

County of *Essex*

DEATHS

Division of *Sandwich South*

County of <i>Essex</i>		Division of <i>Sandwich South</i>			
No. 73.		No. 74.		No. 75.	
Surname of Deceased <i>McLean</i>		Surname of Deceased <i>Lynch</i>		Surname of Deceased <i>Halford</i>	
Given Name <i>John</i>		Given Name <i>Mary</i>		Given Name <i>Evangeline</i>	
Place of Death, street and number or <i>Kingston Ont.</i>		Place of Death, street and number or <i>Sandwich South</i>		Place of Death, street and number or <i>Sandwich South</i>	
Sex, (b) Racial Origin, (c) Single, Married, Widowed <i>Male</i> <i>Irish</i> <i>Widowed</i>		Sex, (b) Racial Origin, (c) Single, Married, Widowed <i>Female</i> <i>Irish</i> <i>Widowed</i>		Sex, (b) Racial Origin, (c) Single, Married, Widowed <i>Female</i> <i>Irish</i> <i>Single</i>	
Age <i>63 yrs.</i> <i>11 mos.</i>		Age <i>72 yrs.</i> <i>11 mos.</i> <i>5 dys.</i> <i>hrs.</i> <i>min.</i>		Age <i>28 yrs.</i> <i>3 mos.</i> <i>10 dys.</i> <i>hrs.</i> <i>min.</i>	
Place of Birth <i>Kingston Ont.</i>		Place of Birth <i>Sandwich South</i>		Place of Birth <i>Sandwich South</i>	
Date of Birth <i>Mar. 16. 1860</i>		Date of Birth <i>Mar. 9. 1851</i>		Date of Birth <i>Nov. 18. 1899</i>	
Trade or Occupation <i>Farming</i>		Trade or Occupation		Trade or Occupation <i>Maiden Lady</i>	
Kind of Industry		Kind of Industry		Kind of Industry	
Date from which to which employed from <i>—</i> to <i>—</i>		Date from which to which employed from <i>—</i> to <i>—</i>		Date from which to which employed from <i>—</i> to <i>—</i>	
Trade or Occupation		Trade or Occupation		Trade or Occupation	
Kind of Industry		Kind of Industry		Kind of Industry	
Date from which to which employed from <i>5 yrs.</i> to <i>all life</i>		Date from which to which employed from <i>35 yrs.</i> to <i>all life</i>		Date from which to which employed from <i>28 yrs.</i> to <i>28 yrs.</i>	
Length of Residence at place of death <i>all life</i> in Ontario in Canada		Length of Residence at place of death <i>all life</i> in Ontario in Canada		Length of Residence at place of death <i>28 yrs.</i> <i>28 yrs.</i> in Ontario in Canada	
Name of Father <i>John M. McLean</i>		Name of Father		Name of Father <i>Robert A. Halford</i>	
Birthplace of Father <i>Ireland</i>		Birthplace of Father <i>Ireland</i>		Birthplace of Father <i>Sandwich South</i>	
Maiden Name of Mother <i>Catherine McLean</i>		Maiden Name of Mother		Maiden Name of Mother <i>Elizabeth M. Lookey</i>	
Birthplace of Mother <i>Ireland</i>		Birthplace of Mother <i>Ireland</i>		Birthplace of Mother <i>Sandwich South</i>	
Name of Informant <i>Daniel J. McLean</i>		Name of Informant <i>Maurice Halford</i>		Name of Informant <i>Robt. Halford</i>	
