

DEATHS

114

County of EssexDivision of Sandwich South

	Surname first Marshall	Surname first Taylor	Surname first Cloutier
SURNAME of Deceased.	Marshall	Taylor	Cloutier
Christian Name.	James Walter	Edmund	
Sex.	Male	Male	Male
Age.	2 yrs 9 mos 22 days	71 years	April 4 th 1913
Date of Death.	Dec 26 th 1912	Feb 5 th 1913 1842	April 4 th 1913
Date of Birth.	Mar 4 th 1910	1842	April 4 th 1913
Place of Death, City, Town, Village, or Concession and Lot.	Lot 15. Con 11 Sandwich South	Sandwich South	Sandwich South
Occupation.		Farmer	
Single, Widowed or Divorced.			
Name of Father.	George Marshall	Edmund Taylor	Edmond Cloutier
Maiden Name of Mother.	Margaret Battersby	Mary Wood	Hedwidge Morforton
Cause of Death, if known.	Convulsions	Heart Failure	Still Birth
Name of Physician who attended Deceased.	Dr Gw Rogers	Dr P A Dewar	Dr Stewart
Name of Informant.	Geo Marshall	Thos C Hollanworth	Edmond Morforton
Address.	Cleveland Ohio	Jackson Corners P.O. Ont	Lukewille Ont
Date of Return.	Dec 26 th 1912	Feb. 6 th 1913	April 5 th 1913
	Physician's Return of Death	Physician's Return of Death	Physician's Return of Death
Surname of Deceased.	Marshall	Taylor	Cloutier
Christian Name.	James Walter	Edmund	
Date of Death.	Dec 26 th 1912	Feb 5 th 1913	April 4 th 1913
DISEASE CAUSING DEATH.	Convulsions	Dilation of Heart with Nephritis	Still Birth
Duration.	a few hours	About 6 mos.	
Immediate Cause of Death.	Convulsions	Heart Failure	
Duration.	a few hours	Gradual Development	
Physician's Name.	Dr Gw Rogers	Dr P A Dewar	Dr Stewart
Address.	Essex Ont	Windsor. Ont	McGregor. Ont
Date of Return.	Dec 27 th 1912	Feb. 5 th 1913	April 5 th 1913
Remarks.			

DEATHS

Schedule D.

County of *Essex*Division of *Sandwich South*

Surname first

Halford

Surname first

Surname first

O'Connell

Sexton

SURNAME of Deceased.

Christian Name.

Sex.

Age.

Date of Death.

Date of Birth.

Place of Death, City, Town, Village, or Concession and Lot.

Occupation.

Single, Widowed or Divorced.

Name of Father.

Maiden Name of Mother.

Cause of Death, if known.

Name of Physician who attended Deceased.

Name of Informant.

Address.

Date of Return.

Physician's Return of Death

Physician's Return of Death

Physician's Return of Death

Surname of Deceased.

Christian Name.

Date of Death.

DISEASE CAUSING DEATH.

Duration.

Immediate Cause of Death.

Duration.

Physician's Name.

Address.

Date of Return.

Remarks.

*Sexton**Albert**Male**13 yrs 1 month**April 18th 1913**Lot 301
Sandwich South**Student**Single**John Sexton**Annie Cox**Dysphoid Fever and
St. Vitus Dance**Dr. W. C. Doyle**John Sexton**Oldcastle. Ont**April 19th 1913**Sexton**Albert**April 18th 1913**Dysphoid Fever and
St. Vitus Dance**Three Weeks**Exhaustion of
St. Vitus Dance**One Week**Dr. W. C. Doyle**Essex. Ont**April 19th 1913**O'Connell**John**Male**5-6 years**April 29th 1913**Maidstone**Farmer**Married**Patrick O'Connell**Mary Driscoll**Acute Endocarditis**Dr. J. W. Brien**Patrick W. O'Connell**Maidstone Ont**April 30th 1913**O'Connell**John**Apr. 29. 1913**Endocarditis**Immediate**Endocarditis**Immediate**Dr. J. W. Brien**Essex. Ont**April 30th 1913**Halford**Joseph**Male**26 yrs**May 2nd 1913**Lot 297 Sand South**Farmer**Single**Maurice Halford**Mary O'Brien**Pulmonary Phthisis**Dr. H. R. Casgrain**Mike Lynch**Maidstone. Ont**May 3rd 1913**Halford**Joseph**May 2nd 1913**Pulmonary Phthisis**2 yrs**Asthma due to Tuberculosis**3 months**Dr. H. R. Casgrain**Windsor. Ont**May 4th 1913*

