

DEATHS

County of *Essex*Division of *Sandwich South*

Surname of Deceased		No. 1	No. 2	No. 3
Full given Name		<i>Barrett</i>	<i>Dufault</i>	<i>Dunn</i>
Place of Death, street and number or		<i>Grace Elizabeth</i>	<i>Dennis</i>	<i>Agnes Patricia</i>
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed		<i>Sandwich South</i>	<i>Sandwich South</i>	<i>Sandwich South Lot 300</i>
If in a Hospital or Institution give name				
Age		a <i>Female</i> b <i>Irish</i> c <i>Single</i>	a <i>Male</i> b <i>French</i> c <i>Widowed</i>	a <i>Female</i> b <i>Irish</i> c <i>Single</i>
(a) Place of Birth (b) Date of Birth		22 yrs. 3 mos. 10 dys. hrs. min.	74 yrs. — mos. — dys. hrs. min.	— yrs. 5 mos. 13 dys. hrs. min.
Trade or Occupation		<i>Farmer's Daughter</i>	<i>Farmer</i>	
Kind of Industry			<i>Agriculture</i>	
Date from which to which employed		from — to —	from — to —	from — to —
Trade or Occupation				
Kind of Industry				
Date from which to which employed		from — to —	from — to —	from — to —
Length of Residence		Life time at place of death	15 yrs. at place of death	5 m. 15 d. at place of death
Name of Father		<i>William Barrett</i>	<i>Dennis Dufault</i>	<i>Thomas Dunn</i>
Birthplace of Father		<i>Sandwich South</i>	<i>Quebec</i>	<i>Sandwich South</i>
Maiden Name of Mother		<i>Mary Larkin</i>	<i>Florence Girard</i>	<i>Margaret Cole</i>
Birthplace of Mother		<i>Sandwich South</i>	<i>Quebec</i>	<i>Sandwich South</i>
Name of Informant		<i>Wm Barrett</i>	<i>Alex Dufault</i>	<i>Thos. Dunn</i>
Address		<i>Maudstone</i>	<i>Paquette</i>	<i>Maudstone</i>
Relation to Deceased		<i>Father</i>	<i>Son</i>	<i>Father</i>
Place of Burial		<i>Maudstone</i>	<i>M^cGregor</i>	<i>Maudstone</i>
Date of Burial		<i>Feb. 3rd 1920</i>	<i>Feb. 7th 1920</i>	<i>Feb. 13th 1920</i>
Name of Undertaker		<i>John Sutton & Sons</i>	<i>A. Jansse</i>	<i>None</i>
Address		<i>Windsor</i>	<i>Windsor</i>	
Cause of Death if no Physician attended				
Date of Death		<i>Feb. 1st 1920</i>	<i>Feb. 5th 1920</i>	<i>Feb. 11th 1920</i>
Name of Deceased		<i>Grace E. Barrett</i>	<i>Dennis Dufault</i>	<i>Agnes P. Dunn</i>
Date of Death		<i>Feb. 1st 1920</i>	<i>Feb. 5th 1920</i>	<i>Feb. 11th 1920</i>
Dates from which to which Medical Practitioner Attended Deceased		from <i>Jan 28th 1920</i> to <i>Feb. 1st 1920</i>	from <i>Jan 20th</i> to <i>Feb. 5th 1920</i>	from <i>Feb. 1st</i> to <i>Feb. 11th 1920</i>
Primary		<i>Influenza</i>	<i>Bronchitis & Old age</i>	<i>Indigestion</i>
Duration		3 ¹ dys.	— yrs. — mos. — dys.	2 mos.
Contributory		<i>Pneumonia</i>	<i>Pneumonia</i>	<i>Convulsions</i>
Duration		2 dys.	5 ¹ dys.	— yrs. — mos. — dys.
(a) Did an operation precede death? (b) Was there an autopsy?		a <i>No</i> b <i>No</i>	a <i>No</i> b <i>No</i>	a <i>No</i> b <i>No</i>
Name of Physician		<i>Dr. W. C. Doyle</i>	<i>Dr. Geo Rogers</i>	<i>Dr. W. C. Doyle</i>
Address		<i>Essex</i>	<i>Essex</i>	<i>Essex</i>
Date of Return		<i>Feb. 2nd 1920</i>	<i>Feb. 5th 1920</i>	<i>Feb. 12th 1920</i>
Date received by Division Registrar		<i>Feb. 2nd 1920</i>	<i>Feb. 5th 1920</i>	<i>Feb. 12th 1920</i>

