

DEATHS

County of EssexDivision of Sandwich SouthNo. 52

Holden

No. 53

Roadhouse

No. 54

Jessop

Surname of Deceased

HoldenRoadhouseJessop

Full given Name

SarahFlorenceFranklin Junior

Place of Death, street and number or

7th Con Sandwich SouthSouth Talbot Road

If in a Hospital or Institution give name

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

a Female b German c Marrieda Female b English c Marrieda Male b English c Single

Age

82 yrs. 3 mos. 10 dys. hrs. min.69 yrs. 3 mos. 10 dys. hrs. min.7 yrs. 7 mos. 27 dys. hrs. min.

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

a Cambridge Ind. b Dec 9th 1890a Peel County Ont. b Sept. 23. 1853a May 12th 1922 b Sandwich South

Trade or Occupation

HousewifeHousewifeChild Only

Kind of Industry

HousewifeHousewifeChild Only

Date from which to which employed

from tofrom tofrom to

Trade or Occupation

Kind of Industry

Date from which to which employed

from tofrom tofrom to

Length of Residence

58 years at place of death 58 years in Ontario in Canada40 yrs. at place of death Life in Ontario in CanadaLife at place of death Life in Ontario in Canada

Name of Father

Nathan Stone CopherNicholas WattsGeorge Jessop

Birthplace of Father

United StatesEnglandOntario

Maiden Name of Mother

Nephelia HumbertSophia HumphreyMildred Harshaw

Birthplace of Mother

United StatesEnglandOntario

Name of Informant

Thomas HoldenCharles RoadhouseGeorge Jessop

Address

PaquettePaquetteJacksons Corner

Relation to Deceased

HusbandHusbandFather

Place of Burial

St. Stephens Sand SouthSt. StephensSt. Stephens

Date of Burial

Jan. 3rd. 1922.Jan. 4th. 1923.Jan 10th 1923.

Name of Undertaker

Jay. R. ChapinJay. R. ChapinJay. R. Chapin

Address

Windsor. Ont.Windsor. Ont.Windsor.

Cause of Death if no Physician attended

Date of Death

Jan. 1st. 1923.Jan. 2nd. 1923.Jan. 8th. 1923.

MEDICAL CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

Name of Deceased

Sarah HoldenFlorence RoadhouseFranklin Junior Jessop

Date of Death

Jan. 1st. 1923Jan. 2nd. 1923.Jan. 8th. 1923.

Dates from which to which Medical Practitioner Attended Deceased

from Dec. 9th 1922from Jan. 1st. 1923.from Jan. 5th. 1923.to Jan. 1st. 1923to Jan. 2nd. 1923.to Jan. 8th. 1923.

Primary

GangreneArterio Sclerosis & Rheumatism Broncho Pneumonia

Duration

12 yrs. 3 mos. 12 dys.5 yrs.3 mos.5 dys.3 yrs.3 mos.5 dys.

Contributory

Old age & General Weakness

Duration

12 yrs. 3 mos. 12 dys.5 yrs.3 mos.5 dys.3 yrs.3 mos.5 dys.

(a) Did an operation precede death?

a No.b No.a No.b No.a No.b No.

Name of Physician

Dr. J. W. BruenDr. Geo RogersDr. Geo Rogers

Address

EssexEssexEssex

Date of Return

Jan. 2nd. 1923Jan. 2nd. 1923.Jan. 9th. 1923

Date received by Division Registrar

Jan. 2nd. 1923Jan. 2nd. 1923.Jan. 9th 1923

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

January1923

D.R.

Address

Maudstone

County of *Essex*

DEATHS

Division of *Sandwich South*

Surname of Deceased

No. 55

Stephens

No. 56

Driscoll

No. 57

Beahan

Full given Name

*Maxcen**Elizabeth**William*

Place of Death, street and number or

*9th Con. Sandwich South**Sandwich South**Sandwich South*

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

*Female English Single**Female Irish Widowed**Male German Single*

Age

*4 yrs. 16 dys. hrs. min.**72 yrs. 8 mos. 7 dys. hrs. min.**Stillborn*

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

*Windsor Jan. 18th 1919**Ireland June 10th 1850**Sandwich South Feb. 23rd 23*

Trade or Occupation

*Child**Housekeeper**Stillborn*

Kind of Industry

Date from which to which employed

Trade or Occupation

Kind of Industry

Date from which to which employed

Length of Residence

*Life at place of death in Ontario in Canada**30 years 30 years at place of death in Ontario in Canada**at place of death in Ontario in Canada*