Address <i>Maidstone</i>		Address <i>Maidstone</i>		Address <i>Maidstone</i>	
Relation to Deceased <i>Son</i>		Relation to Deceased <i>Son</i>		Relation to Deceased <i>Father</i>	
Place of Burial <i>Woodlee Ont. Dr. Macdonald</i>		Place of Burial <i>St. Mary's Cemetery Maidstone</i>		Place of Burial <i>St. Mary's Cemetery Maidstone</i>	
Date of Burial <i>Feb. 8th. 1924</i>		Date of Burial <i>Feb. 16th. 1924</i>		Date of Burial <i>Feb. 28th. 1924</i>	
Name of Undertaker <i>J. Sutton & Sons</i>		Name of Undertaker <i>J. A. Oates Windsor</i>		Name of Undertaker <i>J. A. Oates Windsor</i>	
Address <i>Windsor</i>		Address <i>Windsor</i>		Address <i>Windsor</i>	
Cause of Death if no Physician attended		Cause of Death if no Physician attended		Cause of Death if no Physician attended	
Date of Death <i>Feb. 6th. 1924.</i>		Date of Death <i>Feb. 14th. 1924.</i>		Date of Death <i>Feb. 28th. 1924.</i>	
MEDICAL CERTIFICATE OF DEATH		MEDICAL CERTIFICATE OF DEATH		MEDICAL CERTIFICATE OF DEATH	
Name of Deceased <i>John M. McLean</i>		Name of Deceased <i>Mary Lynch</i>		Name of Deceased <i>Evangeline Halford</i>	
Date of Death <i>Feb. 6th. 1924</i>		Date of Death <i>Feb. 14th. 1924</i>		Date of Death <i>Feb. 28th. 1924</i>	
Dates from which to which Medical Practitioner Attended Deceased from <i>Feb. 3rd. 1924</i> to <i>Feb. 5th. 1924</i>		Dates from which to which Medical Practitioner Attended Deceased from <i>Feb. 11th. 1924</i> to <i>Feb. 14th. 1924</i>		Dates from which to which Medical Practitioner Attended Deceased from <i>Feb. 24th. 1924</i> to <i>Feb. 28th. 1924</i>	
Primary <i>Influenza & Pyelitis</i>		Primary <i>Pneumonia</i>		Primary <i>Malignant Smallpox</i>	
Duration <i>4 dys.</i>		Duration <i>3 dys.</i>		Duration <i>4 dys.</i>	
Contributory <i>Heart Failure</i>		Contributory <i>Heart Failure</i>		Contributory <i>Retinal Hemorrhages</i>	
Duration <i>1 dys.</i>		Duration <i>1 dys.</i>		Duration <i>1 dys.</i>	
(a) Did an operation pre- cede death? (b) Was there an autopsy?		(a) Did an operation pre- cede death? (b) Was there an autopsy?		(a) Did an operation pre- cede death? (b) Was there an autopsy?	
Name of Physician <i>Dr. J. D. Macdonald</i>		Name of Physician <i>Dr. J. D. Macdonald</i>		Name of Physician <i>Dr. J. D. Macdonald</i>	
Address <i>Essex Ont.</i>		Address <i>Essex</i>		Address <i>Essex</i>	
Date of Return <i>Feb. 7th. 1924</i>		Date of Return <i>Feb. 15th. 1924</i>		Date of Return <i>Feb. 28th. 1924</i>	
Date received by Division Registrar <i>Feb. 7th. 1924</i>		Date received by Division Registrar <i>Feb. 15th. 1924</i>		Date received by Division Registrar <i>Feb. 28th. 1924</i>	

