

DEATHS

County of *Essex*Division of *Sandwich South*

Surname first

Fairbairn

Surname first

Curtis

Surname first

Brazill

SURNAME of Deceased.

*Fairbairn**Curtis**Brazill*

Christian Name.

*Mary**Milton Earls**Daniel*

Sex.

*Female**Male**Male*

Age.

*76 years**1 month 11 days**65 years*

Date of Death.

*Jan 23rd 1917**Mar. 7th 1917**Mar. 17th 1917*

Place of Birth.

*Scotland**Sandwich South**State of New York
Sandwich South*

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

*Sandwich South**Sandwich South**Sandwich South*

Place of Burial.

*Sandwich South**St. Stephen's Cemetery, S.S.**Maidstone*

Occupation

*widow of the late
Thos. Fairbairn**—**Farmer*

Single, Married or Widowed

*Widow**Single**Married*

Name of Father.

*Walter Middlemiss**Bartlett Curtis**Patrick Brazill*

Maiden Name of Mother.

*—**Rosie Huggard**Catherine Kilroy*

Cause of Death, if known.

*Pneumonia**Bronchitis**Dropsy*

Name of Physician who attended Deceased.

*Dr. M^c Lachlan**Dr. J. W. Bruin**Dr. Rodgers*

Name of Informant.

*Thos. Fairbairn**Bartlett Curtis**Dan. Brazill*

Address.

*Maidstone**Paquette Sta**Paquette Sta*

Date of Return.

*Jan 24th 1917**Mar. 7th 1917**Mar. 17th 1917*

Physician's Return of Death

Physician's Return of Death

Physician's Return of Death

Surname of Deceased.

*Fairbairn**Curtis**Brazill*

Christian Name.

*Mary**Milton Earls**Daniel*

Date of Death.

*Jan. 23rd 1917**Mar. 7th 1917**Mar. 17th 1917*

DISEASE CAUSING DEATH.

*Pneumonia**Pneumonia**Endocarditis*

Duration.

*7 days**—*

Immediate Cause of Death.

*—**Acute Bronchitis**5 years*

Duration.

*—**2-3 days**Heart Failure*

Physician's Name.

*Dr. D. V. M^c Lachlan**Dr. J. Wilbert Bruin**Dr. W. Rodgers*

Address.

*96 Church St Windsor**Windsor**Essex, Ont*

Date of Return.

*Jan 24th 1917**Mar. 7th 1917**Mar 18th 1917*

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

Division Registrar of

A.D. 19

DEATHS

County of

Essex

Division of

Sandwich South

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Surname first	Surname first	Surname first
Collins	Marshall	Dufault
Collins	Marshall	Dufault
Peter Edward	Charles R.	Alphonine
Male	Male	Female
Ten days	90 yrs. 3 mos. 5 days.	57 yrs. 8 mos. 13 days
Mar. 21 st 1917	Apr. 23 rd 1917	May 7 th 1917
Sandwich South	Maine U.S.A.	Quebec
Sandwich South	11 th Con. Sandwich South	8 th Con. Sand. South
Maidstone	North Ridge	McGregor
Single	Farmer	Housewife
Married	Married	Married
Jer. Collins		Louis Lorraine
Catherine Kirby		Paradise
Umbilical Hemorrhage	Pneumonia	Heart Failure
Dr. Nesbitt	Dr. G.W. Rogers	Dr. G.W. Rogers
Jer. Collins	Clarence Marshall	Alex Dufault
Maidstone	Maidstone	Paquette Sta. Ont.
Mar. 21 st 1917	Apr. 23 rd 1917	May 8 th 1917
Physician's Return of Death	Physician's Return of Death	Physician's Return of Death
Collins	Marshall	Dufault
Peter Edwards	Chas. R.	Alphonine
Mar. 21 st 1917	Apr. 23 rd 1917	May 7 th 1917
Umbilical Hemorrhage	Pneumonia	Heart Failure
24 hours	3 days	Few minutes
Shock	Exhaustion	Heart Failure
2 hours	One day	Few minutes
Dr. W.J. Nesbitt	Dr. G.W. Rogers	Dr. G.W. Rogers
Essex	Essex	Essex
Mar 21 st 1917	Apr. 23 rd 1917	May 8 th 1917

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19

DEATHS

County of

Essex.

