Schedule D. 1459

DEATHS

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

	Surname first. 4	Surname first. 4	Surname first. 4
FULL NAME of Deceased. Initials only not accepted. 3*	Berthiaume Henriette	3. O'Keefe Francis.	3. Ball Joseph.
Sex, and Race. 4.	Female, French	4. Male, Irish.	4. Male, Italian
Date of Death. 5.	Jan 7, 1912	5. Feb. 28th 1912	5. Mar 7, 1912
Date of Birth. 6.	Sept 28, 1839	6. Feb 3rd 1912	6. 1888
Age and Place of Birth. 7.	72 yrs 3 mon 10 da. Montreal, Que.	7. 25 days, Sand. South.	7. 24 yrs. Italy.
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 7 Sandwich South.	8. Lot 17 - Con 9 Sand. South	8. M.C.R.R.
Occupation. 9	House wife	9. Infant.	9. Railway employee ✓
Single, Widowed, or Divorced. 10.	Married. 012453	10. 012454	10. Single.
Full Name of Father. 11.	Pierre St Antoine	11. Mich. O'Keefe	11. M. Bell. 012155
Birthplace of Father. 12.	Provnce Quebec	12. Sand. East Katherine Battersby	12. Italy
Maiden Name of Mother. 13.	———	13. Katherine Battersby	13. ———
Birthplace of Mother. 14.	———	14. Sand. South.	14. ———
Name of Physician who attended Deceased. 15.	Dr H. R. Casgrain	15. Dr McCormick	15. Coroner J. S. Labelle
Certified by	Helen Gwindon	Mr Battersby	J. S. Labelle
Address	North Bellow	North Bellow	Windsor Ont
Date 16.	Jan 8/1912 ✓	16. Feb 29/1912 ✓	16. Mar 9/1912 ✓
	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	Berthiaume Henriette	O'Keefe Francis	Joseph Ball
From	Jan 1st 19 12	19	19
To	Jan 6th 19 12	19	19
That I last saw this person alive on	Jan 5th 19 12	19	19
That the Death occurred on	Jan 7th 19 12	19	Mar 8 19 12
CAUSE OF DEATH. Primary.	Pneumonia. ✓	Convulsions ✓	✓
Duration.	one week.		
Immediate.	Heart Failure		
Duration.	Instantaneous.		Inquest pending.
Physician's name.	H. R. Casgrain	Dr McCormick	J. S. Labelle
Address.	Windsor, Ont	Walkerville, Ont.	Windsor
Date.	Jan 7, 1912		Mar 7/1912
Remarks.	Henriette Berthiaume	Francis O'Keefe	Joseph Ball

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending May 31st 19 12
Given under my hand, this 1st day of April A.D. 19 12
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. 4	Surname first. 4	Surname first. 4
FULL NAME of Deceased. Initials only not accepted. 3*	Collins Francis Ambrose	3. Hayes John.	3. McCarthy Michael
Sex, and Race. 4.	Male, Irish.	4. Male, Irish.	4. Male, Irish.
Date of Death. 5.	Feb 29, 1912	5. March 8, 1912	5. Mar 27, 1912
Date of Birth. 6.	Feb 12, 1912	6. May 15, 1859	6. Nov 1835
Age and Place of Birth. 7.	17 days Sand. South.	7. 52 yrs, 9 mos. 22 da. Sand. S.	7. 76 yrs. 4 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 293 S.Y.R Sand. South.	Lot 15 Con 8 8. Sand South	Lot 302 S.Y.R 8. Sand. South.
Occupation. 9	012456	9. Farmer	9. Farmer
Single, Widowed, or Divorced. 10.		10. Married	10. Widower.
Full Name of Father. 11.	Jeremiah Collins	11. Patrick Hayes 012157	11. unknown
Birthplace of Father. 12.	Sand. South.	12. Ireland.	12. 013458
Maiden Name of Mother. 13.	Katherine Kirby	13. Ellen Meehan	13. unknown
Birthplace of Mother. 14.	Sand. South	14. Ireland.	14.
Name of Physician who attended Deceased. 15.	Dr McCabe Dr. Collins Maidstone	15. Dr Bryce & Rogers Mrs John Hayes. Maidstone.	15. C. H. Howse. Fred. McCarthy Oldcastle
Certified by Address Date 16.	Mar 1st 1912	16. Mar 9/1912	16. Mar 28/12
	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.	Collins Francis Ambrose	Hayes. John	McCarthy Michael
From	Feb. 23, 19/2	Nov 20, 19/2	Mar 13, 19/2
To	Feb. 29, 19/2	Mar. 8th 19/2	Mar 26 19/2
That I last saw this person alive on	Feb 28, 19/2	Feb. 16th 19/2	Mar 26 19/2
That the Death occurred on	Feb 29, 19/2	Mar. 8th 19/2	Mar 27 19/2
CAUSE OF DEATH. Primary.	Enteric colitis ✓	Arteriosclerosis & Hypertrophied heart ✓	Arterio Sclerosis. ✓
Duration.	10 days.	1 Year	Some years
Immediate.		Heart failure following Arterio Sclerosis.	Cerebral Hemorrhage
Duration.		3 months.	2 weeks
Physician's name.	L. G. McCabe.	G. H. Rogers.	C. H. Howse
Address.	151 Wyandotte St East Windsor, Ont.	Essex.	Walkerville, Ont
Date.	Mar 1st 1912.	Mar 9/1912	Mar 28, 1912
Remarks.	Francis Collins	John Hayes	Michael McCarthy