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. 76

Barrett

No. 77

Barrett

No. 78

Brown

Surname of Deceased

*Barrett**Barrett**Brown*

Full given Name

*Maud**Harry**Margaret*

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

Age

*32 yrs. 4 mos. 28 dys. hrs. min.**23 yrs. 3 mos. 19 dys. hrs. min.**46 yrs. mos. dys. hrs.*

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

*a Sandwich South b Oct. 31st. 1891**a South b Nov. 14th 1900**a ~~75~~ b 1878*

Trade or Occupation

*Registered Nurse**Farmer**Housewife*

Kind of Industry

*Farming**Housekeeping*

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

*all life all life**all life all life**10 Mos. all life*

Name of Father

*William Barrett**William Barrett**Duncan Mc Crae*

Birthplace of Father

*Sandwich South**Sandwich South**unknown*

Maiden Name of Mother

*Mary Larkins**Mary Larkins**"*

Birthplace of Mother

*Sandwich South**Sandwich South**"*

Name of Informant

*William Barrett**William J. Sutton**Thomas Brown*

Address

*Maidstone**Windsor**Maidstone*

Relation to Deceased

*Father**None**Husband*

Place of Burial

*Maidstone**Maidstone**Maidstone*

Date of Burial

*March 1st. 1924**March 4th. 1924**March 9th. 1924*

Name of Undertaker

*J. Sutton & Son**J. Sutton & Son**J. Sutton & Son*

Address

*Windsor**Windsor**Windsor*

Cause of Death if no Physician attended

Date of Death

*March 1st. 1924**March 4th. 1924**March 9th. 1924*

MEDICAL CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

Name of Deceased

*Maud Barrett**Harry Barrett**Margaret Brown*

Date of Death

*March 1st. 1924**March 4th. 1924**March 9th. 1924*

Dates from which to which Medical Practitioner Attended Deceased

*from Feb. 24th 1924**from Feb. 27th 1924**from Feb. 27th. 1924**to Feb. 29th 1924**to March 3rd. 1924**to March 9th. 1924*

Primary

*Malignant Small Pox**Malignant Small Pox**Confluent Small Pox*

Duration

*yrs. mos. 5 dys.**yrs. mos. 7 dys.**yrs. mos. 12 dys.*

Contributory

*Hemorrhages**Hemorrhages**Laryngitis*

Duration

*yrs. mos. 3 dys.**yrs. mos. 4 dys.**yrs. mos. 7 dys.*

(a) Did an operation precede death?

*Yes for**b No**a No**b No**a No**b No*

Name of Physician

*Dr. J. D. MacDonald**Dr. J. D. MacDonald**Dr. J. D. MacDonald*

Address

*Essex**Essex**Essex*

Date of Return

*March 1st. 1924**March 4th. 1924**March 9th. 1924*

Date received by Division Registrar

*March 1st. 1924**March 4th. 1924**March 9th. 1924*

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. *79*No. *80*No. *81*

Surname of Deceased

Mooney
Francis

Mooney

Full given Name

Freeman
Charles

Freeman

Davis
Clifford

Davis

Place of death, street and number or

If in a Hospital or Institution give name

a *Male* b *Irish* c *Singles*
30 yrs. 4 mos. 19 dys. hrs. min.

If in a Hospital or Institution give name

a *Male* b *English* c *Widowed*
56 yrs. mos. dys. hrs. min.

If in a Hospital or Institution give name

a *Male* b *English* c *Single*
— yrs. — mos. — ys. hrs. min.

Age

(a) Place of Birth
(b) Date of Birtha *Maudstone* b *Oct. 21st. 1893*a *Rochester Sup* b *1868*a *Sandwich South* b *May 31st. 1924*

Trade or Occupation

*Laborer**Gentleman*

Kind of Industry

Farming

Date from which to which employed

from — to —

from — to —

from — to —

Length of Residence

5 mos. all life
at place of death in Ontario in Canada2 weeks 56 years
at place of death in Ontario in Canada

— at place of death in Ontario in Canada

Name of Father

*Edward Mooney**Wm. Freeman**Clifford Davis*

Birthplace of Father

*Sandwich South**England**Wallaceburg*

Maiden Name of Mother

*Margaret Dickson**Louise Philbin**Annie Pearson*

Birthplace of Mother

*Carleton Place, Ottawa**France**England*

Name of Physician

*Dr. L. E. McCabe**Dr. Paul Poisson**Dr. J. D. MacDonald*

Address

*Windsor**Deerbrook**Essex*

Name of Informant

*Ernest W. Highland**R. Wm. Freeman**Alvin Fox*

Address

*612 Park St. Windsor**679 Goyeau St. Windsor**Paquette*

Relation to Deceased

*Brother in Law**Brother**Uncle*

Place of Burial

*Maudstone**St. Alphonsus Cemetery Windsor**St. Stephen's Cemetery Sandwich South*