Name of Father

*Clarence Stephens**Wm. Klingman**Beahm Wm. Beahan*

Birthplace of Father

*Windsor**Ireland**Sandwich South*

Maiden Name of Mother

*Margaret Little**—**Margaret Trantman*

Birthplace of Mother

*Maidstone**—**Deerwater Ont.*

Name of Informant

*Mrs. M. Stephens**John Loder**William Beahan*

Address

*1053 Howard Ave. Windsor**Jacksons. Corners**Maidstone*

Relation to Deceased

*Grandmother**Son**Father*

Place of Burial

*Windsor Gwr.**St. Stephens Cemetery Sand. Maidstone**—*

Date of Burial

*Feb. 3rd. 1923**Feb. 19th. 1923**Feb. 23rd. 1923*

Name of Undertaker

*Jay. R. Chapin**Jay. R. Chapin**None*

Address

*Windsor**Windsor**—*

Cause of Death if no Physician attended

*—**—**—*

Date of Death

*Feb. 3rd. 1923.**Feb. 17th. 1923**Feb. 23rd. 1923.*

MEDICAL CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

Name of Deceased

*Maxcen Stephens**Elizabeth Driscoll**William Beahan*

Date of Death

*Feb. 3rd. 1923.**Feb. 17th. 1923**Feb. 23rd. 1923.*

Dates from which to which Medical Practitioner Attended Deceased

*from Feb. 1st. 1923. to Feb. 3rd. 1923**from Feb. 15th 1923 to Feb. 17th. 1923**from Feb. 23rd. 1923. to Feb. 23rd. 1923*

Primary

*Dysentery**Broncho. Pneumonia**Stillborn*

Duration

*3 dys.**—**—*

Contributory

*Exhaustion**—**Stillborn*

Duration

*—**—**—*

(a) Did an operation precede death? (b) Was there an autopsy?

*No. No.**No. —**No. No.*

Name of Physician

*Dr. W. L. Doyle**Dr. E. W. Rogers**Dr. J. D. Macdonald*

Address

*Windsor**Essex**Essex*

Date of Return

*Feb. 3rd. 1923**Feb. 17th. 1923**Feb. 23rd. 1923*

Date received by Division Registrar

*Feb. 3rd. 1923**Feb. 17th. 1923**Feb. 23rd. 1923.*I certify that the foregoing are correct registrations of deaths made to me during the month of *February* 19*23**Edmund M. C. Auliffe D.R.*Address *Maidstone*

DEATHS

County of *Essex*Division of *Sandwich South*No. *60*

Farough

No. *58* WalshNo. *59* Turton

Surname of Deceased

*Walsh**Turton**Farough*

Full given Name

*Edward
Robert Regan
Sandwich South**Leonard Joseph**Elizabeth Ann*

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

a *Male* b *Irish* c *Single*a *M* b *English* c *M*a *F* b *English* c *M*

Age

13 yrs. 11 mos. dys. hrs. min.

41 yrs. 11 mos. dys. hrs. min.

37 yrs. 3 mos. 26 dys. hrs. min.

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

a *Mandstone* b *Mar 25 1911*a *London Ont* b *April 3rd 1881*a *Delbury North* b *Sept 4th 1885*

