

DEATHS

180

County of *Essex*Division of *Sandwich South*

No. 94

No. 95

No. 96

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

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

19

D. R. or Sub-Registrar.

Address

DEATHS

181

County of Essex
Donovan No. 91Division of Sandwich South
Shuttleworth No. 92

Collins No. 93

Surname of Deceased

Donovan

Shuttleworth
Margaret SolaCollins
Thomas Richard

Full given Name

Joseph James

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 Female b English c Single

a Male b English c Married

Age

yrs. mos. 17 dys. hrs. min.

8 yrs. 7 mos. 2 dys. hrs. min.

72 yrs. mos. dys. hrs. min.

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

a Sandwich South b Jan 12th 1925

a Delburne b June 15th 1916

a Maidstone Sup b Feb 15th 18

Trade or Occupation

School girl

Farmer

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

at place of death in Ontario in Canada

at place of death in Ontario in Canada

Name of Father

Patrick Donovan

Edward John Shuttleworth

Chas. Collins

Birthplace of Father

Maidstone Sup.

Sandwich South

Devonshire, England

Maiden Name of Mother

Myrtle Deehan

Jessie McKenzie

Elizabeth Richards

Birthplace of Mother

Maidstone Sup.

Sandwich South

Devonshire Eng.

Name of Physician

Dr. J. D. MacDonald

Dr. J. D. MacDonald

Dr. J. D. MacDonald

Address

Essex

Essex

Essex

Name of Informant

Patrick Donovan

James Shuttleworth

Chas. Collins

Address

Maidstone

Maidstone

Maidstone

Relation to Deceased

Father

Uncle

Son

Place of Burial

Maidstone

Fairbairn Cemetery
Sandwich South

North Ridge

Date of Burial

Jan. 18th 1925

Jan. 18th 1925

Dec. 7th 1924

Name of Undertaker

J. A. Hicks & Son

J. A. Hicks & Son

J. A. Hicks & Son

Address

Essex

Essex

Essex

Cause of Death
if no Physician attended

Date of Death

Jan. 17th 1925

Jan. 17th 1925

Jan Dec 4th 1924

MEDICAL CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

Name of Deceased

Joseph James Donovan

Margaret Sola Shuttleworth

Thos. Richard Collins

Date of Death

Jan. 17th 1925

Jan. 17th 1925

Dec. 4th 1924

If Infant, Name of Parents

Patrick Donovan
Myrtle Donovan

Address

Maidstone

Dates from which to which
Medical Practitioner
Attended Deceased

from Jan 15th 1925 to Jan 17th 1925

from Jan 15th 1925 to Jan 17th 1925

from Nov 15th 24 to Dec 4th

Primary

Broncho Pneumonia

Cerebro Spinal
Cerebro MeningitisArterio Sclerosis
Auricular Fibrillation

Duration

yrs. mos. 3 dys.

yrs. mos. 8 dys.

10 yrs. mos.

Contributory

Broncho Pneumonia

General Sclerosis

Cardiac Arrhythmia
& Congestion of Lungs

Duration

yrs. mos. dys.

yrs. mos. 8 dys.

yrs. mos. 6

(a) Did an operation pre-
cede death?
(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. J. D. MacDonald

