

DEATHS

County of EssexDivision of Sandwich South

	Surname first O'Brien	Surname first Lynch	Surname first Hebert
SURNAME of Deceased.	O'Brien	Lynch	Hebert
Christian Name.	Joseph Raymond	Michael	Florence
Sex.	Male	Male	Female
Age.	6 months 7 days	70 years	69 yrs 11 mos 22 days
Date of Death.	Dec 17 th 1915	Jan 5 th 1916	Jan 16 th 1916
Place of Birth.	Sandwich South	Fall River R.I.	Sandwich South
Place of Death, City, Town, Village, or Concession and Lot.	Sandwich South	Lot 297. S.R. Sandwich S.	Sandwich South
Place of Burial.	Maidstone	Maidstone	Decumseh
Occupation	Infant	Farmer	—
Single, Married or Widowed	—	Married	Widow
Name of Father.	William O'Brien	Jeremiah Lynch	Francis Lesperance
Maiden Name of Mother.	Mary Louise Joy	Mary Sullivan	Margaret Morrow
Cause of Death, if known.	Convulsions	Angina Pectoris	Pulmonary Tuberculosis
Name of Physician who attended Deceased.	Dr. McCabe	Dr. J. W. Brien	Dr. Poirson
Name of Informant.	Wm. O'Brien	Maurice Halford	Chas. E. Hebert
Address.	Jacksons Corners	Maidstone	Decumseh, Ont
Date of Return.	Dec 18 th 1915	Jan 5 th 1916	Jan 17 th 1916
	Physician's Return of Death	Physician's Return of Death	Physician's Return of Death
Surname of Deceased.	O'Brien	Lynch	Hebert
Christian Name.	Joseph Raymond	Michael	Florence
Date of Death.	Dec 17 th 1915	Jan 5 th 1916	Jan 16 th 1916
DISEASE CAUSING DEATH.	Convulsions	Angina Pectoris	Pulmonary Tuberculosis
Duration.	Five Hours	15 minutes	2 years
Immediate Cause of Death.	Convulsions	Angina Pectoris	Heart failure
Duration.	5 Hours	15 minutes	2 days
Physician's Name.	Dr. L. E. McCabe	Dr. J. W. Brien	Dr. Poirson
Address.	Windsor	Essex	Decumseh
Date of Return.	Dec 18 th 1915	Jan 6 th 1916	Jan 16 th 1916
Remarks.			

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

A.D. 19

DEATHS

180

County of *Essex*Division of *Sandwich South*

	Surname first Robinson	Surname first Cloutier	Surname first Beahan
SURNAME of Deceased.	<i>Robinson</i>	<i>Cloutier</i>	<i>Beahan</i>
Christian Name.	<i>Michael</i>	<i>Florence</i>	<i>Jean Eleanor</i>
Sex.	<i>Male</i>	<i>Female</i>	<i>Female</i>
Age.	<i>65 years</i>	<i>1 year 19 days</i>	<i>26 days</i>
Date of Death.	<i>March 1st 1916</i>	<i>Mar. 22nd 1916</i>	<i>Mar. 29th 1916</i>
Place of Birth.	<i>Sandwich South</i>	<i>Sandwich South</i>	<i>Sandwich South</i>
Place of Death, City, Town, Village, or Concession and Lot.	<i>Sandwich South</i>	<i>Sandwich South</i>	<i>Lot 300 W.S.R. Sandwich S</i>
Place of Burial.	<i>Maidstone</i>	<i>Rural Cemetery</i>	<i>Maidstone</i>
Occupation.	<i>Farmer</i>	<i>—</i>	<i>—</i>
Single, Married or Widowed	<i>Married</i>	<i>Single</i>	<i>Single</i>
Name of Father.	<i>Michael Robinson</i>	<i>Arthur Cloutier</i>	<i>Cornelius Beahan</i>
Maiden Name of Mother.	<i>—</i>	<i>Blanche Renaud</i>	<i>Elizabeth Robinson</i>
Cause of Death, if known.	<i>Arterio Sclerosis</i>	<i>Ptomaine Poisoning</i>	<i>Pneumonia</i>
Name of Physician who attended Deceased.	<i>Dr. P. A. Dewar</i>	<i>Dr. Geo. Rodgers</i>	<i>Dr. W. C. Doyle</i>
Name of Informant.	<i>Wm. Sutton</i>	<i>Armand Cloutier</i>	<i>Cornelius Beahan</i>
Address.	<i>Windsor</i>	<i>Paquette</i>	<i>Maidstone</i>
Date of Return.	<i>March 2nd 1916</i>	<i>March 23rd 1916</i>	<i>March 29th 1916</i>
	Physician's Return of Death	Physician's Return of Death	Physician's Return of Death
Surname of Deceased.	<i>Robinson</i>	<i>Cloutier</i>	<i>Beahan</i>
Christian Name.	<i>Michael</i>	<i>Florence</i>	<i>Jean Eleanor</i>
Date of Death.	<i>March 1st 1916</i>	<i>March 22nd 1916</i>	<i>March 29th</i>
DISEASE CAUSING DEATH.	<i>Arterio Sclerosis</i>	<i>Ptomaine Poisoning</i>	<i>Pneumonia</i>
Duration.	<i>Gradual Development</i>	<i>30 hours</i>	<i>2 weeks</i>
Immediate Cause of Death.	<i>Arterio Sclerosis</i>	<i>Exhaustion</i>	<i>Convulsions</i>
Duration.	<i>—</i>	<i>30 minutes</i>	<i>2 days</i>
Physician's Name.	<i>Dr. P. A. Dewar</i>	<i>Dr. Geo. Rodgers</i>	<i>Dr. W. C. Doyle</i>
Address.	<i>Windsor</i>	<i>Essex</i>	<i>Essex</i>
Date of Return.	<i>March 1st 1916</i>	<i>March 23rd 1916</i>	<i>March 29th 1916</i>
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