LAST OCCUPATION

Trade or Occupation

Kind of Industry

Date from which to which employed

from to

from to

from to

FORMER OCCUPATION

Trade or Occupation

Kind of Industry

Date from which to which employed

from to

from to

from to

Length of Residence

all life at place of death in Ontario in Canada

1 year all life at place of death in Ontario in Canada

15 years at place of death in Ontario in Canada

Name of Father

*John Walsh**Robert Turton**David Thomas*

Birthplace of Father

*Mersa Sup**England**Smithville*

Maiden Name of Mother

*Margaret Mc Cann**Anna McLaughlin**Sarah Rozzel*

Birthplace of Mother

*Mandstone**Ireland**—*

Name of Informant

*John Walsh**Nellie Turton**Wm Thomas*

Address

*Mandstone**Pelton**Mandstone*

Relation to Deceased

*Father**Wife**Brother*

Place of Burial

*Mandstone**Windsor Ont**North Ridge*

Date of Burial

*Feb. 28th 1923**March 9th 1923**Jan. 18th 1923*

Name of Undertaker

*J. Sutton & Sons**J. Sutton & Sons**J. A. Hicks & Son*

Address

*Windsor**Windsor**Essex*

Cause of Death if no Physician attended

Date of Death

*Feb. 26th 1923**March 6th 1923**Dec. 30th 1922*

MEDICAL CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

Name of Deceased

*Edw. Walsh**Leonard Turton**Elizabeth Ann Farough*

Date of Death

*Feb. 26th 1923**March 6th 1923**Dec. 30th 1922*

Dates from which to which Medical Practitioner Attended Deceased

from *Jan. 1st 1912* to *Feb. 26th 1923*from *March 1921* to *March 6th 1923*from *No attendance* to

Primary

*Imbecility**Pulmonary Tuberculosis**Strangulation by hanging. Suicidal*

Duration

yrs. mos. dys.

5 yrs. mos. dys.

yrs. mos. dys.

Contributory

*Exhaustion**Mental Derangement*

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. W. C. Doyle**Dr. Pepin**Dr. J. W. Brien (Coroner)*

Address

*Windsor**Windsor**Essex*

Date of Return

*Feb. 26th 1923**March 7th 1923**Dec. 30th 1922*

Date received by Division Registrar

*Feb. 26th 1923**March 8th 1923**March 29th 1923*

DEATHS

County of *Essex*Division of *Sandwich South*

Name of Deceased		No. <i>61</i> Whiteside	No. <i>62</i> Cochrane	No. <i>63</i> McCloskey
Given Name		<i>White side</i> <i>Mary Ann</i>	<i>Cochrane</i> <i>Daniel Frank</i>	<i>M^c Closkey</i> <i>Matilda</i>
Place of Death, street and number or				
Sex, (b) Racial Origin, Single, Married, Widowed		<i>Female</i> <i>English</i> <i>Widow</i>	<i>Male</i> <i>—</i> <i>Single</i>	<i>Female</i> <i>Irish</i> <i>Married</i>
Age		<i>87</i> yrs. <i>4</i> mos. <i>4</i> dys. <i>hrs.</i> <i>min.</i>	<i>2</i> yrs. <i>1</i> mos. <i>dys.</i> <i>hrs.</i> <i>min.</i>	<i>46</i> yrs. <i>3</i> mos. <i>9</i> dys. <i>hrs.</i> <i>min.</i>
Place of Birth		<i>Birmingham</i>	<i>Windsor</i>	<i>Maidstone</i>
Date of Birth		<i>Sept. 19th 1935</i>	<i>April 21st 1921</i>	<i>Jan 31st 1877</i>
Trade or Occupation		<i>Housewife</i>		<i>Housewife</i>
Kind of Industry		<i>Housework</i>		<i>Housekeeping</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		at place of death in Ontario in Canada	<i>2 months</i> <i>all life</i> in Ontario in Canada	<i>10 yrs</i> <i>all life</i> in Ontario in Canada
Name of Father		<i>Matthew Hodgson</i>	<i>Thos. Cochrane</i>	<i>Anthony Barrett</i>
Birthplace of Father		<i>England</i>	<i>Illinois</i>	<i>Ireland</i>
Maiden Name of Mother		<i>Sarah Ann Smith</i>	<i>Mary. Wapfield</i>	<i>Ellen O.'Brien</i>
Birthplace of Mother		<i>England</i>	<i>Illinois</i>	<i>Sandwich</i>
Name of Informant		<i>Bentrice O. Neil</i>	<i>Thomas Cochrane</i>	<i>Charles M^c Closkey</i>
Address		<i>Paquette Oak</i>	<i>Jackson. Corner</i>	<i>Maidstone</i>
Relation to Deceased		<i>Daughter</i>	<i>Father</i>	<i>Husband</i>
Place of Burial		<i>Sandwich</i>	<i>Windsor</i>	<i>St Mary's Cemetery</i>
Date of Burial			<i>May 25th 1923</i>	<i>May 12th 1923</i>
Name of Undertaker		<i>J. A. Hicks & Son</i>	<i>J. Sutton & Sons</i>	<i>J. Sutton & Sons</i>
Address		<i>Essex Oak</i>	<i>Windsor</i>	<i>Windsor</i>
Cause of Death				
No Physician attended				
Date of Death		<i>Jan. 11th 1923</i>	<i>May 22nd 1923</i>	<i>May 10th 1923</i>
MEDICAL CERTIFICATE OF DEATH				
Name of Deceased		<i>Mary Ann Whiteside</i>	<i>Daniel Cochrane</i>	<i>Matilda M^c Closkey</i>
Date of Death		<i>Jan. 11th 1923</i>	<i>May 22nd 1923</i>	<i>May 10th 1923</i>
Dates from which to which Medical Practitioner Attended Deceased		from <i>Jan. 1st 1923</i> to <i>Jan. 8th 1923</i>	from <i>May 10th 1923</i> to <i>May 21st 1923</i>	from <i>May 2nd 1923</i> to <i>May 9th 1923</i>
Primary		<i>Arterio Sclerosis & old age</i>	<i>Scarlet Fever</i>	<i>Tubercular Ulcers of Colon</i>
Duration		<i>1</i> yrs. <i>1</i> mos. <i>1</i> dys.	<i>14</i> yrs. <i>14</i> mos. <i>14</i> dys.	<i>10</i> yrs. <i>10</i> mos. <i>10</i> dys.
Contributory		<i>Endocarditis</i>	<i>Pneumonia</i>	<i>Obstruction of Bowels</i>
Duration		<i>1</i> yrs. <i>1</i> mos. <i>1</i> dys.	<i>7</i> yrs. <i>7</i> mos. <i>7</i> dys.	<i>5</i> yrs. <i>5</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 <i>No</i> b <i>No</i>	a <i>No</i> b <i>No</i>
Name of Physician		<i>Dr. J. W.'Brien</i>	<i>Dr. E. H. M^c Gavin</i>	<i>Dr. J. D. MacDonald</i>
Address		<i>Essex</i>	<i>Windsor</i>	<i>Essex</i>
Date of Return		<i>Jan. 11th 1923</i>	<i>May 23rd 1923</i>	<i>May 10th 1923</i>
Date received by Division Registrar		<i>March 29th 1923</i>	<i>May 23rd 1923</i>	<i>May 10th 1923</i>