Address

Essex

Essex

Essex

Date of Return

Jan. 18th 1925

Jan. 17th 1925

Dec. 6th 1924

Date received by Division
Registrar

Jan 18th 1925

Jan 30th 1925

Jan 30th 1925

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

19

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DEATHS

182

County of <u>Essex</u>		Division of <u>Sandwich South</u>	
Surname of Deceased <u>McKenzie</u> No. <u>100</u>		Wilson No. <u>101</u>	
Full given Name <u>McKenzie Samuel</u>		Wilson John	
Place of death, street and number or			
If in a Hospital or Institution give name		If in a Hospital or Institution give name	
a Male b Scotch c Widowed		a Male b African c Married	
81 yrs. 7 mos. 10 dys. hrs. min.		79 yrs. 9 mos. 1 dys. hrs. min.	
a Scotland b Nov. 25 th 1843		a <u>Delroit</u> b <u>Oct. 20th 1846</u>	
Trade or Occupation		Farmer	
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			
No Physician attended			
Date of Death			
MEDICAL CERTIFICATE OF DEATH		MEDICAL CERTIFICATE OF DEATH	
Name of Deceased		Name of Deceased	
Date of Death		Date of Death	
Infant, Name of Parents			
Address			
Date from which to which Medical Practitioner attended Deceased		Date from which to which Medical Practitioner attended Deceased	
Primary		Primary	
Duration		Duration	
Contributory		Contributory	
Duration		Duration	
Did an operation pre-death? Was there an autopsy?		Did an operation pre-death? Was there an autopsy?	
Name of Physician		Name of Physician	
Date of Return		Date of Return	
Received by Division		Received by Division	

I certify that the foregoing are correct registrations of deaths made to me during the month of July 1925.

Registrar. Address.

DEATHS

County of

No. 97

Division of

No. 98.

No. 99.

Surname of Deceased

Renshaw
Ethel

Renshaw

Farough
Joseph M.

Farough

Fitzpatrick
Edith

Fitzpatrick

Full given Name

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

a Female b English c Single
If under one day,a Male b French c Married
If under one day,a Female b Irish c Married
If under one day,

Age

Still Born dys. hrs. min.

74 yrs. 8 mos. 10 dys. hrs. min.

34 yrs. 1 mos. dys. hrs. min.

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

a Sandurgh South b Apr. 25th 1925a Sandurgh South b June 4th 1850

a Decimus b June 1894

Trade or Occupation

Farmer

Housewife

Kind of Industry

Farming

Date from which to which employed

from to

from to

from to
14 yrs. all life
at place of death in Ontario in Canada

Length of Residence

at place of death in Ontario in Canada

at place of death in Ontario in Canada

Name of Father

Arthur Renshaw

Joseph Farough

James Lynch

Birthplace of Father

Sandurgh South

Lower Canada

Ireland

Maiden Name of Mother

Ethel Roadhouse

Mary Ann Malena

Mary Lesperance

Birthplace of Mother

Sandurgh South

Lower Canada

Sandurgh East

Name of Physician

Dr. G. W. Rogers

Dr. J. D. MacDonald

Dr. W. C. Doyle

Address

Essex Ont.

Essex

Windsor

Name of Informant

Chas. Roadhouse

Catherine Collins

Wm. Fitzpatrick

Address

Paquette

Maidstone

R.R. No. 3 Maidstone

Relation to Deceased

Grand Father

Sister

Husband

Place of Burial

St. Stephens Cemetery Sandurgh South

North Ridge

Maidstone

Date of Burial

April 25th 1925Feb. 17th 1925May 16th 1925

Name of Undertaker

None

J. A. Hicks & Son

A. J. Janisse

Address

Essex

Essex

403 Sandurgh St. East

Cause of Death if no Physician attended

Still Born

Date of Death

Apr. 25th 1925Feb. 14th 1925May 13th 1925

Name of Deceased

Ethel Roadhouse

Joseph Farough

Edith Fitzpatrick

Date of Death

Apr. 25th 1925Feb. 14th 1925May 13th 1925

If Infant, Name of Parents

Ethel & Arthur Renshaw

Address

Paquette

Dates from which to which Medical Practitioner Attended Deceased

from Apr. 25th 1925 to Apr. 25th 1925from Feb. 7th 1925 to Feb. 14th 1925from May 7th 1925 to May 13th 1925

Primary

Still born

Influenza & Congestion Throat

Duration

yrs. mos. dys.

yrs. mos. dys.

yrs. mos. dys.

Contributory

Auricular Fibrillations

Miscarriage

Duration

yrs. mos. dys.

10 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 Yes b No

Name of Physician

Dr. G. W. Rogers

Dr. J. D. MacDonald

Dr. W. C. Doyle

Address

Essex

Essex

Windsor

Date of Return

Apr. 25th 1925Feb. 17th 1925May 18th 1925

Date received by Division Registrar

Apr. 25th 1925April 30th 1925May 18th 1925

DEATHS

184?

