South Historical Society County of ... Crees andurch - South Division of. No. 94 Surname of Deceased No. 96 No. afond Full given Name Campbell me Carthy Lafond Place of death, street and ord Fired Campbell kosepi McCarthy If in a Hospital or Institution give name (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 English 15 Frence Married a Male. Male Maried Married Male burst m. Age 42 yrs. 8 mos. If under one day, If under one day, // dys. | hrs. 39 yrs. // mos. (a) Place of Birth (b) Date of Birth min. 8 dys. hrs. 60 yrs. min. - mos. and South June S.t. 1882 ys. hrs. min. United Stales 10 apr. S. 1885 Trade or Occupation a Maidstone b Farming .1863 Railway Engloyee Section 7. Farmer Kind of Industry Railway Insployee Date from which to Farming which employed from 7 years all life in Optario from 28-410. Length of Residence from 3 years all life all life in Onterio 2840. in Canada in Ontario in Canada Israel Lafond. Name of Father in Canada George Campbelly eremial m Cartly Birthplace of Father Montreal Que. Canadas heland Waiden Name of Celura Sh antome. Mother Rosie Richardson alizabeth M Lungaw Birthplace of Mother Montreal. Que. United Stales Seland Name of Physician 2 1:2 Collino 5 G. W. Rogers Dr. J. W. Breen 1430 Dougal ave Winder Address Track. Out. Essex. Out. mrs marie Laboud Name of Informant mro Melorna Campbell Joseph. mc Carthy. Address actorono Corners. adesono Cornero. Maidetone-Relation to Deceased Wille Wer 4. alphousus Cometery Windson Gunz Cemelery Place of Burial Sp. Mary's Countery mardston Fieb . 18 th . 1925: Date of Burial March. 16 th. 1925 april 13th. 1925 a.J. Jamese Name of Undertaker a: J. Jamare : Sutton & Sous Address 40 3 Sandench th.E. Window Undson. Out. 3:21 Quellette an Wunder Cause of Death if no Physician attended Feb. 16. th. 1925. March 13th. 1925 - apr. 10th. 1925. Date of Death MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH Name of Deceased David Labords Fred. Campbelly oseph. M. Carthe Feb . 16 th. 1925 Date of Death March . 13th . 1925 april 10th 1925-Infant, Name of Parents Address Dates from which to which Medical Practitioner Attended Deceased 10m Mar 13/25 Feb. 16 th. 1925 from . 6 Fractured Skull berculozio Primary dys. dys. mos. Duration dys. concussion ? ance Contributory 20 dys. mos. mos. dys. VIS. mos. dys. Duration Did an operation pre-Ь de death? Was there an autopsy? ame of Physician Corex. sker iddress March 13th. april 12 th. 192.5ate of Return april 12th. Marshy 14th. te received by Division 1925-I certify that the foregoing are correct registrations of deaths made to me during the month of gistrar .D. R. or Sub-Registrar. Address -11-22