Division of

Sandwich South

	Surname first Hartley	Surname first Jobin	Surname first McFarland
SURNAME of Deceased.	Hartley	Jobin	M ^c Farlands
Christian Name.	John	Celina	Anna
Sex.	Male	Female	Female
Age.	51 Years	82 years	87 Years
Date of Death.	May 29 th 1917	June 7 th 1917.	June 10 th 1917
Place of Birth.	Sandwich South	Sandwich. Out.	Ireland
Place of Death, City, Town, Village, or Concession and Lot.	Sandwich South	Sandwich South	9 th Con. Sand. South
Place of Burial.	Sandwich South Farmer	Maldstone.	Maldstone
Occupation	Farmer	Wife of the late M ^r Jobin.	—
Single, Married or Widowed	Single	Widowed.	Married
Name of Father.	Celliba Hartley	J. Robert.	—
Maiden Name of Mother.	Harriett McKee	—	—
Cause of Death, if known.	Heart Failure	Old Age	Gangrene
Name of Physician who attended Deceased.	Dr. Rogers	Dr. Rogers	Dr. W. J. Nesbitt
Name of Informant.	A. Hartley	Thos. Jobin	Thos. M ^c Farlands
Address.	Paquette	Maldstone.	Maldstone.
Date of Return.	May 29 th 1917	June 9 th 1917	June 11 th 1917
	Physician's Return of Death	Physician's Return of Death	Physician's Return of Death
Surname of Deceased.	Hartley	Jobin	M ^c Farlands
Christian Name.	John	Celina	Anna
Date of Death.	May 29 th 1917	June 7 th 1917	June 10 th 1917
DISEASE CAUSING DEATH.	Acute Endocarditis	Old Age	Gangrene
Duration.	Two weeks	Few Years.	4 weeks
Immediate Cause of Death.	Heart Failure	—	Shock
Duration.	Few Minutes	—	2 weeks
Physician's Name.	Dr. W. Rogers	Dr. W. Rogers	Dr. W. J. Nesbitt
Address.	Essex.	Essex.	Essex
Date of Return.	May 29 th 1917	June 9 th 1917	June 11 th 1917.
Remarks.			

DEATHS

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County of EssexDivision of Sandwich South

SURNAME of Deceased.	Surname first	Surname first	Surname first
	Harris	Kane	Mooney
Christian Name.	Lillian Grace	Vera	Mary
Sex.	Female	Female	Female
Age.	31 yrs 5 mos. 9 days	6 mos. 7 days	10 years
Date of Death.	Sept 7 th 1917	Sept 23 rd 1917	Sept 23 rd 1917
Place of Birth.	England	Sandwich South	Sandwich South
Place of Death, City, Town, Village, or Concession and Lot.	Sandwich South	Sandwich South	Sandwich South
Place of Burial.	St. Stephens Cemetery Sandwich South	Maidstone	Maidstone
Occupation.			
Single, Married or Widowed	Single	Single	Single
Name of Father.	William Harris	Edward Kane	Chas. Mooney
Maiden Name of Mother.	Harriett Libby	Margaret Kane	Bridget Ounlan
Cause of Death, if known.	Pythiosis	Malnutrition	Accidentally Burned
Name of Physician who attended Deceased.	Dr. W. C. Doyle	Dr. G. W. Rogers	Dr. Doyle & Nesbitt
Name of Informant.	Wm Harris	Edward Kane	Michael Mooney
Address.	Paquette	Maidstone	Maidstone
Date of Return.	Sept 10 th 1917	Sept 24 th 1917	Sept 24 th 1917
	Physician's Return of Death	Physician's Return of Death	Physician's Return of Death
Surname of Deceased.	Harris	Kane	Mooney
Christian Name.	Lillian	Vera	Mary
Date of Death.	Sept 7 th 1917	Sept 23 rd 1917	Sept 23 rd 1917
DISEASE CAUSING DEATH.	Pythiosis	Malnutrition	Accidentally Burned
Duration.	6 months	Few months	14 hours
Immediate Cause of Death.	Exhaustion	Exhaustion	Shock
Duration.		Few weeks	2 hours
Physician's Name.	Dr. W. C. Doyle	Dr. G. W. Rogers	Dr. Doyle & Nesbitt
Address.	Essex	Essex	Essex
Date of Return.	Sept 8 th 1917	Sept. 23 rd 1917	Sept 24 th 1917.
Remarks.			

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 Division Registrar of

A.D. 19

19

County of

Division of

Surname first

Guindon

Mooney

Simons

SURNAME of Deceased.

Christian Name,

Sex.

Age.

Date of Death.

Place of Birth.

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

Place of Burial.

Occupation

Single, Married or Widowed

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.

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 _____ 19____

A.D. 19

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