County of Essex

Division of Sandwich South

No. 106		No. 107		No. 108	
McMullen		Deehan		Sargent	
Name of Deceased <u>McMullen</u> <u>Ivy</u>		Name of Deceased <u>Deehan</u> <u>James</u>		Name of Deceased <u>Sargent</u> <u>Baby</u>	
Sex, (b) Racial Origin, Single, Married, Widowed <u>Female</u>		Sex, (b) Racial Origin, Single, Married, Widowed <u>Male</u>		Sex, (b) Racial Origin, Single, Married, Widowed <u>Male</u>	
Age <u>6 yrs.</u>		Age <u>76 yrs.</u>		Age <u>Stillborn</u>	
Place of Birth <u>Hamilton Ont</u>		Place of Birth <u>Amburstburg</u>		Place of Birth <u>Maidstone</u>	
Date of Birth <u>Oct. 17th 1919</u>		Date of Birth <u>—</u>		Date of Birth <u>Dec. 27th 1925</u>	
Trade or Occupation <u>—</u>		Trade or Occupation <u>Farming</u>		Trade or Occupation <u>—</u>	
Kind of Industry <u>—</u>		Kind of Industry <u>—</u>		Kind of Industry <u>—</u>	
Date from which to which employed <u>—</u>		Date from which to which employed <u>—</u>		Date from which to which employed <u>—</u>	
Length of Residence from <u>1 1/2 yrs.</u> to <u>life</u> at place of death <u>in Ontario</u> in Canada		Length of Residence from <u>—</u> to <u>all life</u> at place of death <u>in Ontario</u> in Canada		Length of Residence from <u>—</u> to <u>—</u> at place of death <u>in Ontario</u> in Canada	
Name of Father <u>Wm. McMullen</u>		Name of Father <u>Edward Deehan</u>		Name of Father <u>John Sargent</u>	
Birthplace of Father <u>Ireland</u>		Birthplace of Father <u>Ireland</u>		Birthplace of Father <u>Cornwall England</u>	
Maiden Name of Mother <u>Mildred Hodges</u>		Maiden Name of Mother <u>Mary Lee</u>		Maiden Name of Mother <u>Emma Julia Leano</u>	
Birthplace of Mother <u>Carnsey Ont.</u>		Birthplace of Mother <u>Ireland</u>		Birthplace of Mother <u>County of Sullivan Ont.</u>	
Name of Physician <u>Dr. R. B. Robson</u>		Name of Physician <u>Dr. J. D. MacDonald</u>		Name of Physician <u>Dr. J. D. MacDonald</u>	
Address <u>Walkerville</u>		Address <u>Essex</u>		Address <u>Essex</u>	
Name of Informant <u>Wm. McMullen</u>		Name of Informant <u>Elizabeth Deehan</u>		Name of Informant <u>John Sargent</u>	
Address <u>Sandwich South</u>		Address <u>Maidstone</u>		Address <u>Maidstone</u>	
Relation to Deceased <u>Father</u>		Relation to Deceased <u>Wife</u>		Relation to Deceased <u>Father</u>	
Place of Burial <u>Windsor Grove Cemetery</u>		Place of Burial <u>St. Mary's Cemetery</u>		Place of Burial <u>None</u>	