I certify that the foregoing are correct registrations of deaths made to me during the month of

DEATHS

County of

Essex

Division of

Sandwich South

No. 4 Barrett		No. 5 O'Brien		No. 6 Berthiaume	
Surname of Deceased		Barrett		O'Brien	
Full given Name		Richard Anthony		Edith	
Place of Death, street and number or If in a Hospital or Institution give name		Sandwich South Lot 294		Sandwich South	
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed		a Male b Irish c Single		a Female b English Married	
Age		66 yrs. 3 mos. 5 dys. hrs. min.		25 yrs. 10 mos. 6 dys. hrs. min.	
(a) Place of Birth (b) Date of Birth		a Sandwich South b Nov. 15. 1854		a Child. Ont. b Apr. 14 th 1895	
Trade or Occupation		Farmer		Farmer's wife	
Kind of Industry					
Date from which to which employed		from — to —		from — to —	
Trade or Occupation					
Kind of Industry					
Date from which to which employed		from — to —		from — to —	
Length of Residence		3 yrs. 66 y. 3 m. 5 d. at place of death in Ontario in Canada		2 yrs. 25 yrs. at place of death in Ontario in Canada	
Name of Father		Anthony Barrett		Thomas Ineson	
Birthplace of Father		Ireland		Child.	
Maiden Name of Mother		Ellen O'Brien		Jessie Edgeworth	
Birthplace of Mother		Canada		Child.	
Name of Informant		Mr. Chas. McCloskey		Albert O'Brien	
Address		Maidstone		Paquette	
Relation to Deceased		Sister		Husband	
Place of Burial		Maidstone		Maidstone	
Date of Burial		Feb. 23 rd 1920		Feb. 24 th 1920	
Name of Undertaker		John Sutton & Sons		John Sutton	
Address		Windsor		Windsor	
Cause of Death if no Physician attended					
Date of Death		Feb. 20 th 1920		Feb. 20 th 1920	
MEDICAL CERTIFICATE OF DEATH					
Name of Deceased		Richard A. Barrett		Edith O'Brien	
Date of Death		Feb. 20 th 1920		Feb. 20 th 1920	
Dates from which to which Medical Practitioner Attended Deceased		from Feb. 1 st 1919 to Feb. 20 th 1920		from Feb. 18 th / 20 to Feb. 20 / 20	
Primary		Pneumonia		Epileptic Convulsions	
Duration		2 yrs. mos. dys.		yrs. mos. 2 dys.	
Contributory		Exhaustion		Myocarditis	
Duration		yrs. 2 mos. dys.		yrs. mos. 1 dys.	
(a) Did an operation precede death? (b) Was there an autopsy?		a No b No		a No b No	
Name of Physician		Dr. W. C. Doyle		Dr. L. S. McCabe	
Address		Essex		Windsor	
Date of Return		Feb. 20 th 1920		Feb. 21. 1920	
Date received by Division Registrar		Feb. 21 st 1920		Feb. 22. 1920	
MEDICAL CERTIFICATE OF DEATH					
Name of Deceased		Sophie Berthiaume		Sophie Berthiaume	
Date of Death		Jan. 28 th 1920		Jan. 28 th 1920	
Dates from which to which Medical Practitioner Attended Deceased		from April 19 th 1918 to Jan. 24 th 1920		from April 19 th 1918 to Jan. 24 th 1920	
Primary		Arterio Sclerosis		Arterio Sclerosis	
Duration		Indefinite		Indefinite	
Contributory		Cerebral Hemorrhage		Cerebral Hemorrhage	
Duration		2 Hours		2 Hours	
(a) Did an operation precede death? (b) Was there an autopsy?		a No b No		a No b No	
Name of Physician		Dr. C. W. Hoare		Dr. C. W. Hoare	
Address		Walkerville. Ont.		Walkerville. Ont.	
Date of Return		Jan. 27 th 1920		Jan. 27 th 1920	
Date received by Division Registrar		March. 3 rd 1920		March. 3 rd 1920	