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending Mar 31, 19 12
Given under my hand, this 1st day of April A.D. 19 12
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

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County of Essex Division of Sandwich South

	Surname first	Surname first	Surname first
	4	4	4
SURNAME of Deceased.	Tapin	Sullivan	Kavanaugh
Christian Name.	Lawrence Carlyle	Timothy	Harold
Sex.	Male	Male	Male
Age.	7 Mos. 10 days.	37 yrs. 2 Mos. 27 days.	11 years.
Date of Death.	Oct 12 1912	Oct 13th 1912	Oct 26th 1912
Date of Birth.	Mar. 2 1912	July. 16th 1875	— — —
Place of Death, City, Town, Village, or Concession and Lot.	Lot 15 Con 10 Sandwich South	Lot 298 North Talbot Road Sandwich South.	Lot 301 S&R Sandwich South
Occupation.		Farmer	Student
Single, Widowed or Divorced.	012459	012460	012461
Name of Father.	Lawrence Jos. Tapin	Timothy Sullivan	Charles Kavanagh.
Maiden Name of Mother.	Ellen Fitzpatrick	Anna Mc Cann	Mary Dixon
Cause of Death, if known.	Cholera Infantum	Tuberculosis	Scarlet Fever
Name of Physician who attended Deceased.	Dr. Aikman	Dr Rogers.	Dr C.W Hoare
Name of Informant.	Mrs Lawrence Tapin	Mrs A Sullivan	J. Sutton Sons
Address.	79 Gladstone ave Detroit Mich	Maidstone Ont	61 Ouellette ave Windsor. Ont
Date of Return.	Oct 12th 1912 ✓	Oct 14th 1912 ✓	Oct 26. 1912
	Physician's Return of Death	**Physician's Return of Death**	**Physician's Return of Death**
Surname of Deceased.	Tapin	Sullivan	Kavanagh
Christian Name.	Lawrence Carlyle	Timothy	Harold.
Date of Death.	Oct 12 1912 ✓	Oct 13th 1912	Oct. 26th 1912 ✓
DISEASE CAUSING DEATH.	Cholera Infantum ~~Sept 18th to Oct 12th 1912~~	Tuberculosis ✓	Scarlet Fever ✓
Duration.	Nearly. 4 months	Two Years	10 days.
Immediate Cause of Death.	Marasmus.	Exhaustion from above	Scarlet Fever
Duration.	Two Months	Few days.	10 days.
Physician's Name.	Dr. P. A. Aikman	Dr Jed Rogers.	Dr. C.W Hoare.
Address.	83 Victoria Ave Windsor Ont	Essex. Ont.	Walkerville Ont
Date of Return.	Oct 13th 1912	Oct 15th 1912	Oct 26th 1912
Remarks.	Lawrence Tapin	Timothy Sullivan	Harold Kavanagh