Date of Burial <u>Nov. 14th 1925</u>		Date of Burial <u>Nov. 25th 1925</u>		Date of Burial <u>None</u>	
Name of Undertaker <u>A. Morris & Son</u>		Name of Undertaker <u>J. Sutton & Sons</u>		Name of Undertaker <u>None</u>	
Address <u>Walkerville</u>		Address <u>Windsor Ont.</u>		Address <u>—</u>	
Cause of Death Physician attended <u>Nov. 13th 1925</u>		Cause of Death Physician attended <u>Nov. 22nd 1925</u>		Cause of Death Physician attended <u>Dec. 27th 1925</u>	
MEDICAL CERTIFICATE OF DEATH <u>Ivy McMullen</u> <u>Nov. 13th 1925</u>		MEDICAL CERTIFICATE OF DEATH <u>James Deehan</u> <u>Nov. 22nd 1925</u>		MEDICAL CERTIFICATE OF DEATH <u>Baby Sargent</u> <u>Dec. 27. 1925</u>	
Name of Deceased <u>Ivy McMullen</u>		Name of Deceased <u>James Deehan</u>		Name of Deceased <u>Baby Sargent</u>	
Date of Death <u>Nov. 13th 1925</u>		Date of Death <u>Nov. 22nd 1925</u>		Date of Death <u>Dec. 27. 1925</u>	
Name of Infant, Name of Parents <u>—</u>		Name of Infant, Name of Parents <u>—</u>		Name of Infant, Name of Parents <u>John & Emma Sargent</u>	
Address <u>—</u>		Address <u>—</u>		Address <u>Maidstone</u>	
Dates from which to which Medical Practitioner attended Deceased from <u>Nov. 13th /25</u> to <u>Nov. 13th /25</u>		Dates from which to which Medical Practitioner attended Deceased from <u>March 16th /25</u> to <u>Nov. 22nd 1925</u>		Dates from which to which Medical Practitioner attended Deceased from <u>—</u> to <u>—</u>	
Primary <u>Lobar Pneumonia</u>		Primary <u>Arterio Sclerosis & Glucose</u>		Primary <u>Died in Utero</u>	
Duration <u>2 dys.</u>		Duration <u>6 yrs. mos. dys.</u>		Duration <u>—</u>	
Contributory <u>Whooping Cough</u>		Contributory <u>Hemorrhages from Gastric</u>		Contributory <u>Mother had Albuminuria</u>	
Duration <u>14 dys.</u>		Duration <u>1 dys.</u>		Duration <u>—</u>	
Did an operation pre- cede death? Was there an autopsy? <u>No.</u>		Did an operation pre- cede death? Was there an autopsy? <u>No.</u>		Did an operation pre- cede death? Was there an autopsy? <u>No.</u>	
Name of Physician <u>Dr. R. B. Robson</u>		Name of Physician <u>Dr. J. D. MacDonald</u>		Name of Physician <u>Dr. J. D. MacDonald</u>	
Address <u>Walkerville</u>		Address <u>Essex Ont.</u>		Address <u>Essex</u>	
Date of Return <u>Nov. 13th 1925</u>		Date of Return <u>Nov. 23rd 1925</u>		Date of Return <u>Dec. 28th 1925</u>	
Date of Return <u>Nov. 17th 1925</u>		Date of Return <u>Nov. 23rd 1925</u>		Date of Return <u>Dec. 30th 1925</u>	

