

DEATHS

156

County of *Essex*

Division of *Sandwich South*

| Surname of Deceased | | No. 22 | No. 23 | No. 24 |
|--|--|--|---|---|
| Full given Name | | <i>Poupart</i> | <i>Robinson</i> | <i>Brazill</i> |
| Place of Death, street and number or | | | <i>7th. Con. Sandwich South</i> | <i>7th Con. Sand. South</i> |
| (a) Sex, (b) Racial Origin, (c) Single, Married, Widowed | | <i>Male</i> | <i>Female</i> | <i>Male</i> |
| Age | | <i>58 yrs.</i> | <i>68 yrs.</i> | <i>71 yrs.</i> |
| (a) Place of Birth (b) Date of Birth | | <i>Sandwich East. May 22nd 1862</i> | <i>Sandwich South b Feb. 1st 1852</i> | <i>Lockport. N.Y. Sept. 4th 1849</i> |
| Trade or Occupation | | <i>Farmer</i> | <i>Housekeeping</i> | <i>Farming</i> |
| 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 | | <i>26 yrs</i> at place of death | <i>all life</i> at place of death | <i>45 yrs</i> at place of death |
| Name of Father | | <i>Narcisse Poupart</i> | <i>Walter Fahey</i> | <i>Patrick Brazill</i> |
| Birthplace of Father | | <i>Montreal</i> | <i>Ireland</i> | <i>Ireland</i> |
| Maiden Name of Mother | | <i>Sophie Ladioult</i> | <i>Elizabeth Kaelgh</i> | <i>Katherine Kilroy</i> |
| Birthplace of Mother | | <i>Montreal</i> | <i>Ireland</i> | <i>Ireland</i> |
| Name of Informant | | <i>Albert. Poupart</i> | <i>John Robinson</i> | <i>Mrs. Jeanette Brazill</i> |
| Address | | <i>Jacksons. Corners</i> | <i>Maidstone</i> | <i>Paquette Sta. Ont.</i> |
| Relation to Deceased | | <i>Son</i> | <i>Son</i> | <i>Wife</i> |
| Place of Burial | | <i>Our Lady of the Lake Ford City.</i> | <i>Maidstone</i> | <i>Sandwich.</i> |
| Date of Burial | | <i>Jan 31st 1921</i> | <i>Feb. 4th 1921</i> | <i>Mar. 29th 1921</i> |
| Name of Undertaker | | <i>Albemy. J. Jamisse</i> | <i>J. Sutton & Sons</i> | <i>A. J. Jamisse</i> |
| Address | | <i>403 Sandwich St. East.</i> | <i>1521 Chellette ave Windsor. Ont.</i> | <i>Windsor.</i> |
| Cause of Death if no Physician attended | | | | |
| Date of Death | | <i>Jan 28th 1921</i> | <i>Feb. 1st 1921</i> | <i>March. 26th 1921</i> |
| Name of Deceased | | <i>Daniel Poupart</i> | <i>Mary Robinson</i> | <i>John Brazill</i> |
| Date of Death | | <i>Jan 28th 1921</i> | <i>Feb. 1st 1921</i> | <i>March. 26th 1921</i> |
| Dates from which to which Medical Practitioner Attended Deceased | | from <i>Jan 24th 1921</i> to <i>Jan. 28th 1921</i> | from <i>Nov. 1920</i> to <i>Jan. 28th 1921</i> | from <i>March. 1919</i> to <i>March. 1921</i> |
| Primary | | <i>Nephritis chronic</i> | <i>Ulcers of Bowels</i> | <i>Chronic Mitral Valve</i> |
| Duration | | <i>3 yrs.</i> | <i>8 yrs.</i> | <i>21 yrs.</i> |
| Contributory | | <i>Uremia</i> | <i>Anemia</i> | <i>Dropsy</i> |
| Duration | | <i>2 yrs.</i> | <i>2 yrs.</i> | <i>— yrs.</i> |
| (a) Did an operation precede death? (b) Was there an autopsy? | | <i>No</i> | <i>No</i> | <i>No</i> |
| Name of Physician | | <i>Dr. Raymond D. Morand.</i> | <i>Dr. J. D. MacDonald.</i> | <i>Dr. R. Casgrain</i> |
| Address | | <i>838 Wyandotte St. East.</i> | <i>Essex</i> | <i>Windsor.</i> |
| Date of Return | | <i>Jan 29th 1921</i> | <i>Feb. 2nd 1921</i> | <i>Mar. 28th 1921</i> |
| Date received by Division Registrar | | <i>Feb. 3rd 1921</i> | <i>Feb. 3rd 1921</i> | <i>April 1st 1921</i> |

I certify that the foregoing are correct registrations of deaths made to me during the month of *February* 19 *21*

John M. Ouliffe

Maidstone

DEATHS

Division of

Sandwich South

County of

Essex

No. 20.