Division Registrar of

A.D. 19

19

DEATHS

County of *Essex*Division of *Sandwich South*

	Surname first Holden	Surname first Walsh	Surname first Tousignant
SURNAME of Deceased.	<i>Holden</i>	<i>Walsh</i>	<i>Tousignant</i>
Christian Name.	<i>Ruby Grace</i>	<i>Edward</i>	<i>Melina</i>
Sex.	<i>Female</i>	<i>Male</i>	<i>Female</i>
Age.	<i>13 yrs 9 mos. 22 days</i>	<i>94 years</i>	<i>—</i>
Date of Death.	<i>April 2nd 1916</i>	<i>Apr. 20th 1916</i>	<i>May 3rd 1916</i>
Place of Birth.	<i>Sandwich. South</i>	<i>Ireland</i>	<i>Sandwich. South</i>
Place of Death, City, Town, Village, or Concession and Lot.	<i>Sandwich. South</i>	<i>Sandwich. South</i>	<i>Sandwich. South</i>
Place of Burial.	<i>St. Stephens Cemetery Sand. South</i>	<i>Maidstone</i>	<i>M^cGregor</i>
Occupation	<i>—</i>	<i>Gentleman</i>	<i>—</i>
Single, Married or Widowed	<i>Single</i>	<i>Widower</i>	<i>—</i>
Name of Father.	<i>George Holden</i>	<i>Edward Walsh</i>	<i>Arsen. Tousignant</i>
Maiden Name of Mother.	<i>Laura Merrick</i>	<i>K. Barry.</i>	<i>Clara. Colpeau</i>
Cause of Death, if known.	<i>Acute Meningitis</i>	<i>Senility</i>	<i>Prematurity</i>
Name of Physician who attended Deceased.	<i>Dr. J. W. Bruen</i>	<i>Dr. W. C. Doyle</i>	<i>Dr. Stewart</i>
Name of Informant.	<i>Geo. Holden</i>	<i>John. J. Walsh</i>	<i>Arsen. Tousignant</i>
Address.	<i>Paquette</i>	<i>Maidstone</i>	<i>Paquette</i>
Date of Return.	<i>April 3rd 1916</i>	<i>April 21st 1916</i>	<i>May 4th 1916</i>
	Physician's Return of Death	Physician's Return of Death	Physician's Return of Death
Surname of Deceased.	<i>Holden</i>	<i>Walsh</i>	<i>Tousignant</i>
Christian Name.	<i>Ruby. Grace</i>	<i>Edward</i>	<i>Melina</i>
Date of Death.	<i>April 2nd 1916</i>	<i>Apr 20th 1916</i>	<i>May 3rd 1916</i>
DISEASE CAUSING DEATH.	<i>Measles</i>	<i>Senility</i>	<i>Prematurity</i>
Duration.	<i>8 days</i>	<i>—</i>	<i>7 hours</i>
Immediate Cause of Death.	<i>Acute Meningitis</i>	<i>—</i>	<i>—</i>
Duration.	<i>2 days</i>	<i>few mos.</i>	<i>—</i>
Physician's Name.	<i>J. Wilbert Bruen</i>	<i>W. C. Doyle</i>	<i>A. E. Stewart</i>
Address.	<i>Windsor</i>	<i>Essex</i>	<i>M^cGregor</i>
Date of Return.	<i>April 2nd 1916</i>	<i>Apr 22nd 1916</i>	<i>May 4th 1916</i>
Remarks.			