I certify that the foregoing are correct registrations of deaths made to me during the month of Nov 1925

D. S. Registrar.

Address

DEATHS

185

County of <u>Essex</u>		Division of <u>Sandwich South</u>	
No. <u>103</u>		No. <u>104</u>	
Surname of Deceased	<u>Arnold</u> <u>Arnold</u>	<u>Langlois</u> <u>Langlois</u>	<u>O'Neil</u> <u>O'Neil</u>
Full given Name	<u>Alice</u>	<u>Nicholas</u>	<u>Edward Justus</u>
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 <u>Female</u> <u>English</u> <u>Married</u> If under one day, <u>41</u> yrs. <u>3</u> mos. <u>2</u> dys. hrs. min.	a <u>Male</u> <u>French</u> <u>Single</u> If under one day, <u>6</u> dys. hrs. min.	a <u>Male</u> <u>English</u> <u>Single</u> If under one day, <u>1</u> yrs. <u>9</u> mos. <u>26</u> dys. hrs.
(a) Place of Birth (b) Date of Birth	a <u>Sandwich West</u> <u>May 5th 1884</u>	a <u>Sandwich South</u> <u>Aug. 7th 1925</u>	a <u>Sandwich South</u> <u>Nov 16th 1925</u>
Trade or Occupation	<u>Housewife</u>		
Kind of Industry			
Date from which to which employed	from <u>15 yrs</u> <u>41 yrs</u> to	from <u>6 days</u> <u>6 days</u> to	from <u>1 yr 9 mos</u> <u>1 yr 9 mos</u> to
Length of Residence	at place of death in Ontario in Canada	at place of death in Ontario in Canada	at place of death in Ontario in Canada
Name of Father	<u>Robert David Moore</u>	<u>Raymond Langlois</u>	<u>Justus O'Neil</u>
Birthplace of Father	<u>Amherstburg</u>	<u>Sandwich South</u>	<u>Sandwich South</u>
Maiden Name of Mother	<u>Lena Banwell</u>	<u>Marie Jansse</u>	<u>Mamie O'Neil</u>
Birthplace of Mother	<u>Sandwich West</u>	<u>Sandwich South</u>	<u>Sandwich South</u>
Name of Physician	<u>Dr. J. D. MacDonald</u>	<u>Dr. Paul Poisson</u>	<u>Dr. Morgan</u>
Address	<u>Essex</u>	<u>Tecumseh</u>	<u>Walterville</u>
Name of Informant	<u>George Arnold</u>	<u>Raymond Langlois</u>	<u>Justus O'Neil</u>
Address	<u>Jacksons Corners</u>	<u>Maidstone R.R. No 3</u>	<u>Paquette</u>
Relation to Deceased	<u>Husband</u>	<u>Father</u>	<u>Father</u>
Place of Burial	<u>Windsor Grove Cemetery</u>	<u>Tecumseh</u>	<u>St. Stephen's Sand. South</u>
Date of Burial	<u>Aug. 10th 1925</u>	<u>Aug 13th 1925</u>	<u>Sept 12th 1925</u>
Name of Undertaker	<u>Albemy J. Jansse</u>	<u>Albemy J. Jansse</u>	<u>Albemy J. Jansse</u>
Address	<u>Windsor</u>	<u>Windsor</u>	<u>403 Sandwich St. E. Windsor</u>
Cause of Death if no Physician attended			
Date of Death	<u>Aug. 7th 1925</u>	<u>Aug. 13th 1925</u>	<u>Sept. 11th 1925</u>
Name of Deceased	<u>Alice Arnold</u>	<u>Nicholas Langlois</u>	<u>Edward Justus O'Neil</u>
Date of Death	<u>Aug. 7th 1925</u>	<u>Aug. 13th 1925</u>	<u>Sept. 11th 1925</u>
If Infant, Name of Parents			
Address			
Dates from which to which Medical Practitioner Attended Deceased	from <u>Aug. 2nd 1925</u> to <u>Aug. 7th 1925</u>	from <u>Aug. 7th 1925</u> to <u>Aug. 13th 1925</u>	from — to —
Primary	<u>Nephritis</u>	<u>Premature Birth</u>	<u>Accidental Drowning</u>
Duration	<u>5</u> yrs. <u>—</u> mos. <u>—</u> dys.	<u>—</u> yrs. <u>—</u> mos. <u>—</u> dys.	<u>—</u> yrs. <u>—</u> mos. <u>—</u> dys.
Contributory	<u>Pregnancy</u>	<u>Breed. Presentation</u>	
Duration	<u>—</u> yrs. <u>8</u> mos. <u>—</u> dys.	<u>—</u> yrs. <u>—</u> mos. <u>—</u> dys.	<u>—</u> yrs. <u>—</u> mos. <u>—</u> 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. Paul Poisson</u>	<u>Dr. P. J. Morgan</u>
Address	<u>Essex</u>	<u>Tecumseh</u>	<u>Walterville</u>
Date of Return	<u>Aug. 10th 1925</u>	<u>Aug. 13th 1925</u>	<u>Sept 12th 1925</u>
Date received by Division Registrar	<u>Aug. 8th 1925</u>	<u>Aug. 13th 1925</u>	<u>Sept. 16th 1925</u>

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

19

D. R. or Sub-Registrar.

Address