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

A.D. 19

DEATHS

116

County of *Essex*Division of *Sandwich South*

SURNAME of Deceased.	Surname first McCarthy	Surname first Janisse	Surname first McCarthy
Christian Name.	<i>McCarthy</i> <i>Arthur</i>	<i>Janisse</i> <i>Blaze</i>	<i>McCarthy</i> <i>Veronica</i>
Sex.	<i>Male</i>	<i>Male</i>	<i>Female</i>
Age.	<i>44 years</i>	<i>4 yrs</i>	<i>4 months</i>
Date of Death.	<i>May 14th 1913</i>	<i>June 2nd 1913</i>	<i>June 13th 1913</i>
Date of Birth.			
Place of Death, City, Town, Village, or Concession and Lot.	<i>Lot 302</i> <i>Sand. South</i>	<i>Lot 301</i> <i>Sand South</i>	<i>Lot 5. Con 9.</i> <i>Sand South</i>
Occupation.	<i>Farmer</i>		
Single, Widowed or Divorced.	<i>Single</i>	<i>Single</i>	<i>Single</i>
Name of Father.	<i>Michael M^cCarthy</i>	<i>Francis Janisse</i>	<i>Joseph M^cCarthy</i>
Maiden Name of Mother.	<i>Mary Downing</i>	<i>Clara Durocher</i>	<i>Elizabeth Delude</i>
Cause of Death, if known.	<i>Paresis</i>	<i>Heart Failure</i>	<i>Chronic Indigestion</i>
Name of Physician who attended Deceased.	<i>D^r C W Hoare</i>	<i>D^r H R Casgrain</i>	<i>D^r W C Doyle</i>
Name of Informant.	<i>Fred M^cCarthy</i>	<i>A P Janisse</i>	<i>Jos M^cCarthy</i>
Address.	<i>Oldcastle. Ont</i>	<i>Windsor. Ont</i>	<i>Windsor. Ont</i>
Date of Return.	<i>May 14th 1913</i>	<i>June 3rd 1913</i>	<i>June 14th 1913</i>
Physician's Return of Death			
Surname of Deceased.	<i>McCarthy</i>	<i>Janisse</i>	<i>McCarthy</i>
Christian Name.	<i>Arthur</i>	<i>Blaze</i>	<i>Veronica</i>
Date of Death.	<i>May 14th 1913</i>	<i>June 2nd 1913</i>	<i>June 13th 1913</i>
DISEASE CAUSING DEATH.	<i>Paresis</i>	<i>Broncho Pneumonia</i>	<i>Chronic Indigestion</i>
Duration.	<i>2 yrs.</i>	<i>One week</i>	<i>3 months</i>
Immediate Cause of Death.	<i>Paresis</i>	<i>Heart Failure</i>	<i>Exhaustion</i>
Duration.	<i>2 yrs.</i>	<i>Sudden</i>	<i>few hours</i>
Physician's Name.	<i>D^r C W Hoare</i>	<i>D^r H R Casgrain</i>	<i>D^r W C Doyle</i>
Address.	<i>Windsorville Ont</i>	<i>Windsor. Ont</i>	<i>Essex Ont</i>
Date of Return.	<i>May 14th 1913</i>	<i>June 3rd 1913</i>	<i>June 14th 1913</i>
Remarks.			

DEATHS

Schedule D.

County of *Essex*Division of *Sandwich South*

Surname first

McCarthy

Surname first

Washbrook

Surname first

Newman

SURNAME of Deceased.

*McCarthy**Washbrook**Newman*

Christian Name.

*Elizabeth**Myrtle**Mabel*

Sex.

*Female**Female**Female*

Age.

*75 years**11 yrs June 25**On or about Sept. 6/1913*

Date of Death.

*June 15th 1913**July 9th 1913**On or about Sept. 6/1913*

Date of Birth.