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

462 Schedule D.

DEATHS

County of Essex Division of Sandwich South

	4 Surname first	4 Surname first	XX 4 Surname first
SURNAME of Deceased.	Sullivan	Robinson	St. Antoine
Christian Name.	Jeremiah	William	Evelines
Sex.	Male	Male	Female
Age.	58 years.	69 years.	46 yrs 11 mos 6 days
Date of Death.	Nov 5th 1912	Nov 14th 1912	Nov 15th 1912
Date of Birth.	—	— — 1843	Dec 10th 1865
Place of Death, City, Town, Village, or Concession and Lot.	Lot 298. W.E. & L.S. Electric Railway Crossing Sand South	Lot 16 Con 8. Sandwich South.	Lot 17 Con 7 Sandwich South
Occupation.	Farmer ✓	Farmer ✓	Farmers Wife ✓
Single, Widowed or Divorced.	012462	012463	012464
Name of Father.	Daniel Sullivan	Michael Robinson	Joseph Berthiaume
Maiden Name of Mother.	Mary Ann McCarthy	Elizabeth Curry.	Celina Janisse
Cause of Death, if known.	Killed by Electric Car while crossing track	Artero Sclerosis (Apoplexy.)	Liver Enlargement
Name of Physician who attended Deceased.	Coroner Dr J S Labelle	Dr R E Holmes.	Dr Paul Poisson
Name of Informant.	J Sutton Sons.	Fred Robinson	Henry St Antoine
Address.	Windsor. Ont	Windsor. Ont	North Pelton. Ont
Date of Return.	Nov 5th 1912	Nov 14th 1912	Nov 17th 1912
	Physician's Return of Death	**Physician's Return of Death**	**Physician's Return of Death**
Surname of Deceased.	Sullivan	Robinson	St Antoine
Christian Name.	Jeremiah	William	Eveline
Date of Death.	Nov 5th 1912	Nov 14th 1912	Nov 15th 1912
DISEASE CAUSING DEATH.	Injuries received by being Struck by W E & L S Electric Car	Artero Sclerosis	Liver Enlargement
Duration.	A few Minutes.	Some Years.	3 Years.
Immediate Cause of Death.		Apoplexy	Gradual Weakness
Duration.	—	4 Hours.	—
Physician's Name.	Coroner Dr J S Labelle	Dr R E Holmes.	Dr Paul Poisson
Address.	Windsor. Ont	Windsor. Ont	Tecumseh. Ont
Date of Return.	Nov 6th 1912	Nov 15th 1912	Nov 16th 1912
Remarks.	Inquest held & determined Cause of death. Died almost instantly.		

Jeremiah Sullivan

William Robinson

Eveline St. Antoine

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

Schedule D.

DEATHS

County of Essex Division of Sandwich South

	Surname first	Surname first	Surname first
	4		
SURNAME of Deceased.	Marshall	James Marshall	
Christian Name.	James Wallet		
Sex.	Male		
Age.	2 yrs 9 mos. 22 days		
Date of Death.	Dec 26th 1912		
Date of Birth.	Mar. 4th 1910		
Place of Death, City, Town, Village, or Concession and Lot.	Lot 16-Con 11 Sandwich South		
Occupation.			
Single, Widowed or Divorced.	012465		
Name of Father.	George Marshall		
Maiden Name of Mother.	Margaret Battersby		
Cause of Death, if known.	Convulsions		
Name of Physician who attended Deceased.	Dr. Ged Rogers.		
Name of Informant.	Geo Marshall		
Address.	Cleveland, Ohio		
Date of Return.	Dec 26th. 1912		
	Physician's Return of Death	**Physician's Return of Death**	**Physician's Return of Death**
Surname of Deceased.	Marshall		
Christian Name.	James Wallet		
Date of Death.	Dec 26th 1912		
DISEASE CAUSING DEATH.	Convulsions		
Duration.	A few hours.		
Immediate Cause of Death.	Convulsions		
Duration.	A few hours.		
Physician's Name.	Dr. Ged Rogers.		
Address.	Essex. Ont		
Date of Return.	Dec 27th 1912		
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. 1912

Given under my hand, this 15 day of January A.D. 1913

John McAuley

Division Registrar of Municipality of Sandwich South County of Essex

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.	4 Libby Grace Beatrice	Grace Libby 3.	3.
Sex, and Race. 4.	Female	4.	4.
Date of Death. 5.	May 5th 1912	5.	5.
Date of Birth. 6.	April 16th 1910	6.	6.
Age and Place of Birth. 7.	2 yrs 19 da. Windsor	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.	Sandwich South.	8.	8.
Occupation. 9.		9.	9.
Single, Widowed, or Divorced. 10.	012466	10.	10.
Full Name of Father. 11.	Benjamin F. Libby.	11.	11.
Birthplace of Father. 12.	Sandwich South.	12.	12.
Maiden Name of Mother. 13.	Mabel Beatrice O'Neil	13.	13.
Birthplace of Mother. 14.	Sandwich South	14.	14.
Name of Physician who attended Deceased. 15.	W. O. Doyle	15.	15.
Certified by	Benjamin F. Libby.		
Address	Pequette Station		
Date 16.	July 1st 1912 ✓	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.	Libby Grace Beatrice		
From	May 5th 19 12	19	19
To	May 5th 19 12	19	19
That I last saw h... alive on	May 5th 19 12	19	19
That the Death occurred on	May 5th 19 12 ✓	19	19
CAUSE OF DEATH.			
Primary.	Indigestion		
Duration.	seven hours.		
Immediate.	Convulsions		
Duration.	one half hour.		
Physician's name.	Dr W. O. Doyle		
Address.	Essex, Ont		
Date.	July 1st 1912		
Remarks.			

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending Dec 31st 1912
Given under my hand, this 15th day of January A.D. 1913
John Moynahan Division Registrar of Sandwich South

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