
Age and Place of Birth. 7.	4 mos. Sand. South	29 yrs 4 mos Sdn Sand South	5 mos 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 3 - Con 11	Lot 297 G.T.R.	Lot 294 G.T.R
Occupation. 9	Infant	Farmer ✓	Infant
Single, Widowed, or Divorced. 10.		Single 012050	012051
Full Name of Father. 11.	Chas Farough 012049	Wm Halford	Jeremiah Collins
Birthplace of Father. 12.	Sand. South	Sandwich South	Sandwich South
Maiden Name of Mother. 13.	Lizzie Thomas	Rose Kelly	Catherine Kerby
Birthplace of Mother. 14.		Sandwich South	Chicago, Ill.
Name of Physician who attended Deceased. 15.	W. C. Doyle	W. C. Doyle.	W. C. Doyle
Certified by	Nichlas Farough.	Mabel Halford	Wm Sutton
Address	Maidstone	Maidstone	Windsor
Date 16.	Jan 2/1911	Jan 13th 1911	Jan 30th 1911

Medical Certificate of Death.

I hereby certify that I attended the deceased.

Name.	Herbert Farough		Harold Collins
From	Dec 20 19 10	19	Jan 27 19 11
To	Jan 2 19 11	19	Jan 29 19 11
That I last saw h..... alive on	Jan 2 19 11	19	Jan 29, 19 11
That the Death occurred on	Jan. 2 19 ✓	19 ✓	Jan 29, 19 ✓
CAUSE OF DEATH. Primary.	Scarlet Fever ✓		Pneumonia ✓
Duration.	10 days		3 days
Immediate.	Nephritis		Heart failure
Duration.	2 days		one hour
Physician's name.	W. C. Doyle	W. C. Doyle	W. C. Doyle
Address.	Essex	Essex	Essex
Date.	Jan 2/1911		Jan 30/1911
Remarks.		No return from Doctor	

Herbert Farough

Robert Halford

Harold Collins

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending June 30 19 11
Given under my hand, this 30th day of June 19 11
John Moynahan Division Registrar of Sandwich South.

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

536 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.	Sullivan Michael H	3. O'Keefe Margaret Mary	3. Lyons Thomas
Sex, and Race. 4.	Male - White	4. Male - White	4. Male White
Date of Death. 5.	Feb 17th 1911	5. Mar. 20 th 1911	5. May 6, 1911
Date of Birth. 6.	Sept 1820	6. Sept 10th 1907	6. 1846
Age and Place of Birth. 7.	90 yrs 5 mons Ireland Lot 294 S.R.	7. 3 yrs 8 mos Sand. South. Lot 10 - Con 10	7. 66 yrs Sand. South Lot 14 Con 6
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.		8.	8.
Occupation. 9	Retired Farmer	9. John O'Keefe 012053	9. Farmer 012051
Single, Widowed, or Divorced. 10.	Widower	10.	10. Married
Full Name of Father. 11.	Florence Sullivan 012052	11. John O'Keefe	11. Edward Lyons
Birthplace of Father. 12.	Ireland	12. Sandwich South.	12. Ireland
Maiden Name of Mother. 13.	Mary ———	13. Theresia Mc Carthy	13. Mary Kilroy
Birthplace of Mother. 14.	Ireland	14. Sandwich South	14. Ireland.
Name of Physician who attended Deceased. 15.	J. M. Brien	15. M. C. Doyle.	15. Dr Dewar
Certified by	Peter Sullivan	Mrs Sutton	Lawrence Lyons
Address	Maidstone	Windsor	Oldcastle
Date 16.	Feb 18/1911	16. Mar 21/1911	16. May 7/1911
	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.		Margaret Mary O'Keefe	Thos. Lyons.
From	19	Mar 11th 19 11	19
To	19	Mar 21 19 11	19
That I last saw h..... alive on	19	Mar. 21 19 11	May 19
That the Death occurred on	19	Mar 21 19 11	May 6, 19 11
CAUSE OF DEATH. Primary.	Old age ✓	Meningitis ✓	Influenza. ✓
Duration.		10 days.	6 days.
Immediate.		Convulsions	Supposed to be Pneumonia.
Duration.		12 hrs	
Physician's name.	J. M. Brien	M. C. Doyle	Dr P. A. Dewar
Address.	Essex	Essex.	Windsor.
Date.			
Remarks.			