County of

DEATHS

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Surname first

Division of

Sandwich South

Lemire

Surname first

Croft

Surname first

Lafond

Surname of Deceased.

Lemire

Christian Name.

Clemance

Sex.

Female

Age.

84 yrs 5 mos. 25 days

Date of Death.

July 27th 1916

Place of Birth.

Sandwich South

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

Sandwich South

Place of Burial.

Secumseh

Occupation.

Widow

Single, Married or Widowed

Name of Father.

Oliver Laperance

Maiden Name of Mother.

Maurice Leguin

Cause of Death, if known.

Lancarditis

Name of Physician who attended Deceased.

Dr. G. Lacasse

Name of Informant.

Wm. P. Lemire

Address.

Secumseh

Date of Return.

July 28th 1916

Physician's Return of Death

Surname of Deceased.

Lemire

Christian Name.

Clemance

Date of Death.

July 27th 1916

DISEASE CAUSING DEATH.

Heart Disease

Duration.

Several Years

Immediate Cause of Death.

Lancarditis

Duration.

Three Weeks

Physician's Name.

Gustave Lacasse

Address.

Secumseh, Ont

Date of Return.

July 28th 1916

Remarks.

Surname first

Croft

Stanley Robert Nicholas
Male

4 yrs 4 mos. 7 days

Aug. 23 1916

Sandwich South

Sandwich South

North Ridge

Single

David Croft

Lottie Louise Farough

Pain of Stomach

Dr. Bowie

David Croft

Maudstone

Aug 23. 1916

Physician's Return of Death

Croft

Stanley Robert Nicholas

Aug 23rd 1916

Intestinal Parasitism

3 days

H. A. Bowie

Essex.

Aug 23rd 1916

Lafond

Israel

Male

84 yrs 3 mos. 13 days

Sept 26th 1916

Quebec

Con. 9 Sand. South

Secumseh

Farmer

Married

Joseph Lafond

Angelic Plant

Cystitis

Dr. Morand

Octave Lafond

Maudstone

Sept 26th 1916

Physician's Return of Death

Lafond

Israel

Sept 26th 1916

Cystitis

4 days

Same

Same

Raymond D. Morand

146 Wyandotte St. E. Windsor

Sept 26th 1916

DEATHS

County of

Essex

Division of

Sandwich South

	Surname first	Surname first	Surname first
	Wolfe	Halford	Roy
SURNAME of Deceased.	Wolfe	Halford	Roy
Christian Name.	William	Mary Carmel	
Sex.	Male	Female	Male
Age.	62 yrs 10 mos. 16 days	6 years	June 11 th 1916
Date of Death.	May 5 th 1916	May 9 th 1916	June 11 th 1916
Place of Birth.	England	Sandwich South	Sand. South
Place of Death, City, Town, Village, or Concession and Lot.	Sandwich South St. Stephens Cemetery	Sandwich South	Sand. South
Place of Burial.	Sandwich South	Maidstone	
Occupation	Farmer	✓	
Single, Married or Widowed	Single	Single	Single
Name of Father.	William Wolfe	Robt. Halford	Arthur J. Roy
Maiden Name of Mother.	Margaret Morris	Elizabeth M. Caloskey	Rose E. Fielding
Cause of Death, if known.	Acute Bronchitis	Nephritis	Still Born
Name of Physician who attended Deceased.	Dr. J. W. Bruen	Dr. W. C. Doyle	Dr. W. C. Doyle
Name of Informant.	Mary Wolfe	Robt. Halford	Arthur J. Roy
Address.	Jacksons Corners	Maidstone	Maidstone
Date of Return.	May 6 th 1916	May 11 th 1916	June 11 th 1916
	Physician's Return of Death	Physician's Return of Death	Physician's Return of Death
Surname of Deceased.	Wolfe	Halford	Roy
Christian Name.	William	Mary Carmel	
Date of Death.	May 5 th 1916	May 9 th 1916	June 11 th 1916
DISEASE CAUSING DEATH.	Acute Bronchitis	Nephritis	Still Born
Duration.	3 weeks	2 months	
Immediate Cause of Death.	Paresis of Bowels	Endocarditis	
Duration.	3 days	1 week	
Physician's Name.	J. Wilbert Bruen	W. C. Doyle	W. C. Doyle
Address.	Windsor	Essex	Essex
Date of Return.	May 5 th 1916	May 10 th 1916	June 11 th 1916
Remarks.			