DEATHS

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County of EssexDivision of Sandwich South

Surname of Deceased		No. 13	No. 17	No. 18
Full given Name		Nagorsen	Curtis	McKee
Place of Death, street and number or		Con. H. Sand. South	6th Con. Sand. South	5th Con. Sand. South
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed		Male Anglo-German Single	Female Irish English Married	Male English Single
Age		63 yrs. 6 mos. 4 dys. hrs. min.	63 yrs. 6 mos. 4 dys. hrs. min.	4 yrs. 4 mos. 4 dys. hrs. min.
(b) Place of Birth (b) Date of Birth		Sandwich South May 25 th 1920	Essex County Dec 31 st 1856	Sandwich South Aug. 11 th 1920
Trade or Occupation			Housewife	Child
Kind of Industry				
Date from which to which employed		from to	from to	from to
Trade or Occupation				
Kind of Industry				
Date from which to which employed		from to	from to	from to
Length of Residence		at place of death in Ontario in Canada	45 yrs Life at place of death in Ontario in Canada	Life Life at place of death in Ontario in Canada
Name of Father		Wm. Nagorsen	James Mason	Percy McKee
Birthplace of Father		Sandwich South	England	Ontario
Maiden Name of Mother		Margaret Foster	Esther Petty piece	Annie Jessop
Birthplace of Mother		England	Ireland	Ontario
Name of Informant		Wm. Nagorsen	Albert W. Curtis	Percy McKee
Address		Maudstone	Sandwich South	Sandwich South
Relation to Deceased		Father	Husband	Father
Place of Burial		Windsor Grov. Cemetery	St. Stephens Cemetery	St. Stephens Sand South
Date of Burial		May 26 th 1920	July 6 th 1920	Aug. 16 th 1920
Name of Undertaker		Jay. R. Chapin	Jay. R. Chapin	Jay. R. Chapin
Address		Windsor, Ont.	Windsor, Ont.	Windsor, Ont.
Cause of Death if no Physician attended				
Date of Death		May 25 th 1920	July 4 th 1920	Aug. 15 th 1920
MEDICAL CERTIFICATE OF DEATH				
Name of Deceased		Nagorsen	Ellen Curtis	Harold McKee
Date of Death		May 25 th 1920	July 4 th 1920	Aug. 15 th 1920
Dates from which to which Medical Practitioner Attended Deceased		from May 25 th 1920 to May 25 th 1920	from 1919 to July 4 th 1920	from Aug. 11 th 1920 to Aug. 15 th 1920
CAUSE OF DEATH		Premature Birth (7 mos)	Carcinoma Gall Bladder	Inward Convulsions
Primary				
Duration		yrs. mos. dys.	8 yrs. 8 mos. dys.	yrs. mos. 3 dys.
Contributory				
Duration		yrs. mos. dys.	yrs. mos. dys.	yrs. mos. dys.
(a) Did an operation precede death? (b) Was there an autopsy?		a no b no	a no b no	a no b no
Name of Physician		D. G. W. Rogers	D. James Gow	D. G. W. Rogers
Address		Essex, Ont.	Windsor, Ont.	Essex
Date of Return		May 26 th 1920	July 5 th 1920	Aug. 15 th 1920
Date received by Division Registrar		May 26 th 1920	Aug. 10 th 1920	Aug. 15 th 1920

I certify that the foregoing are correct registrations of deaths made to me during the month of

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D.R.