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending June 30th 19 11
Given under my hand, this 30th day of June A.D. 19 11
John Morahan Division Registrar of Sandwich South

*N.B.—The reference numbers given are those found in Form 9, to assist in transcribing.

Michael Sullivan

Margaret O'Keefe

Thomas Lyons

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'Keefe Rose Vendora	3. Mardis Milton	3. Dunn Peter
Sex, and Race. 4.	Female - White.	4. Male Irish	4. Male - Irish
Date of Death. 5.	May 12th 1911	5. May 17/1911	5. June 5th 1911
Date of Birth. 6.	Dec 28th 1903	6. unknown.	6. March 1860
Age and Place of Birth. 7.	7yrs 4mos 15 days - Lot 15 Con 9.	7. about 85 yrs, Kentucky. Lot 298 L.Y.R.	7. 51 yrs 3 mos Sand South. Lot 16 - Con 6
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.	Infant. 012055	8.	8.
Occupation. 9		9. Farmer.	9. Farmer
Single, Widowed, or Divorced. 10.		10. Married.	10. Married.
Full Name of Father. 11.	John O'Keefe	11. ——— 012056	11. John Dunn.
Birthplace of Father. 12.	Sand. South.	12. Kentucky	12. Ireland 012057
Maiden Name of Mother. 13.	Teressa McCarthy	13. ———	13. Mary Markin
Birthplace of Mother. 14.	Sand. South	14. Kentucky	14. Ireland.
Name of Physician who attended Deceased. 15.	Dr Doyle	15. Dr Keane.	15. Dr Doyle.
Certified by	John F. Keefe	Mark Mardis	John Dunn.
Address	Maidstone	Maidstone	Maidstone
Date 16.	May 13/1911	16. May 17/1911	16. June 8th 1911
	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.	Rose Vendora O'Keefe	Mardis Milton.	Dunn Peter.
From	May 7th 19 11	Aug 1906 19	May 27th 19 11
To	May 12th 19 11	May 17 19 11	June 5th 19 11
That I last saw h..... alive on	May 12th 19 11	May 11 19 11	June 5th 19 11
That the Death occurred on	May 12th 19 11	May 17 19 11	June 5th 19 11
CAUSE OF DEATH. Primary.	Measles. ✓	Organic disease of heart. ✓	Rheumatic fever & Pneumonia ✓
Duration.	5 days.	several years	
Immediate.	Pneumonia	Heart failure	Heart failure
Duration.	3 days.	one week.	10 hrs.
Physician's name.	A. C. Doyle	A. A. Keane.	A. C. Doyle.
Address.	Essex	Essex	Essex.
Date.	May 13/1911	May 17/1911	June 6/1911
Remarks.	Rose O'Keefe	Milton Mardis	Peter Dunn

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending June 30 1911
Given under my hand, this 30th day of June A.D. 1911
John Morpeshan Division Registrar of Sandwich South.