Knowlton

No. 21

O'Brien

| No. 19. Dennison | | No. 20. Knowlton | | No. 21 O'Brien | |
|--|--|---|--|---|--|
| Surname of Deceased | | Knowlton | | O'Brien | |
| Full given Name | | Joseph Annie | | James Joy | |
| Place of Death, street and number or | | 7th Con. Sand. South | | If in a Hospital or Institution give name | |
| 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 | | a Male b Irish c Single | | a Male b Irish c Single | |
| Age | | 12 yrs. 2 mos. 13 dys. hrs. min. | | 1 yrs. 9 mos. dys. hrs. min. | |
| (a) Place of Birth (b) Date of Birth | | a Sand. South b Sept 7/20 | | a Sand. S. b Sept 7/20 | |
| Trade or Occupation | | Farming | | Farming | |
| Kind of Industry | | Farming | | Farming | |
| Date from which to which employed | | from 45 years to | | from 45 years to | |
| Trade or Occupation | | Iron Worker | | Iron Worker | |
| Kind of Industry | | Iron Industry | | Iron Industry | |
| Date from which to which employed | | from 25 years to | | from 25 years to | |
| Length of Residence | | 50 years at place of death 52 yrs. in Ontario 52 yrs. in Canada | | all life at place of death all life in Ontario all life in Canada | |
| Name of Father | | B. B. Knowlton | | William O.'Brien | |
| Birthplace of Father | | Seattle Wash. | | Oldcastle Ont. | |
| Maiden Name of Mother | | Melvina Burbee | | Mary Louisa Joy | |
| Birthplace of Mother | | Osceola Mich. | | Ashfield Huron Co. | |
| Name of Informant | | B. B. Knowlton | | William O'Brien | |
| Address | | Windsor. R.R. no. 1 | | Oldcastle | |
| Relation to Deceased | | Father | | Father | |
| Place of Burial | | Maudstone Cross | | Maudstone | |
| Date of Burial | | Nov. 20th. 1920 | | Nov. 20th. 1920 | |
| Name of Undertaker | | W. H. Richardson | | J. Sutton & Sons | |
| Address | | Essex. Ont. | | Windsor. | |
| Cause of Death if no Physician attended | | Convulsions | | Convulsions | |
| Date of Death | | Nov. 19th. 1920 | | Nov. 28th. 1920 | |
| MEDICAL CERTIFICATE OF DEATH | | MEDICAL CERTIFICATE OF DEATH | | MEDICAL CERTIFICATE OF DEATH | |
| Name of Deceased | | Joseph Annie Knowlton | | James Joy O'Brien | |
| Date of Death | | Nov. 19th. 1920 | | Nov. 28th. 1920 | |
| Dates from which to which Medical Practitioner Attended Deceased | | from Nov. 9th. 1920 to Nov. 18th. 1920 | | from Nov. 23. 1920 to Nov. 28. 1920 | |
| Primary | | Convulsions from Autostraversion | | Convulsions from Autostraversion | |
| Duration | | 10 yrs. mos. dys. | | 1 yrs. mos. dys. | |
| Contributory | | Bronchitis & Heart failure | | Bronchitis & Heart failure | |
| Duration | | 2 yrs. mos. dys. | | 2 yrs. mos. dys. | |
| (a) Did an operation precede death? (b) Was there an autopsy? | | a No. b No. | | a No. b No. | |
| Name of Physician | | Dr. J. D. Macdonald | | Dr. J. W.'Brien | |
| Address | | Essex | | Essex | |
| Date of Return | | Oct. 23rd. 1920 | | Nov. 19th. 1920 | |
| Date received by Division Registrar | | Oct. 23rd. 1920 | | Nov. 20th. 1920 | |

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

D.R.