I certify that the foregoing are correct registrations of deaths made to me during the month of *May* 1923*John M^c Auliffe* D.R.Address *Maidstone*

DEATHS

County of EssexDivision of Sandwich South

No. 66

Ouellette

No. 64

Rosnovan

No. 65

Smith

Surname of Deceased

Rosnovan

Smith

Ouellette

Full given Name

Rosnovan John

Jess

Arthur

Place of Death, street and number or

Sand. South

Base Line Sandwich South

If in a Hospital or Institution give name

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

a Male b Roumanian c Single

a Male b English c Single

a Male b French c Single

Age

— yrs. — mos. — dys. hrs. 15 min.

79 yrs. — mos. — dys. hrs. min.

30 yrs. 7 mos. 10 dys. hrs. min.

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

a Sand South b June 9th 1923

a England b —

a Maidstone b Jan 15th 1893

Trade or Occupation

—

Laborer

Farming

Kind of Industry

—

Farmer

—

Date from which to which employed

from — to —

from — to —

from — to —

Trade or Occupation

—

Same

—

Kind of Industry

—

Farmer

—

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

7 days at place of death Not known in Ontario Not known in Canada

3 years at place of death 30 yrs in Ontario — in Canada

Name of Father

John Rosnovan

Not known

Albert Ouellette

Birthplace of Father

Roumania

"

Sandwich. Ont.

Maiden Name of Mother

Annie Sprit

"

Louis Dermie

Birthplace of Mother

Roumania

"

Maidstone

Name of Informant

John Rosnovan

Mrs. Geo. Fairbairn

Albert Ouellette

Address

Maidstone

Maidstone

Belle River. Ont.

Relation to Deceased

Father

None

Father

Place of Burial

St. Mary's Cemetery

North Ridge

Belle River

Date of Burial

June 9th 1923July 17th 1923Aug. 27th 1923

Name of Undertaker

None

J. A. Hicks & Son

A. J. Jamieson

Address

—

Essex

903 Sandwich St. E.

Cause of Death if no Physician attended

—

—

—

Date of Death

June 9th 1923July 16th 1923Aug. 25th 1923

MEDICAL CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

Name of Deceased

John Rosnovan

Jess Smith

Arthur Ouellette

Date of Death

June 9th 1923July 16th 1923Aug. 25th 1923

Dates from which to which Medical Practitioner Attended Deceased

from June 9th 1923from July 15th 1923from Aug. 25th 1923to June 9th 1923to July 16th 1923to Aug. 25th 1923

Primary

Premature Birth

Fracture of Ribs Right Side

Crush from accidental fall

Duration

yrs. one mos. hour dys.

yrs. mos. 1 dys.

yrs. mos. 3 Min. dys.