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

538 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*	Halford Rose	3. Rose Halford	3.
Sex, and Race. 4.	Female - Irish	4.	4.
Date of Death. 5.	June 15th 1911	5.	5.
Date of Birth. 6.	unknown 1842	6.	6.
Age and Place of Birth. 7.	69 yrs. Sand. South.	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 297 N.Y.R.	8.	8.
Occupation. 9	Farmer.	9.	9.
Single, Widowed, or Divorced. 10.	Married.	10.	10.
Full Name of Father. 11.	Christopher Kelly 2038	11.	11.
Birthplace of Father. 12.	Ireland.	12.	12.
Maiden Name of Mother. 13.	Mary Daly	13.	13.
Birthplace of Mother. 14.	Ireland.	14.	14.
Name of Physician who attended Deceased. 15.	H. C. Doyle	15.	15.
Certified by	J. Sutton		
Address	Windsor		
Date 16.	June 16/1911	16.	16.
	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 Rose		
From	Feb 1st 19 11	19	19
To	June 15th 19 11	19	19
That I last saw h..... alive on	June 3 19 11	19	19
That the Death occurred on	June 15 19 11	19	19
CAUSE OF DEATH. Primary.	Senile decay		
Duration.	2 years		
Immediate.	Heart failure		
Duration.	sudden death.		
Physician's name.	H. C. Doyle		
Address.	Essex		
Date.	June 16/1911		
Remarks.			

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending June 30th 19 11
Given under my hand this 30th day of June A.D. 19 11
John Heffernan 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.	Halford William	3. McAuliffe Joseph Aloysius	3. McFarland Edith May
Sex, and Race. 4.	Male - Irish	4. Male - Irish.	4. Female - White.
Date of Death. 5.	July 14th 1911	5. Aug 18th 1911	5. Sept 23/1911
Date of Birth. 6.	1841	6. Feb 2 - 1909	6. May 15 - th 1911
Age and Place of Birth. 7.	70 years, Sand. South	7. 2 year 6 months	7. 4 months 8 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.	Lot 297 D. Y.R.	Lot 294 D. Y.R.	Lot 17 Con 10
Occupation. 9	Farmer	9.	9.
Single, Widowed, or Divorced. 10.	Married.	10. 012060	10. 012061
Full Name of Father. 11.	012059	11. James McAuliffe	11. Thomas McFarland
Birthplace of Father. 12.		12. Sand. South.	12. Sand. South.
Maiden Name of Mother. 13.		13. Ada Halford	13. Annie Kelday
Birthplace of Mother. 14.		14. Sand. South	14. Philadelphia U.S.
Name of Physician who attended Deceased. 15.	Dr Doyle	15. Brien & Rogers.	15. Dr Doyle
Certified by	William Sutton	Jas. McAuliffe	Thos McFarland.
Address	Windsor	Maidstone	Harrsday
Date 16.		16.	16.

	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 William		McFarland Edith May
From	Jan 1st 19 11	19	June 1st 19 11
To	July 14th 19 11	19	July 21st 19 11
That I last saw h..... alive on	July 13 th. 19 11	19	July 21st 19 11
That the Death occurred on	July 14 th 19 11	19	Sept 23rd 19 11
CAUSE OF DEATH. Primary.	Chronic Bronchitis ✓	Cholera Infantum ✓	Acute Indigestion ✓
Duration.	six months.		10 hours.
Immediate.	Heart failure		Convulsions.
Duration.	3 weeks		½ hour.
Physician's name.	W. C Doyle		W. C. Doyle.
Address.	Essex		Essex
Date.	July 18th 1911	Aug 18th 1911	Sept 23rd 1911
Remarks.	William Halford	Joseph McAuliffe	Edith McFarland

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending Sept 30 19 11
Given under my hand, this 13th day of October A.D. 19 11
John Moynahan Division Registrar of Sandwich South

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

540 Ont. D.

DEATHS

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

	Surname first.	Surname first.	Surname first.
FULL NAME of Deceased. Initials only not accepted. 3.	Lennon Edward	3. Schropp. Theressia	3.
Sex, and Race. 4.	Male - Irish	4. Female - White	4.
Date of Death. 5.	Aug 22nd 1911	5. Sept 16th 1911	5.
Date of Birth. 6.	Aug 22nd 1911	6. June 15th 1911	6.
Age and Place of Birth. 7.	1 day.	7. 3 mon. 1 da.	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 295 - R.Y.R.	Lot 4 - Con 5	8.
Occupation. 9.		9.	9.
Single, Widowed, or Divorced. 10.	012062	10. 012063	10.
Full Name of Father. 11.	Edward Lennon.	11. Andrew Schropp.	11.
Birthplace of Father. 12.	Sand. South.	12. Atlantic Ocean.	12.
Maiden Name of Mother. 13.	Kate Moynahan	13. Annie M. McEugen.	13.
Birthplace of Mother. 14.	Sand. South	14. Anderdon	14.
Name of Physician who attended Deceased. 15.	Dr Rogers.	15. Lt. C. Doyle	15.
Certified by	Ed. Lennon	Andrew Schropp.	
Address	Maidstone	Maidstone	
Date 16.	Aug 23rd 1911	16. Sept 17th 1911	16.