Date of Burial

*Mar. 11th. 1924**May. 26th. 1924**June. 1st. 1924*

Name of Undertaker

*Alberty J. Jansse**N. J. Jansse**None*

Address

*403 Sand. St. E. Windsor**Deerbrook*

Cause of Death if no Physician attended

Still Born

Date of Death

*Mar. 11th. 1924**May. 22nd. 1924**May 31st. 1924*

MEDICAL CERTIFICATE OF DEATH

Francis Mooney

MEDICAL CERTIFICATE OF DEATH

Charles Freeman

MEDICAL CERTIFICATE OF DEATH

Clifford Davis

Name of Deceased

Date of Death

*March. 11th. 1924**May. 22nd. 1924**May. 31st. 1924*

If Infant, Name of Parents

Annie Davis

Address

Paquette

Dates from which to which Medical Practitioner Attended Deceased

from *Feb. 27th. 1924* to *Mar. 11th. 1924*

from — to —

from *May 31st. 1924* to *May 31st. 1924*

Primary

*Small Pox**Found Dead - V.D.H.**Stillborn*

Duration

yrs. mos. 14 dys.

yrs. mos. dys.

yrs. mos. dys.

Contributory

yrs. mos. dys.

yrs. mos. dys.

yrs. mos. dys.

Duration

a *No.* b *No.*a *No.* b *No.*a *No.* b *No.*(a) Did an operation precede death?
(b) Was there an autopsy?*Dr. L. E. McCabe**Dr. P. Poisson**Dr. J. D. MacDonald*

Name of Physician

*Windsor**Deerbrook**Essex*

Address

*Mar. 14th. 1924**May. 23rd. 1924**June. 1st. 1924*

Date of Return

*Mar. 14th. 1924**May. 24th. 1924**June. 1st. 1924*

Date received by Division Registrar

I certify that the foregoing are correct registrations of deaths made to me during the month of *March* 19*24*