Sandwich South Historical Society
DEATHS

134

County of *Essex*Division of *Sandwich South*

	Surname first Pitman	Surname first Washbrook	Surname first O'Keefe
SURNAME of Deceased	<i>Pitman</i>	<i>Washbrooke</i>	<i>O'Keefe</i>
Christian Name	<i>Alice</i>	<i>Mary</i>	<i>Lyle</i>
Sex	<i>Female</i>	<i>Female</i>	<i>Male</i>
Age	<i>52 yrs 5 mos</i>	<i>78 yrs 11 mos 8 days</i>	<i>2 years</i>
Date of Death	<i>Sept 29th 1916</i>	<i>Dec 3rd 1916</i>	<i>Dec 16th 1916</i>
Place of Birth	<i>England</i>	<i>Ireland</i>	<i>Sandwich South</i>
Place of Death, City, Town, Village, or Concession and Lot	<i>Sandwich South</i>	<i>N.T.R. Sandwich South</i>	<i>Sandwich South</i>
Place of Burial	<i>Puce</i>	<i>Windsor Gorr Cemetery</i>	<i>Maidstone</i>
Occupation	<i>Housewife</i>	—	—
Single, Married or Widowed	<i>Married</i>	<i>Widow</i>	<i>Single</i>
Name of Father	—	<i>Mr. Cassidy</i>	<i>John O'Keefe</i>
Maiden Name of Mother	—	—	<i>Theresa McCarthy</i>
Cause of Death, if known	<i>Arteriosclerosis</i>	<i>Paralysis</i>	<i>Acute Nephritis</i>
Name of Physician who attended Deceased	<i>Dr. W.C. Doyle</i>	<i>Dr. J. F. Campbell</i>	<i>Drs. Nesbitt & Doyle</i>
Name of Informant	<i>Walter Pitman</i>	<i>Wm Washbrook</i>	<i>Wm Sutton</i>
Address	<i>Maidstone Kent</i>	<i>Jacksons Corners</i>	<i>Windsor</i>
Date of Return	<i>Sept 29th 1916</i>	<i>Dec 3rd 1916</i>	<i>Dec 18th 1916</i>

Physician's Return of Death

Physician's Return of Death

Physician's Return of Death

Surname of Deceased	<i>Pitman</i>	<i>Washbrook</i>	<i>O'Keefe</i>
Christian Name	<i>Alice</i>	<i>Mary</i>	<i>Lyle</i>
Date of Death	<i>Sept 29th 1916</i>	<i>Dec 3rd 1916</i>	<i>Dec 16th 1916</i>
DISEASE CAUSING DEATH	<i>Arteriosclerosis</i>	<i>Paralysis</i>	<i>Acute Nephritis</i>
Duration	<i>6 months</i>	<i>5 days</i>	<i>One week</i>
Immediate Cause of Death	<i>Angina Pectoris</i>	<i>Paralysis</i>	<i>Uraemia</i>
Duration	<i>12 hours</i>	<i>5 days</i>	<i>2 days</i>
Physician's Name	<i>W.C. Doyle</i>	<i>Dr. J. F. Campbell</i>	<i>Dr. W.C. Doyle</i>
Address	<i>Essex</i>	<i>Windsor</i>	<i>Essex</i>
Date of Return	<i>Sept 29th 1916</i>	<i>Dec 3rd 1916</i>	<i>Dec 18th 1916</i>
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
John M. Cully
 Division Registrar of

A.D. 19

19