Address

DEATHS

County of *Essex*Division of *Sandwich South*No. *16*

No. <i>14</i>		No. <i>15</i>		No. <i>16</i>	
Surname of Deceased <i>M^c. Closkey</i>		Surname of Deceased <i>M^c. Carthy</i>		Surname of Deceased <i>Bedford</i>	
Full given Name <i>Mary Catherine</i>		Full given Name <i>Mary Jean</i>		Full given Name <i>Clifford Sifton</i>	
Place of Death, street and number or If in a Hospital or Institution give name		Place of Death, street and number or If in a Hospital or Institution give name		Place of Death, street and number or If in a Hospital or Institution give name	
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed a <i>Female</i> b <i>Irish</i> c <i>Single</i>		(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed a <i>Female</i> b <i>Irish</i> c <i>Single</i>		(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed a <i>Male</i> b <i>White (English)</i> c <i>Single</i>	
Age yrs. <i>2</i> mos. <i>5</i> dys. hrs. min.		Age yrs. <i>10</i> mos. <i>26</i> dys. hrs. min.		Age yrs. <i>8</i> mos. <i>4</i> dys. hrs. min.	
(a) Place of Birth (b) Date of Birth <i>Windsor April 8th 1920</i>		(a) Place of Birth (b) Date of Birth <i>Sandwich South July 19th 1919</i>		(a) Place of Birth (b) Date of Birth <i>Jacksons Corners Jan 28th 1912</i>	
Trade or Occupation <i>McCloskey</i>		Trade or Occupation <i>McCarthy</i>		Trade or Occupation <i>Bedford</i>	
Kind of Industry		Kind of Industry		Kind of Industry	
Date from which to which employed		Date from which to which employed		Date from which to which employed	
Trade or Occupation		Trade or Occupation		Trade or Occupation	
Kind of Industry		Kind of Industry		Kind of Industry	
Date from which to which employed		Date from which to which employed		Date from which to which employed	
Length of Residence at place of death in Ontario in Canada <i>2 Mos. 5 dys. 2 mos. 5 dys.</i>		Length of Residence at place of death in Ontario in Canada <i>10 M. 26 dys. 10 M. 26 d.</i>		Length of Residence at place of death in Ontario in Canada <i>Life</i>	
Name of Father <i>Leo M^c. Closkey</i>		Name of Father <i>Robert M^c. Carthy</i>		Name of Father <i>Joseph Bedford</i>	
Birthplace of Father <i>Woodalee</i>		Birthplace of Father <i>Sandwich South</i>		Birthplace of Father <i>New Euphemia Sp.</i>	
Maiden Name of Mother <i>Bridget M^c. Hugh</i>		Maiden Name of Mother <i>Mary Jones</i>		Maiden Name of Mother <i>Annie M. Holden</i>	
Birthplace of Mother <i>Woodalee</i>		Birthplace of Mother <i>Floss Sp. Simcoe County</i>		Birthplace of Mother <i>Sandwich South</i>	
Name of Informant <i>Leo M^c. Closkey</i>		Name of Informant <i>Robert M^c. Carthy</i>		Name of Informant <i>Joseph Bedford</i>	
Address <i>Maidstone</i>		Address <i>Maidstone</i>		Address <i>Jacksons Corners</i>	