D. R. or Sub-Registrar.

Address

DEATHS

County of EssexDivision of Sandwich SouthNo. 84

No. 82		No. 83		No. 84	
Welsh		Atkinson		Lepain	
Surname of Deceased <u>Welsh</u>		Surname of Deceased <u>Atkinson</u>		Surname of Deceased <u>Le Pain</u>	
Full given Name <u>Olivia Isabel</u>		Full given Name <u>Alice Marie</u>		Full given Name <u>Mary Monica</u>	
Place of death, street and number or If in a Hospital or Institution give name <u>Sandwich South</u>		Place of death, street and number or If in a Hospital or Institution give name <u>N. S. R. Sandwich S.</u>		Place of death, street and number or If in a Hospital or Institution give name <u>Sandwich South</u>	
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed <u>a Female b English c Single</u>		(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed <u>a Female b English c Single</u>		(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed <u>a Female b French c Single</u>	
Age yrs. mos. dys. hrs. min. <u>43</u>		Age yrs. mos. dys. hrs. min. <u>11 30</u>		Age yrs. mos. dys. hrs. min. <u>20 11 14</u>	
(a) Place of Birth (b) Date of Birth <u>a Sandwich South b June 12th 1924</u>		(a) Place of Birth (b) Date of Birth <u>a N. S. R. Sandwich S. b Aug. 26th 1924</u>		(a) Place of Birth (b) Date of Birth <u>a Sandwich South b Oct. 2nd 1924</u>	
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		Length of Residence at place of death in Ontario in Canada		Length of Residence at place of death in Ontario in Canada	
Name of Father <u>Stanley Welsh</u>		Name of Father <u>Samuel D. Atkinson</u>		Name of Father <u>Dominick Lepain</u>	
Birthplace of Father <u>Sandwich South</u>		Birthplace of Father <u>Windsor Ont.</u>		Birthplace of Father <u>Malden Townships</u>	
Maiden Name of Mother <u>Olivia Edith Harding</u>		Maiden Name of Mother <u>Etta Mae Sweet</u>		Maiden Name of Mother <u>Mary Cole</u>	
Birthplace of Mother <u>England</u>		Birthplace of Mother <u>West. Ont.</u>		Birthplace of Mother <u>Sandwich South</u>	
Name of Physician <u>Dr. J. D. MacDonald</u>		Name of Physician <u>Dr. McLachlan</u>		Name of Physician <u>Dr. J. P. Austin</u>	
Address <u>Essex</u>		Address <u>318 Wyandotte St. W. Windsor Windsor</u>		Address <u>Windsor</u>	
Name of Informant <u>Stanley Welsh</u>		Name of Informant <u>Samuel D. Atkinson</u>		Name of Informant <u>Dominick Lepain</u>	
Address <u>Maidstone</u>		Address <u>Jackson's Corners</u>		Address <u>Maidstone</u>	
Relation to Deceased <u>Father</u>		Relation to Deceased <u>Father</u>		Relation to Deceased <u>Father</u>	
Place of Burial <u>St. Stephen's Cemetery Sandwich South</u>		Place of Burial <u>Windsor Grove Cemetery</u>		Place of Burial <u>Maidstone</u>	
Date of Burial <u>June 12th 1924</u>		Date of Burial <u>Aug. 27th 1924</u>		Date of Burial <u>Sept. 20th 1924</u>	
Name of Undertaker <u>None</u>		Name of Undertaker <u>Jay R. Chapin & Sons</u>		Name of Undertaker <u>J. Sutton & Sons</u>	
Address <u>Windsor</u>		Address <u>Windsor</u>		Address <u>5-21-1 Queller Ave Windsor</u>	
Cause of Death if no Physician attended		Cause of Death if no Physician attended		Cause of Death if no Physician attended	
Date of Death <u>June 12th 1924</u>		Date of Death <u>Aug. 26th 1924</u>		Date of Death <u>Sept. 18th 1924</u>	
MEDICAL CERTIFICATE OF DEATH Name of Deceased <u>Olivia Isabel Welsh</u>		MEDICAL CERTIFICATE OF DEATH Name of Deceased <u>Alice Marie Atkinson</u>		MEDICAL CERTIFICATE OF DEATH Name of Deceased <u>Mary Monica Lepain</u>	
Date of Death <u>June 12th 1924</u>		Date of Death <u>Aug. 26th 1924</u>		Date of Death <u>Sept. 18th 1924</u>	
If Infant, Name of Parents <u>Stanley Welsh Olivia Welsh</u>		If Infant, Name of Parents <u>Samuel D. Atkinson Etta Mae</u>		If Infant, Name of Parents <u>Sept. 18th 1924</u>	
Address <u>Maidstone</u>		Address <u>Jackson's Corners</u>		Address <u>Windsor</u>	
Dates from which to which Medical Practitioner Attended Deceased from <u>June 12th 1924</u> to <u>June 12th 1924</u>		Dates from which to which Medical Practitioner Attended Deceased from <u>Aug. 14th 1924</u> to <u>Sept. 18th 1924</u>		Dates from which to which Medical Practitioner Attended Deceased from <u>Aug. 14th 1924</u> to <u>Sept. 18th 1924</u>	
CAUSE OF DEATH Primary <u>Improper Development</u>		CAUSE OF DEATH Primary <u>Defective Foetal Circulation</u>		CAUSE OF DEATH Primary <u>Typhoid Fever</u>	
Duration yrs. mos. dys.		Duration yrs. mos. dys.		Duration yrs. mos. dys.	
Contributory <u>Improper Development</u>		Contributory		Contributory	
Duration yrs. mos. dys.		Duration yrs. mos. dys.		Duration yrs. mos. dys.	
(a) Did an operation precede death? <u>No</u>		(a) Did an operation precede death? <u>No</u>		(a) Did an operation precede death? <u>No</u>	
(b) Was there an autopsy? <u>No</u>		(b) Was there an autopsy? <u>No</u>		(b) Was there an autopsy? <u>No</u>	
Name of Physician <u>Dr. J. D. MacDonald</u>		Name of Physician <u>Dr. J. D. MacDonald</u>		Name of Physician <u>Dr. J. P. Austin</u>	
Address <u>Essex</u>		Address <u>318 Wyandotte St. W. Windsor</u>		Address <u>Windsor</u>	
Date of Return <u>June 12th 1924</u>		Date of Return <u>Aug. 27th 1924</u>		Date of Return <u>Sept. 19th 1924</u>	
Date received by Division Registrar <u>June 12th 1924</u>		Date received by Division Registrar <u>Aug. 30th 1924</u>		Date received by Division Registrar <u>Sept. 19th 1924</u>	