*✓**June 25*

Place of Death, City, Town, Village, or Concession and Lot.

*Lot 298 Sand South**Sand South Pelton St.**Sandwich South*

Occupation.

*✓**Student**Housewife*

Single, Widowed or Divorced.

*Widow**Single**Married*

Name of Father.

*John M^cGuigan**Wm. Washbrook**Malven Barrow*

Maiden Name of Mother.

*✓**Mary Moore**✓*

Cause of Death, if known.

*Heart Failure**Accidentally killed**Exhaustion*

Name of Physician who attended Deceased.

*D. W. C. Doyle**Mr. J. W. Brien**Mr. J. W. Brien*

Name of Informant.

*Jas. M^cCarthy**Wm. Washbrook**John Newman*

Address.

*Detroit Mich**Old castle**North Ridge*

Date of Return.

*June 15th 1913**Sept 11/1913**Sept 11/1913*

Physician's Return of Death

Physician's Return of Death

Physician's Return of Death

Surname of Deceased.

*McCarthy**Washbrook**Newman*

Christian Name.

*Elizabeth**Myrtle**Mabel*

Date of Death.

*June 15th 1913**July 9/1913**On or about Sept 6/1913*

DISEASE CAUSING DEATH.

*Pneumonia**Accident (killed by electric car)**Exhaustion from lack of sleep*

Duration.

*One week**Half Hour**10 days*

Immediate Cause of Death.

*Heart Failure**Shock**Exhaustion*

Duration.

*3 days**Half Hour**✓*

Physician's Name.

*Dr. W. C. Doyle**Dr. J. W. Brien**Dr. J. W. Brien*

Address.

*Essex. Ont**Essex, Ont.**Essex, Ont*

Date of Return.

*June 16th 1913**July 9/1913**Sept. 11/1913*

Remarks.

*✓**✓**✓*

DEATHS

118

County of

Division of

	Surname first Doran	Surname first Berthiaume	Surname first Roadhouse
SURNAME of Deceased.	Doran	Bertheaume	Roadhouse
Christian Name.	Harriet	Patrice Dennis	Raymond Percy
Sex.	Female	Male	Male
Age.	44 yrs.	72 yrs 2 mos. 23 days	3 mos. 7 days
Date of Death.	Sept. 19/1913.	Dec. 8 th 1913	Dec. 14/13
Date of Birth.			Sept. 16 th 1913
Place of Death, City, Town, Village, or Concession and Lot.	Sandwich South	Sand. South	Sand. South
Occupation.	Housewife	Farmer	
Single, Widowed or Divorced.	Widow	Widower	
Name of Father.	John M. S. Kee	Dennis Bertheaume	Percy Roadhouse
Maiden Name of Mother.		Ephrasine Quelette	Liliane Boase
Cause of Death, if known.	Senile Degeneration	Arterio Sclerosis	Heart Failure
Name of Physician who attended Deceased.	Dr. J. W. Brien	Dr. H. J. Amyot	Dr. W. C. Hoyle
Name of Informant.	Richard Hartley	Rabriel Poupard	Percy Roadhouse
Address.	Paquette St.	Piltou St. D.	Maidstone St.
Date of Return.	Sept 19/1913	Dec. 8/1913.	Dec 14/1913
	Physician's Return of Death	Physician's Return of Death	Physician's Return of Death
Surname of Deceased.	Doran	Bertheaume	Roadhouse
Christian Name.	Harriet	Patrice Dennis	Raymond Percy
Date of Death.	Sept 19/1913	Dec. 8 th 1913.	Dec. 14/1913
DISEASE CAUSING DEATH.	Senile Degeneration	Arterio Sclerosis	Heart Failure
Duration.	one month	3 months	Instant Death
Immediate Cause of Death.	General breakdown	Exhaustion from above	
Duration.	one month	2 days.	
Physician's Name.	Dr. J. W. Brien	Dr. H. J. Amyot	Dr. W. C. Hoyle
Address.	Essex St.	Windsor	Essex St.
Date of Return.	Sept. 19/1913.	Dec. 9 th 1913.	Dec. 14/1913.
Remarks.			

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

John M. Cuffe

Division Registrar of Sandwich South