Relation to Deceased <i>Father</i>		Relation to Deceased <i>Father</i>		Relation to Deceased <i>Father</i>	
Place of Burial <i>Maidstone</i>		Place of Burial <i>Maidstone</i>		Place of Burial <i>St. Stephens Cemetery Sandwich South</i>	
Date of Burial <i>June 13th 1920</i>		Date of Burial <i>June 15th 1920</i>		Date of Burial <i>May 28th 1920</i>	
Name of Undertaker <i>None</i>		Name of Undertaker <i>J. Sutton & Sons</i>		Name of Undertaker <i>C. R. Inson</i>	
Address <i>—</i>		Address <i>Windsor</i>		Address <i>Windsor</i>	
Cause of Death if no Physician attended <i>—</i>		Cause of Death if no Physician attended <i>—</i>		Cause of Death if no Physician attended <i>—</i>	
Date of Death <i>June 13th 1920</i>		Date of Death <i>June 14th 1920</i>		Date of Death <i>May 26th 1920</i>	
MEDICAL CERTIFICATE OF DEATH		MEDICAL CERTIFICATE OF DEATH		MEDICAL CERTIFICATE OF DEATH	
Name of Deceased <i>Mary Catherine M^c. Closkey</i>		Name of Deceased <i>Mary Jean M^c. Carthy</i>		Name of Deceased <i>Clifford Bedford</i>	
Date of Death <i>June 13th 1920</i>		Date of Death <i>June 14th 1920</i>		Date of Death <i>May 26th 1920</i>	
Dates from which to which Medical Practitioner Attended Deceased from <i>—</i> to <i>—</i>		Dates from which to which Medical Practitioner Attended Deceased from <i>June 10th 1920</i> to <i>June 14th 1920</i>		Dates from which to which Medical Practitioner Attended Deceased from <i>May 22nd 1920</i> to <i>May 25th 1920</i>	
Primary Cause of Death <i>Manitonia</i>		Primary Cause of Death <i>Stomach Trouble & Brain Fever</i>		Primary Cause of Death <i>Influenza</i>	
Duration yrs. <i>2</i> mos. <i>4</i> dys.		Duration yrs. <i>—</i> mos. <i>4</i> dys.		Duration yrs. <i>—</i> mos. <i>7</i> dys.	
Contributory Cause of Death <i>Gradual Wasting</i>		Contributory Cause of Death <i>—</i>		Contributory Cause of Death <i>Pneumonia</i>	
Duration yrs. <i>—</i> mos. <i>—</i> dys.		Duration yrs. <i>—</i> mos. <i>—</i> dys.		Duration yrs. <i>—</i> mos. <i>5</i> dys.	
(a) Did an operation precede death? (b) Was there an autopsy? a <i>No</i> b <i>No</i>		(a) Did an operation precede death? (b) Was there an autopsy? a <i>No</i> b <i>No</i>		(a) Did an operation precede death? (b) Was there an autopsy? a <i>No</i> b <i>No</i>	
Name of Physician <i>Dr. H. A. Bourne</i>		Name of Physician <i>Dr. Geo. Rogers</i>		Name of Physician <i>Dr. J. P. Austin</i>	
Address <i>Essex</i>		Address <i>Essex</i>		Address <i>Windsor</i>	
Date of Return <i>June 13th 1920</i>		Date of Return <i>June 15th 1920</i>		Date of Return <i>May 28th 1920</i>	
Date received by Division Registrar <i>June 13th 1920</i>		Date received by Division Registrar <i>June 15th 1920</i>		Date received by Division Registrar <i>July 8th 1920</i>	