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

D. R. or Sub-Registrar.

Address

19

DEATHS

178

County of Essex

Division of Sandwich South

St. Louis

Surname of Deceased Rider		No. 88		Rider		No. 89		Neil		No. 90		St. Louis	
Full given Name Susan						Neil		William James		Adolph			
Place of death, street and number or —													
Sex, (b) Racial Origin, Single, Married, Widowed —													
Age 78 yrs.		8 mos.		16 dys.		73 yrs.		4 mos.		5 dys.		63 yrs.	
Place of Birth Ship of Hamilton		April 29 1846		—		Sandwich South		Sept 11th 1851		Sandwich East		May 17th 1861	
Trade or Occupation —													
Kind of Industry —						Farming		Farming		Farming			
Date from which to which employed —						35 years		all life		41 yrs		all life	
Length of Residence 1 week		78 yrs		—		at place of death		in Ontario		in Canada		at place of death	
Name of Father Joseph Lust						James Neil		James Neil		Antoine St. Louis			
Birthplace of Father Germany						Ireland		Ireland		Sandwich East			
Maiden Name of Mother —						Eliza Shuel		Eliza Shuel		Amie Baby			
Birthplace of Mother —						Windsor, Ont.		Windsor, Ont.		Chatham			
Name of Physician Dr. Raymond Morand						Dr. J. W. Bruen		Dr. J. W. Bruen		Dr. J. D. MacDonald			
Address Windsor						Essex		Essex		Essex			
Name of Informant Aaron Rider						Clyde Neil		Clyde Neil		Ernest St. Louis			
Address 55-7 Douglass Ave. Windsor						Windsor		Windsor		Windsor			
Relation to Deceased Son						Son		Son		Son			
Place of Burial Cayuga Ont.						St. Stephen's Cemetery Sand.		St. Stephen's Cemetery Sand.		St. Stephen's Cemetery Sand.			
Date of Burial Jan 17th 1925						Jan 19th 1925		Jan 19th 1925		Jan 19th 1925			
Name of Undertaker Albany J. Jansse						Jay R. Chapin & Son		Jay R. Chapin & Son		Jansse Bros.			
Address 40 Sandwich St. Windsor						Windsor		Windsor		Windsor			
Cause of Death if no Physician attended —						—		—		—			
Date of Death Jan 13th 1925						Jan 16th 1925		Jan 16th 1925		Jan 15th 1925			
Name of Deceased Susan Rider						Wm James Neil		Wm James Neil		Adolph St. Louis			
Date of Death Jan 13th 1925						Jan 16th 1925		Jan 16th 1925		Jan 15th 1925			
If Infant, Name of Parents —						—		—		—			
Address —						—		—		—			
Dates from which to which Medical Practitioner Attended Deceased Jan 7th 1925 to Jan 13th 1925						Jan 12th 1925 to Jan 15th 1925		Jan 12th 1925 to Jan 15th 1925		Jan 7th 1925 to Jan 15th 1925			
Primary Broncho Pneumonia						Endocarditis & Arterio Sclerosis		Endocarditis & Arterio Sclerosis		Lobar Pneumonia			
Duration 5 yrs.		6 dys.		5 yrs.		5 yrs.		5 yrs.		10 dys.			
Contributory Bronchial Asthma						Angina Pectoris		Angina Pectoris		General Taxemia			
Duration 5 yrs.		5 yrs.		5 yrs.		1/2 hour		1/2 hour		8 dys.			
(a) Did an operation precede death? (b) Was there an autopsy? No.		No.		No.		No.		No.		No.			
Name of Physician Dr. Raymond Morand						Dr. J. W. Bruen		Dr. J. W. Bruen		Dr. J. D. MacDonald			
Address Windsor Ont						Essex		Essex		Essex			
Date of Return Jan 16th 1925						Jan 16th 1925		Jan 16th 1925		Jan 17th 1925			
Date received by Division Registrar Jan 16th 1925						Jan 17th 1925		Jan 17th 1925		Jan 17th 1925			

