torical Society U HS 11 FA South' scnedule D. Sandwich Division of se County of Surname first Surname first Mooney Doan Surname first Holden ner 00 soln Holden SURNAME of Deceased. Jane Brida th mma Christian Name, Female emale Female Sex. 30 4.20 3 mos near 5 68 years Age. 14 fan 11th an 1st 1914 yth 913 Die Date of Death. Sandwich South. Maideto England, Date of Birth. Sandurch South andureh. outle Place of Death, City, Town, Village, or Concession and on Sand is Lot. Housekeeper 14 Houseny Occupation. Widow of ha Undou Married Single, Widowed or Divorced. 140 Tohas Kavanaup William Ure. Kohn Jaylo Name of Father. Margaret - Little Maiden Name of Mother. mennona Centr Bronchitis Ineumonia Cause of Death, if known. Dr. Mc Connick Name of Physician who attended Deceased. P. Porson 9 mest Holden Chas Mooney. William Ure Name of Informant. Oldeastle OM Mardstones Out Maidston Address. DEC. 9th 1913 kan 2 nd 1914 n 18th Date of Return. Physician's Return of Death MinoC. 13. Physician's Return of Death Physician's Return of Death Holden Surname of Deceased. ran Edithe ane Christian Name. ma rid 4

Date of Death.

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One week and half

DISEASE CAUSING DEATH.

Duration.

Immediate Cause of Death.

Duration.

Physician's Name.

Address.

Date of Return.

Remarks.

Dec 7' 1913

Four Days

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Pineimonia

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Several years

Bronchitis

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Walkerville.

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I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending Given under much a built of 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

### listorical Societ DEA 15

County of

SURNAME of Deceased.

schedule D.

Christian Name,

Ser

Age.

Date of Death.

Place of Birth.

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

Occupation.

Single, Married or Widowed

Name of Father.

Maiden Name of Mother.

Cause of Death, if known.

Name of Physician who attended Deceased.

Date of Return.

Surname of Deceased.

Christian Name.

Date of Death.

Taylor Janlor Lucy Emily

Surname first

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Female

years Jan 16th 1914

England. andwich South

Honseufe Widow

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Uraema

D' Stewart

Sandwich S.

Name of Informant.

Address.

Jan 19th 1914

Physician's Return of Death

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Surname first Holden Adden

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Division of

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McLean

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Sandwich . S.

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Laura Merrick meumoria

DV. M Connick.

bes w Holden Vaguetta Sta Out Feb. 3th 1914.

Physician's Return of Death

Holden

Douglas Clifford Feb. 4th 1914

M. Lear

Thomas Joseph Male

Surname first

20

18 hours

Feb. 16 th 1914

Mardolone

Mardstones

Patrick M Lean

Julia Kelly asthema

D' Gu Rodgers Patrick M Lean

Mardstone Feb 16th 1914

Physician's Return of Death

Mª Lean

Thomas . Joseph Fich . 16 the 1914

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## DISEASE CAUSING DEATH.

Duration.

Immediate Cause of Death.

Unannia

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Nephritis

One week

Caremonia

Heart Failure.

asthenia

18 hours.

Dame

Duration.

Physician's Name.

Address,

Date of Return.

Remarks.

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Walkerville

Feb. 4th

Esper. 1

Feb. 16th

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A.D. 19

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

istorical Society

1S EAIT

Division of Surname first County of Rhoades Surname first Surname first Sullivan Kho Morand haran morand urtis SURNAME of Deceased. Henry archill Joeep Christian Name, 0 nale 2 Sex. KI 2 10mo 18 2 Age. 1914 une 15 Th Date of Death. Place of Birth Place of Death, City, Town, Village, or Concession and Lot. lan ler 0 Occupation. 1 at Single, Married or Widowed Peter Sullian him sellorand Name of Father. VION Wucharme Iran Maiden Name of Mother. 9 Cause of Death, if known again Dr Bring MCa he 14 Labe Name of Physician who attended Deceased. and Pr. N Laymou N Name of Informant. ne Myane Address. une 2 Date of Return. Th 14 0 Physician's Return of Death Physician's Return of Death Physician's Return of Death loran U Surname of Deceased. 1 llo 10 mil Christian Name. 2l Apr. 14 Ulr. Date of Death. 5 1 DISEASE CAUSING DEATH. Duration. Immediate Cause of Death. Duration. h ハ・ズ Physician's Name. 1a Date of Return. Remarks.

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schedule D.

Address.

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 A.D. 19 day of Division Registrar of.