Contributory

Premature Birth

Shock

—

Duration

yrs. one mos. hour dys.

yrs. mos. 1 dys.

yrs. mos. 3 Min. dys.

(a) Did an operation precede death?

a No. b No.

a No. b No.

a No. b No.

(b) Was there an autopsy?

a No. b No.

a No. b No.

a No. b No.

Name of Physician

Dr. J. D. MacDonald

Dr. J. D. MacDonald

Dr. Paul. Rousson

Address

Essex

Essex

Decumseh

Date of Return

June 9th 1923July 16th 1923Aug. 27th 1923

Date received by Division Registrar

June 9th 1923July 16th 1923Aug. 28th 1923

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

August

1923

John M. Auliffe D.R.

Address

Maidstone

DEATHS

172

County of Essex

Division of Sandwich South

Surname of Deceased		No. 70	Dunn	No. 71	Cutting	No. 72	Shuel
Full given Name		<u>Julia</u>		<u>George Stanley</u>		<u>Walter</u>	
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 <u>Female</u> b <u>Irish</u> c <u>Married</u>		a <u>Male</u> b <u>English</u> c <u>Single</u>		a <u>Male</u> b <u>Irish</u> c <u>Single</u>	
(a) Place of Birth (b) Date of Birth		5:7 yrs. 6 mos. 24 dys. hrs. min. <u>Sandwich South</u> <u>Apr. 17th 1866</u>		yrs. mos. 11 dys. hrs. min. <u>Sandwich South</u> <u>Oct 5th 1923</u>		yrs. mos. dys. hrs. min. <u>Piquette</u> <u>Feb. 2nd 1924</u>	
Trade or Occupation		<u>Cardiac Arhythmia Medical</u>					
Kind of Industry		<u>Housewife</u>					
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		28 yrs. all life at place of death in Ontario in Canada		11 days at place of death in Ontario in Canada			
Name of Father		<u>John Halford</u>		<u>William Cutting</u>		<u>Banford David Shuel</u>	
Birthplace of Father		<u>Ireland</u>		<u>York County Ont.</u>		<u>Piquette</u>	
Maiden Name of Mother		<u>Ellen Barrett</u>		<u>Alma Patterson</u>		<u>Elsie O Neil</u>	
Birthplace of Mother		<u>Ireland</u>		<u>United States</u>		<u>Piquette</u>	
Name of Informant		<u>Mrs. Ed. Barrow</u>		<u>William Cutting</u>		<u>Banford David Shuel</u>	
Address		<u>Amherstburg Ont.</u>		<u>Maudstone</u>		<u>Piquette</u>	
Relation to Deceased		<u>Daughter</u>		<u>Father</u>		<u>Father</u>	
Place of Burial		<u>St. Mary's Cemetery, Maudstone</u>		<u>North Ridge</u>		<u>Windsor Gros Cemetery</u>	
Date of Burial		<u>Nov. 13th 1923</u>		<u>Oct. 17th 1923</u>		<u>Feb. 2nd 1924</u>	
Name of Undertaker		<u>J. A. Oates</u>		<u>J. A. Hicks & Son</u>			
Address		<u>Windsor</u>		<u>Essex</u>			
Cause of Death if no Physician attended						<u>Still Born</u>	
Date of Death		<u>Nov. 11th 1923</u>		<u>Oct. 15th 1923</u>		<u>Feb. 1st 1924</u>	
MEDICAL CERTIFICATE OF DEATH							
Name of Deceased		<u>Mrs. Julia A. Dunn</u>		<u>George Stanley Cutting</u>		<u>Walter Shuel</u>	
Date of Death		<u>Nov. 11th 1923</u>		<u>Oct. 15th 1923</u>		<u>Feb. 1st 1924</u>	
Dates from which to which Medical Practitioner Attended Deceased		from <u>Oct. 8th 1923</u> to <u>Nov. 10th 1923</u>		from <u>Oct. 5th 1923</u> to <u>Oct. 15th 1923</u>		from to	
Primary		<u>Cardiac Arhythmia Medical</u>		<u>Scelus Gravis</u>		<u>Still Born</u>	
Duration		12 yrs. mos. dys.		yrs. mos. dys.		yrs. mos. dys.	
Contributory		<u>Embolus to Brain & Cardiac Failure</u>		<u>From Birth</u>			
Duration		yrs. mos. 2 dys.		yrs. mos. dys.		yrs. mos. dys.	
(a) Did an operation precede death? (b) Was there an autopsy?		a <u>No</u> b <u>No</u>		a <u>No</u> b <u>No</u>		a <u>No</u> b <u>No</u>	
Name of Physician		<u>Dr. J. D. Macdonald</u>		<u>Dr. G. W. Rogers</u>		<u>Dr. J. W. Bruce</u>	
Address		<u>Essex</u>		<u>Essex</u>		<u>Essex</u>	
Date of Return		<u>Nov. 12th 1923</u>		<u>Dec. 17th 1923</u>		<u>Feb. 2nd 1924</u>	
Date received by Division Registrar		<u>Nov. 12th 1923</u>		<u>Dec. 17th 1923</u>		<u>Feb. 2nd 1924</u>	