Address

DEATHS

County of Essex

Division of Sandwich South

| Surname of Deceased | | No. 25 | O'Neil | No. 26 | Libby | No. 27 | Hughes |
|--|--|--|--------|--|-------|---|--------|
| Full given Name | | Reginald William | | Benjamin Franklin | | Sampson James | |
| Place of Death, street and number or | | | | | | | |
| (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 Irish c Single | | a Male b English c Married | | a Male b English c — | |
| (a) Place of Birth (b) Date of Birth | | 23 yrs. 4 mos. dys. hrs. min. | | 41 yrs. 5 mos. 18 dys. hrs. min. | | 71 yrs. 3 mos. dys. hrs. min. | |
| Trade or Occupation | | a Sandwich South b Oct. 10 th 1897 | | a Sandwich South b Aug. 26 th 1879 | | a Dec. 25 th 1849 b Feb. 25 th 1849 | |
| Kind of Industry | | Active Service Overseas | | Farmer | | Jeweller | |
| 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 | | Life at place of death Life in Ontario in Canada | | 50 yrs at place of death in Ontario in Canada | |
| Name of Father | | William S. O. Neil | | Benjamin Libby | | — | |
| Birthplace of Father | | Sandwich South | | England | | — | |
| Maiden Name of Mother | | Beatrice Whiteside | | Hanna Duck | | — | |
| Birthplace of Mother | | Pickering Ont. | | Toronto Ont. | | England | |
| Name of Informant | | Warren S. O. Neil | | Thos. Libby | | H. Regner | |
| Address | | Paquette Ont. | | Paquette | | Paquette | |
| Relation to Deceased | | Brother | | Brother | | Nephew | |
| Place of Burial | | Sandwich South St. Stephens Cemetery | | St. Stephens Cemetery Sandwich South | | Windsor Grove Cemetery | |
| Date of Burial | | Feb. 10 th 1921 | | Feb. 16 th 1921 | | March 21 st 1921 | |
| Name of Undertaker | | W. H. Richardson | | W. H. Richardson | | W. H. Richardson | |
| Address | | Essex Ont. | | Essex | | Essex | |
| Cause of Death if no Physician attended | | — | | — | | — | |
| Date of Death | | Feb. 9 th 1921 | | Feb. 14 th 1921 | | March 18 th 1921 | |
| MEDICAL CERTIFICATE OF DEATH | | MEDICAL CERTIFICATE OF DEATH | | MEDICAL CERTIFICATE OF DEATH | | MEDICAL CERTIFICATE OF DEATH | |
| Name of Deceased | | Reginald William O'Neil | | Benjamin Libby | | Sampson J. Hughes | |
| Date of Death | | Feb. 9 th 1921 | | Feb. 14 th 1921 | | March 18 th 1921 | |
| Dates from which to which Medical Practitioner Attended Deceased | | from July 1920 to Feb. 7 th 1921 | | from Feb. 2 nd 1921 to Feb. 13 th 1921 | | from March 18 th 1921 to March 18 th 1921 | |
| Primary | | Pulmonary Tuberculosis | | Influenza | | Senility + Nephritis | |
| Duration | | 3 yrs. mos. dys. | | yrs. mos. 11 dys. | | 10 yrs. mos. dys. | |
| Contributory | | General Exhaustion | | Pneumonia | | Apoplexy | |
| Duration | | 3 yrs. mos. dys. | | yrs. mos. 7 dys. | | yrs. mos. 1 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. J. W. Brien | | Dr. C. W. Rogers | | Dr. J. D. MacDonald | |
| Address | | Essex | | Essex | | Essex | |
| Date of Return | | Feb. 9 th 1921 | | May 3 rd 1921 | | March 18 th 1921 | |
| Date received by Division Registrar | | May 3 rd 1921 | | May 3 rd 1921 | | May 3 rd 1921 | |

I certify that the foregoing are correct registrations of deaths made to me during the month of 19.....

D.R.

Address.....

DEATHS

County of EssexDivision of Sandwich SouthNo. 30 WatsonNo. 28No. 29

Jessop

Battersby

Watson

Surname of Deceased

Battersby

Jessop

Kathleen May

Full given Name

Henry

Milton Joseph

Sandwich South

Place of Death, street and number or

11 Corn Sand South

Sandwich South

If in a Hospital or Institution give name

(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed

a Male b Irish c Married

a Male b English c Single

a Female b Irish c Single

Age

68 yrs. mos. dys. hrs. min.

yrs. 1 mos. 3 dys. hrs. min.

yrs. mos. 3 dys. hrs. min.

(a) Place of Birth (b) Date of Birth

a Sand South b Mar 30th 1853a Sand South b April 22nd /21a Sand South b July 7th 192