I certify that the foregoing are correct registrations of deaths made to me during the month of *June* 19 *20**John M^c. Anuffe* D.R.Address *Maidstone*

Surname of Deceased	No. 10	No. 11	No. 12
Full given Name	Robinson	Hurley	Jessop
Place of Death, street and number or	Wesley Williams	Mary	Dorothy
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed	If in a Hospital or Institution give name	If in a Hospital or Institution give name	If in a Hospital or Institution give name
Age	a Male b English c Married	a Female b Irish c	a Female b English c Single
(a) Place of Birth (b) Date of Birth	24 yrs. 9 mos. 18 dys. hrs. min.	33 yrs. 5 mos. dys. hrs. min.	yrs. 2 mos. dys. hrs. min.
Trade or Occupation	a Sandwich South b Apr. 29. 1895	a Mandatone b Oct. 28. 1896	a Sandwich South b May 18/30
Kind of Industry	Farmer.	House keeping	
Date from which to which employed	from to	from to	from to
Trade or Occupation			
Kind of Industry			
Date from which to which employed	from to	from to	from to
Length of Residence	Life at place of death Life in Ontario in Canada	33 yrs. at place of death Life in Ontario in Canada	2 Mos. at place of death 2 Mos. in Ontario in Canada
Name of Father	David Robinson	John Hurley	Henry Jessop
Birthplace of Father	Ontario	Glencoe. Ont.	Sandwich South.
Maiden Name of Mother	Rhoda Libby	Mary Haley	Lillie Curtis
Birthplace of Mother	Ontario	Mandatone	Sandwich South.
Name of Informant	David Robinson	Edward Hurley	Henry Jessop
Address	Mandatone Sandwich South	Mandatone	Jacksons Corners
Relation to Deceased	Father	Brother	Father
Place of Burial	Windsor Grover Cemetery	Mandatone	St. Stephens Cemetery Sandwich South
Date of Burial	Feb. 13th. 1920	March. 26th. 1920	May, 3rd. 1920
Name of Undertaker	Jay. R. Chapin	J. Sutton & Sons	J. R. Chapin
Address	Windsor. Ont.	Windsor.	Windsor
Cause of Death if no Physician attended			
Date of Death	Feb. 11th. 1920	March 23rd. 1920	May 1st. 1920
MEDICAL CERTIFICATE OF DEATH			
Name of Deceased	Wesley Wm. Robinson	Mary Hurley	Dorothy Jessop
Date of Death	Feb. 11th. 1920	Mar. 23rd. 1920	May 1st. 1920
Dates from which to which Medical Practitioner Attended Deceased	from Feb. 2nd. 1920 to Feb. 11th 1920	from Mar. 16th. 1920 to Mar. 23rd. 1920	from April 30th 1920 to May. 1st. 1920
Primary	Influenza	Poisoning from Carbolic Acid	Bronchial Pneumonia
Duration	yrs. mos. 9 dys.	yrs. mos. 7 dys.	yrs. mos. 3 dys.
Contributory	Pneumonia	Heart Failure	
Duration	yrs. mos. 3 dys.	yrs. mos. dys.	yrs. mos. dys.
(a) Did an operation precede death? (b) Was there an autopsy?	a No. b No.	a No. b No.	a No. b No.
Name of Physician	Dr. Geo Rogers	Dr. W. C. Doyle	Dr. Geo Rogers
Address	Essex. Ont.	Essex. Ont.	Essex. Ont.
Date of Return	Feb. 11th. 1920	Mar. 25th. 1920	May. 2nd. 1920
Date received by Division Registrar	March. 24th. 1920	Mar. 25th 1920	May. 2nd. 1920