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

D.R.

Address

DEATHS

County of *Essex*Division of *Sandwich South*

No. 67

Kane

No. 68

Halford

No. 69

Halford

Surname of Deceased

*Kane**Halford**Halford*

Full given Name

*Rose Ann**Roberta**Robert*

Place of Death, street and number or

Sandwich South

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 *Female* b *Irish* c *Single*a *Female* b *Irish* c *Single*a *Male* b *Irish* c *Single*

Age

42 yrs. 9 mos. 9 dys. hrs. min.

yrs. mos. dys. hrs. min.

yrs. mos. 24 dys. hrs. min.

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

Maidstone Ont b Nov 25th 1880a Sandwich South b Oct 7th 1923a Sandwich South b Oct 7th 1923

LAST OCCUPATION

Trade or Occupation

Employee

Kind of Industry

Dentists Instruments

Date from which to which employed

from to

from to

from to

FORMER OCCUPATION

Trade or Occupation

Kind of Industry

Date from which to which employed

from to

from to

from to

Length of Residence

3 1/2 yrs at place of death all life in Ontario all life in Canada

all life at place of death all life in Ontario in Canada

24 days at place of death 24 days in Ontario in Canada

Name of Father

*William Kane**Robert Halford**Robert Halford*

Birthplace of Father

*Maidstone Ont**Sandwich South**Sandwich South*

Maiden Name of Mother

*Mary M^c Hally**Viola Smith**Viola Smith*

Birthplace of Mother

*Montreal**Ilbury Ont**Ilbury Ont*

Name of Informant

*M^{rs} Denis Donovan**Robert Halford**Robt A Halford Jr*

Address

*1004 Gladstone Ave Windsor Sandwich South**Maidstone*

Relation to Deceased

*Sister**Father**Father*

Place of Burial

*St Mary's Cemetery Maidstone**St Mary's Cemetery Maidstone**St Mary's Cemetery Maidstone*

Date of Burial

*Sept 5th 1923**Oct 8th 1923**Nov 1st 1923*

Name of Undertaker

*J. Sutton & Sons**J. A. Oates**None*

Address

*Windsor**Windsor*

Cause of Death if no Physician attended

Date of Death

*Sept 3rd 1923**Oct 7th 1923**Oct 31st 1923*

MEDICAL CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

Name of Deceased

*Rose Ann Kane**Roberta Halford**Robert Halford*

Date of Death

*Sept 3rd 1923**Oct 7th 1923**Oct 31st 1923*

Dates from which to which Medical Practitioner Attended Deceased

from *Nov 1922*

from

from *Oct 7th 1923*to *Sept 3rd 1923*

to

to *Oct 31st 1923*

CAUSE OF DEATH

Primary

*Cancer**Premature Birth**Premature Birth*

Duration

4 yrs. mos. dys.

yrs. mos. dys.

yrs. mos. 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

*Dr. H. A. Bowie**Dr. G. W. Rogers**Dr. G. W. Rogers*

Address

*Essex**Essex Ont**Essex Ont*

Date of Return

*Aug 4th 1923**Oct 7th 1923**Nov 1st 1923*

Date received by Division Registrar

*Aug 4th 1923**Oct 8th 1923**Nov 1st 1923*

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