Trade or Occupation

—

—

—

Kind of Industry

Farming

—

—

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

Lifetime Lifetime —

1 Mo. 3 dys 1 Mo. 3 dys —

3 days 5 3 days —

Name of Father

John Battersby

Henry Jessop

Percival John Watson

Birthplace of Father

Ireland

Sandwich South

Sandwich South

Maiden Name of Mother

Margaret Murphy

Lilly Curtis

Jessie Ann Shuttleworth

Birthplace of Mother

Ireland

Sandwich South

Sandwich South

Name of Informant

James Battersby

Henry Jessop

P. J. Watson

Address

Maidstone R.R. No. 3

Paquette

Maidstone

Relation to Deceased

Son

Father

Father

Place of Burial

North Ridge Cemetery

St. Stephens Cemetery

Windsor Grove Cemetery

Date of Burial

April 30th 1921May 26th 1921July 11th 1921

Name of Undertaker

—

—

—

Address

—

431-33 Duquette Ave Windsor

—

Cause of Death if no Physician attended

—

—

—

Date of Death

April 27th 1921May 25th 1921July 10th 1921

MEDICAL CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

Name of Deceased

Henry Battersby

Milton Joseph Jessop

Kathleen May Watson

Date of Death

April 27th 1921May 25th 1921July 10th 1921

Dates from which to which Medical Practitioner Attended Deceased

from Died Suddenly

from May 23rd 1921from July 7th 1921

to

to May 25th 1921to July 10th 1921

Primary

Heart Failure

Premature Birth

Heart Failure

Duration

yrs. mos. dys.

yrs. mos. dys.

yrs. mos. dys.

Contributory

yrs. mos. dys.

yrs. mos. dys.

yrs. mos. dys.

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

Dr. Geo Rogers

Dr. Geo Rogers

Dr. W. C. Doyle

Address

Essex

Essex

Windsor

Date of Return

April 29th 1921May 26th 1921July 30th 1921

Date received by Division Registrar

May 3rd 1921May 26th 1921July 30th 1921

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

D.R.

Address

19

DEATHS

County of Essex

Division of Sandwich South

| Surname of Deceased | | No. 31 | No. 32 | No. 33 |
|--|--|---|--|--|
| Full given Name | | Libby | Farough | Trautman |
| Place of Death, street and number or | | Clifford Benjamin Pelle River | Ethel. 4. | Catherine Campbell |
| (a) Sex, (b) Racial Origin, (c) Single, Married, Widowed | | Male English Single | Female English Infant | Female German Married |
| Age | | 15 yrs. 8 mos. 5 dys. hrs. min. | 4 mos. - dys. hrs. min. | 63 yrs. 9 mos. 24 dys. hrs. min. |
| (a) Place of Birth (b) Date of Birth | | Toronto Nov 19 th 1905 | Sandwich South May 21 st 1921 | Germany Mar 22 1858 |
| Trade or Occupation | | | | Housewife |
| Kind of Industry | | Farming | | |
| 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 Lifetime in Ontario in Canada | at place of death in Ontario in Canada | at place of death in Ontario in Canada |
| Name of Father | | Thomas Libby | Chas. Farough | Matthew Campbell |
| Birthplace of Father | | Toronto | Sandwich South | Germany |
| Maiden Name of Mother | | Mary Harris | Elizabeth Ann Thomas | Francis Wensloff |
| Birthplace of Mother | | Cambridge England | Sandwich South | Germany |
| Name of Informant | | Robert Libby | Chas. Farough | Joseph Trautman |
| Address | | Maidstone | Maidstone | Maidstone |
| Relation to Deceased | | Uncle | Father | Husband |
| Place of Burial | | St. Stephen's Cemetery | North Ridge | Maidstone |
| Date of Burial | | July 26 th 1921 | Sept. 9 th 1921 | Jan 19 th 1922 |
| Name of Undertaker | | W.H. Richardson | W.H. Richardson & Son | W.H. Richardson & Son |
| Address | | Essex | Essex | Essex |
| Cause of Death if no Physician attended | | | | |
| Date of Death | | July 24 th 1921 | Sept. 7 th 1921 | Jan. 16 th 1922 |
| MEDICAL CERTIFICATE OF DEATH | | | | |
| Name of Deceased | | Clifford B. Libby | Ethel Francis Farough | Catherine Trautman |
| Date of Death | | July 24 th 1921 | Sept. 7 th 1921 | Jan 16 th 1922 |
| Dates from which to which Medical Practitioner Attended Deceased | | from - to - | from - to - | from Dec. 1 st 1921 to Jan. 16 th 1922 |
| Primary | | Drowning | Cholera Infantum | Cerebra Hemorrhage |
| Duration | | yrs. mos. dys. | yrs. mos. 10 dys. | 20 yrs. mos. dys. |
| Contributory | | | | |
| Duration | | yrs. mos. dys. | yrs. mos. dys. | yrs. mos. 5 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. Geo Rogers | Dr. J.D. Macdonald |
| Address | | Essex | Essex | Essex |
| Date of Return | | July 25 th 1921 | Sept. 9 th 1921 | Jan 19 th 1922 |
| Date received by Division Registrar | | Sept. 20 th 1921 | Nov. 12 th 1921 | Jan 21 st 1922 |

I certify that the foregoing are correct registrations of deaths made to me during the month of _____ 19__

John M. Anderson