Medical Certificate of Death.

I hereby certify that I attended the deceased.

Name.	Lennon Edward.	Schropp. Theressa.	
From	Aug 22 19 11	Dead on arrival 19	19
To	Aug. 22 19 11	of doctor. 19	19
That I last saw him alive on	Aug 22 19 11	19	19
That the Death occurred on	Aug 22 19 11	Sept 16 th 19 11	19
CAUSE OF DEATH. Primary.	Premature Birth.	Acute Indigestion	
Duration.	few hours.	2 hours.	
Immediate.	Premature birth	Convulsions	
Duration.	few hours.	one hour	
Physician's name.	Dr Rogers	Lt. C. Doyle	
Address.	Essex	Essex	
Date.	Aug 23/1911	Sept 17/1911	
Remarks.			

Edward Lennon

Theressia Schropp

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending Sept 30, 19 11
Given under my hand, this 15 th day of October A.D. 19 11
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

541

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

	Surname first.	Surname first.	Surname first.
FULL NAME of Deceased. Initials only not accepted. 3.*	Mc Namara John	O'Connell Mary	Mc Namara Margaret
Sex, and Race. 4.	Male, Irish	Female - Irish.	Female - Irish
Date of Death. 5.	July 6th 1911	Oct 1st 1911	Oct 15th 1911
Date of Birth. 6.	1835	1843	1837
Age and Place of Birth. 7.	76 years, Iceland.	68 years	74
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 297 M.C.R. Sandwich South	Lot 5 Con 9 Sandwich South	Lot 301 S.C.R Sandwich South.
Occupation. 9.	Retired Farmer	House wife	House wife
Single, Widowed, or Divorced. 10.	Married. 012064	Widow 012065	Widow 012066
Full name of Father. 11.	Patrick Mc Namara	Jeremiah Driscoll	Jeremiah Mc Carthy
Birthplace of Father. 12.	Ireland, Clare Co.	Ireland	Ireland
Maiden Name of Mother. 13.	Margaret McAuliffe.	Unknown	Elizabeth O'Flynn
Birthplace of Mother. 14.	Ireland, Clare Co.		Ireland
Name of Physician who attended Deceased. 15.	Drs Doyle & Mooney	Dr W. C. Doyle	Dr J. M. Breen
Certified by	John McAuliffe	Mr Sutton	John ~~Sutton~~ McAuliffe
Address	Maidstone	Windsor	Maidstone
Date 16.	July 6th 1911	Oct 2nd 1911.	Oct 15th 1911
	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.		O'Connell Mary	
From	No certificate from Doctors	June 1st 1911	190
To 190		Oct 1st 1911	190
That I last saw h ..... alive on 190		~~Sept~~ 30th 1911	190
That the Death occurred on 190		Oct 1st 1911	190
CAUSE OF DEATH. Primary.	Old age	Carcinoma of Caecum	
Duration.		one year	
Immediate.		Heart failure.	Heart failure
Duration.		24 hrs.	Immediate
Physician's name.		M. C. Doyle.	J. M. Breen
Address.		Essex	
Date.		Oct 3/1911	Oct 16th 1911
Remarks.	Omitted from last return.		Found dead and permission given for burial by J. M. Breen Coroner

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 1911
Given under my hand, this 15th day of January A.D. 1912
John Moynahan Division Registrar of Sandwich South

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

John Mcnamara

Mary O'Connell

Margaret McNamara