19

# Sandwich South Historical Society

# DEATHS

County of serf. Division of audioich South			
	Jessop Surname first	Libby Surname first	Surname first
SURNAME of Deceased.	Jesep	Libby	Verbridge
Christian Name,	Poull	Horece	Jacol
Sex.	male	Female	male
Age.	omos.	9 mos. 8 dep.	50 450-
Date of Death.	Lept. 476. 1914	lept. 10th 1914	Nav. 1st. 1914
Place of Birth.	Land. South	- Sandouth	Holland
Place of Death, City, Town, Village, or Concession and Lot.	Sand. South	Sand South	
Occupation.			Farmen.
Single, Married or Widowed	0		Married,
Name of Father.	thas fessop	Robot Lilly	
Maiden Name of Mother.	Posis Difoe	Mand Holden	
Cause of Death, if known.	Holetis	Gereba Meningto	= appoplety
Name of Physician who attended Deceased.	Dr.J. W. Brien	J. W. Brien	Hu. morand.
Name of Informant.	Sha forop	Robit Libly	annie M. Verlinge
Address.	Mudsor	Paquettette.	Sandwich South
Date of Return.	Sept. 4 The 1914	Lept. 1176 1914	Hav. 2 nd 1914
	Physician's Return of Death	Physician's Return of Death	Physician's Return of Death
Surname of Deceased.	Jessop	Libby	Verlindige
Christian Name.	houald	Horelice	Jacobri .
Date of Death.	Sept. 47 1914	Sept. 15th 1914	Nov.10/1914

DISEASE CAUSING DEATH.

Schedule D.

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Wr. J. W. Brin

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Immediate Cause of Death.

Duration.

Duration.

Physician's Name.

Address.

Date of Return.

Remarks.

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

19

## Sandwich



Division of County of Surname first Surname first Jessop Surname first Hurley Webster 0 Hurl 11 e le U V SURNAME of Deceased. Tá Aula 2 M Christian Name, 0 le ena Sex. 0 mon 3 D Ups. 1/mas.6dy 64 L Age. ena 22 nd 14/2 in 40 Date of Death. a Mindro 10 14 to Place of Birth Place of Death, City, Town, Village, or Concession and Lot. all men Occupation. 1/1 ma Single, Married or Widowed Elas Ed. Hurley 6 2 Name of Father. Ellen Pobenson a Maiden Name of Mother. Pernecious Anaemia A raco 10 10 10 Cause of Death, if known D K Name of Physician who attended Deceased. rien Dr. r R 9 0K LO. er as. Name of Informant. 2 Address. ug. Date of Return. 3 Physician's Return of Death Physician's Return of Death Physician's Return of Death Surname of Deceased. A Christian Name. 90

Date of Death.

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Schedule D.

DISEASE CAUSING DEATH.

Duration.

Immediate Cause of Death.

Duration.

Physician's Name.

Address.

Date of Return.

Remarks.

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I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending

day of Division Registrar of A.D. 19

19

us

URNAME of Deceased.

Christian Name,

Sex.

Age.

Date of Death.

Place of Birth.

Occupation.

Name of Father.

Place of Death, City, Town,

Village, or Concession and

Single, Married or Widowed

Maiden Name of Mother.

Cause of Death, if known.

Name of Physician who attended Deceased.

Name of Informant.

Address.

Date of Return.

# DEATHS

County of Ciner Division of Sandwich South Surname first Surname first Surname first Brown Watson Brown Croft? rold Malson Marguret hours Mal John Jemale male male 26 days 72 - 420. 10 dup. Dec: 13 th 1914 Reg. 15th /914 Dec. 25/2/914 Sandunch South and South Sand Loule Sandarch South and South Jound Louth armer Single. Married ling James Valer Havit Jog Thos Brown Clizabette Gaycraf. Lotte Varough Margaret Mc Craes Spinia Befida Hear Falline. der. Mc Cornicle P.N. W. Bruce D' We Doyle mo. nalson N: Crop Thos. Brown Maidstone mardola maitslog Dec. 14 th 1914 Nec. 15 Sh/ 9/4 dup 25-14/9, 6 Physician's Return of Death Physician's Return of Death Physician's Return of Death

Surname of Deceased.

Christian Name.

Date of Death.

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Brown

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DISEASE CAUSING DEATH,

Duration.

Duration.

Immediate Cause of Death.

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Physician's Name.

Address.

Date of Return.

Remarks.

W-C Doyles Esser

Dec 13 the 1914

Wr. Marnick malkerille dry. Nec. 1574 914

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

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