DEATHS

County of *Essex*Division of *Sandwich South*No. *9*

Bourque

No. <i>7</i> McCarthy		No. <i>8</i> Baillargeon		No. <i>9</i> Bourque	
Surname of Deceased <i>M^cCarthy</i>		<i>Bailey</i>		<i>Bourque</i>	
Full given Name <i>Richard Edwin</i>		<i>Josephine</i> <i>11th Con.</i>		<i>Harry</i>	
Place of Death, street and number or If in a Hospital or Institution give name		If in a Hospital or Institution give name		If in a Hospital or Institution give name	
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed <i>Male</i> <i>Irish</i> <i>Single</i>		<i>Female</i> <i>French</i> <i>Married</i>		<i>Male</i> <i>French</i> <i>Single</i>	
Age <i>8</i> yrs. <i>9</i> mos. <i>26</i> dys. hrs. min.		<i>23</i> yrs. mos. dys. hrs. min.		<i>7</i> yrs. <i>11</i> mos. <i>21</i> dys. hrs. min.	
(a) Place of Birth (b) Date of Birth <i>Sandwich South</i> <i>May 27th 1911</i>		<i>Maidstone</i> <i>—</i>		<i>Sandwich South</i> <i>Feb. 29th 1912</i>	
Trade or Occupation <i>—</i>		<i>House-work</i>			
Kind of Industry <i>—</i>		<i>—</i>			
Date from which to which employed from <i>—</i> to <i>—</i>		from <i>—</i> to <i>—</i>		from <i>—</i> to <i>—</i>	
Trade or Occupation <i>—</i>		<i>—</i>			
Kind of Industry <i>—</i>		<i>—</i>			
Date from which to which employed from <i>—</i> to <i>—</i>		from <i>—</i> to <i>—</i>		from <i>—</i> to <i>—</i>	
Length of Residence <i>8 yrs. 9 mos. 26 dys.</i> at place of death <i>—</i> in Ontario <i>—</i> in Canada		<i>9 mos. 23 yrs.</i> at place of death <i>—</i> in Ontario <i>—</i> in Canada		<i>Lifetime</i> at place of death <i>Lifetime</i> in Ontario <i>—</i> in Canada	
Name of Father <i>Andrew M^cCarthy</i>		<i>John Maizes</i>		<i>Chas. Bourque</i>	
Birthplace of Father <i>Sandwich South</i>		<i>Maidstone</i>		<i>Sandwich South</i>	
Maiden Name of Mother <i>Grace Sexton</i>		<i>Delphine Gouin</i>		<i>Lena Fields</i>	
Birthplace of Mother <i>Sandwich South</i>		<i>Sandwich East</i>		<i>Sandwich West</i>	
Name of Informant <i>Andrew M^cCarthy</i>		<i>Archibald Baillargeon</i>		<i>Willie Malenfant</i>	
Address <i>Maidstone</i>		<i>Maidstone</i>		<i>Essex R.R. No. 2</i>	
Relation to Deceased <i>Father</i>		<i>Husband</i>		<i>Brother-in-law</i>	
Place of Burial <i>Maidstone</i>		<i>Secumseh</i>		<i>M^cGregor</i>	
Date of Burial <i>March 8th 1920</i>		<i>Mar. 10th 1920</i>		<i>Feb. 22nd 1920</i>	
Name of Undertaker <i>J. Sutton & Sons</i>		<i>A. J. Jamieson & Bro</i>		<i>J. A. Hicks & Son</i>	
Address <i>Windsor</i>		<i>Windsor</i>		<i>Essex</i>	
Cause of Death if no Physician attended <i>—</i>		<i>—</i>		<i>—</i>	
Date of Death <i>March 8th 1920</i>		<i>March 9th 1920</i>		<i>Feb. 19th 1920</i>	
MEDICAL CERTIFICATE OF DEATH		MEDICAL CERTIFICATE OF DEATH		MEDICAL CERTIFICATE OF DEATH	
Name of Deceased <i>Richard M^cCarthy</i>		<i>Josephine Baillargeon</i>		<i>Harry Bourque</i>	
Date of Death <i>March 8th 1920</i>		<i>March 7th 1920</i>		<i>Feb. 19th 1920</i>	
Dates from which to which Medical Practitioner Attended Deceased from <i>March 1st 1920</i> to <i>March 8th 1920</i>		from <i>March 6th 1920</i> to <i>March 7th 1920</i>		from <i>Feb. 7th 1920</i> to <i>Feb. 19th 1920</i>	
Primary <i>Scarlet Fever</i>		<i>Puerperal Eclampsia</i>		<i>Whooping Cough</i>	
Duration yrs. mos. <i>10</i> dys.		yrs. mos. <i>1</i> dys.		yrs. <i>2</i> mos.	
Contributory <i>Pneumonia</i>		<i>Uremia in Pregnancy</i>		<i>Pneumonia</i>	
Duration yrs. mos. <i>6</i> dys.		yrs. <i>8 1/2</i> mos. <i>1</i> dys.		yrs. mos. <i>12</i> dys.	
(a) Did an operation precede death? (b) Was there an autopsy? <i>No.</i> <i>No.</i>		<i>Obstetrical</i> <i>No.</i>		<i>No.</i> <i>No.</i>	
Name of Physician <i>Dr. L. E. M^cCabe</i>		<i>Dr. Gustave Lacane</i>		<i>Dr. A. W. Keane</i>	
Address <i>Windsor</i>		<i>Secumseh</i>		<i>Essex</i>	
Date of Return <i>March 8th 1920</i>		<i>March 9th 1920</i>		<i>Feb. 20th 1920</i>	
Date received by Division Registrar <i>March 8th 1920</i>		<i>March 9th 1920</i>		<i>March 13th 1920</i>	

I certify that the foregoing are correct registrations of deaths made to me during the month of