DEATHS

County of EssexDivision of Sandwich SouthNo. 87No. 85

Baillargeon

No. 86

Cutting

Brunelle

Surname of Deceased

Full given Name

Place of death, street and number or

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

Age

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

Trade or Occupation

Kind of Industry

Date from which to which employed

Length of Residence

Name of Father

Birthplace of Father

Maiden Name of Mother

Birthplace of Mother

Name of Physician

Address

Name of Informant

Address

Relation to Deceased

Place of Burial

Date of Burial

Name of Undertaker

Address

Cause of Death if no Physician attended

Date of Death

Name of Deceased

Date of Death

If Infant, Name of Parents

Address

Dates from which to which Medical Practitioner Attended Deceased

Primary

Duration

Contributory

Duration

(a) Did an operation precede death?

(b) Was there an autopsy?

Name of Physician

Address

Date of Return

Date received by Division Registrar

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 Male b French c Single

a Male b English c Single

a Female b French c Single

1 yrs. 5 mos. 27 dys. hrs. min.

— yrs. — mos. — dys. hrs. min.

4 yrs. 2 mos. 13 dys. hrs. min.

a Sandwich South b Apr. 5th 1923a Sandwich South b Nov. 20th 1924a Leonard River b Sept. 8th 1924

from to

from to

from to

16 mos. 16 mos. at place of death in Ontario in Canada

at place of death in Ontario in Canada

1 year 4 yrs. at place of death in Ontario in Canada

Archille Baillargeon

William Cutting

Daniel Brunell

Sandwich South

North York Ont.

St. Joachim

Cecile Robineau

Alma Patterson

Cecile Laglant

Secumseh

Woodmere Michigan

Belle River

Dr. Paul. Porsson

Dr. G. W. Rogers

Dr. G. Lacasse

Secumseh

Essex

Secumseh

Archille Baillargeon

William Cutting

Daniel Brunell

Secumseh

Maidstone

Secumseh

Father

Father

Father

Secumseh

North Ridge

Secumseh

Oct. 3rd 1924.Nov 22nd 1924Nov. 19th 1924.

M. J. Jamasse

None

a. J. Jamasse.

Secumseh

Windsor

Oct. 1st 1924Nov. 20th 1924.Nov. 18th 1924.

MEDICAL CERTIFICATE OF DEATH

Baillargeon Victor

MEDICAL CERTIFICATE OF DEATH

Albert Cutting

MEDICAL CERTIFICATE OF DEATH

Clara Brunell

Oct. 1st 1924Nov. 20th 1924.Nov. 18th 1924.

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from Sept 22nd 1924 to Oct. 2nd 1924.

from — to —

from Nov 7th 24 to Nov 17th 24

Cerebro Spinal Meningitis Premature Birth.

Broncho. Pneumonia

yrs. mos. 9 dys.

yrs. mos. dys.

yrs. mos. 8 dys.

Dysentery.

—

Suffocation

yrs. mos. dys.

yrs. mos. dys.

yrs. mos. 2 hours dys.

No. No.

No. No.

No. No.

Dr. Paul. Porsson

Dr. G. W. Rogers

Dr. Gustave Lacasse

Secumseh

Essex.

Secumseh.

Oct. 3rd 1924.Nov. 21st 1924Nov. 18th 1924Oct. 10th 1924Nov. 21st 1924.Nov. 24th 1924I certify that the foregoing are correct registrations of deaths made to me during the month of November 1924John M. Auliffe

D. R. or Sub-Registrar.

Address Maidstone