8 93 No. of Collins County of 2 No. Collins No. 91 Shuttleworth Donovan ittlew Thomas . Richard 41 movan Surname of Deceased largaret. hola Full given Name If in a Hospital or Institution give name If in a Hospital or Institution give name Place of death, street and If in a Hospital or Institution give name number or na a Males (a) Sex, (b) Racial Origin, (c) Single, Married, Widowed a Temale , Engliste c Sn In If upper one day, Single a Males 61 If under one day, dys. hrs. min 72 yrs. mos. 8 yrs. Z dys. hrs. min. 7 mos. 17 dys. hrs. min. yrs. mos. Age 15-4 dat one Just 126 Mai bree . 15th . 1916 b Delburne Place of Birth Date of Birth 126.1925 andurch South paw Jan 1 chool Trade or Occupation Kind of Industry Date from which which employed to from Date from which to at place of death in Ontario from from 3 years 3 years in Canada 17 dys at place of death 17 dys in Canada in Ontario at place of death in Ontafio in Canada Length of Residence lehas. Collins In Shuttleworth atriela L onovan Name of Father Devouslure, Ing andwich D outh PARENTS Naidetone Birthplace of Father disabette Kieha Maiden Name of Murtle Deela Mother Devondure Sandure 2 为. one Mards Birthplace of Mother 4:2 D machonal MacDonal eDonald Name of Physician tract 1/22 20 Address Chas Collen anes Shuttleworth Vatrick Vonovan Name of Informant Maidstone Maidstone Mardatone Address mele on Father Relation to Deceased orthe Ridge Jout Mardstone Place of Burial 192 Dec. ·th . 18 . an Jan. 18th. 1920 Date of Burial 1: a Hicko . Y -a . ly ·a . Hicko · V Son Name of Undertaker Esser Essex. Zaset Address Cause of Death if no Physician attended forme, Dec. 4th . Joen 17th. 1920 1722 an. 17 th. 1925 Date of Death MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH Thos Richard Collins Margaret. Jola . Shuttle worth James Nouver Name of Deceased an. 17 th 1920 Dec. 4th 1924 17 th. tan Date of Death Patuele Don mystle Do If Infant, Name of Don Parents naudaton Address Dates from which to which Medical Practitioner 15. t. 1925 7 2. 1925 1925 to an from from Attended Deceased fron Dalto Primary alt equerelle cular Fine oncho DE B dys. Duration mos Vrs. 8 mos. dys. mos OF ary the tari oral -AUSE Broncho 0 6 Corr Contributory dys. mos. 8 dys. yrs. Duration mos. D mos (a) Did an operation pre-cede death? 110 (b) Was there an autopsy? 10 Name of Physician Address au Date of Return Date received by Division an 3 8 an aw. 30 Registrar I certify that the foregoing are correct registrations of deaths made to me during the month of. 19. D. R. or Sub-Registrar. Addre

DEATHS County of Tassey Sandunch South McKenzie No. 100 Surname of Deceased No. 102. No. 101 Wilson Arnold m Kenzie arnold Full given Name Wilson Samuel-Place of death, street and number or George allow John If in a Hospital or Institution give name) Sex, (b) Racial Origin, Single, Married, Widowed If in a Hospital or Institution give name If in a Hospital or Institution give name a Male b Scotch Mildowed a Male African Married a Male bEnglish & Single 81 yrs. 7 mos. 10 dys. hrs. min. Age - yrstilloofonys. hrs. min. Place of Birth Date of Birth 79 yrs. 9 mos. · Scotland 10100.25 - 1843 200 20 dys. hrs. min. 1846 bleh. 20 th. 1846 Sanderch but aling. 2nd 1925 frade or Occupation James Farmany. Kind of Industry Date from which to which employed from 5.0 720 80 700 from · from 20 yrs . in Ontario ngth of Residence 20 yrs at place of death 20 400 in Ontario in Canada in Canada in Ontario at place of death in Canada Leorge. Mc Kenzel Name of Father Les Wilson George. arnold. Scotland, Birthplace of Father South Carolina England . Maiden Name of Mother Margaret Doddo anne (not theour alice moore Scotland. Birthplace of Mother Wales. Englands Sandwich . Out West D. J.D. MacDonald, ame of Physician Dr: J. W. Bren Dr. J. D. Mac Douald. · Esser 1.222ex Essex George . a. Mc Kenzie ame of Informant Louisa Vayue George anold Maidatore . R. R. Ver:3 Jacksons Comers. Lecunsel . R.R. ho:1. Address Friend Jon. Father elation to Deceased Undson Grove Cemetery Sandenel South. Wundoon Grove Cemetery ace of Burial July 7 th. 1925 - July 23 od. 1925 aug. 3 rd. 1925 Date of Burial ing . R Chapin & Sons alberry . J. Jamose a: Jamose me of Undertaker Undson. Out. Windson. Out. Windson . dress use of Death 10 Physician attended July. 2124. 1925. July 5th 1925 ang. 2nd. 1925 ate of Death MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH Jamuel mc Kenzie George allen arnold, alm. Welson me of Deceased lina 2m 920 te of Death iniant, Name of ients dress from from cly es from which to which 22 to kill ical Practitioner from Inded Deceased Imary 2 mos. dys. dys. ,dys. Juration e re atari ontributory dys. mos. dys. dys. mos. uration Vid an operation preeath? "asthere an autopsy? of Physician 1920 ang. ne aug of Return I certify that the foregoing are correct registrations of deaths made to me during the month of. feceived by Division 19

FA 83 andurce No. 99. Division of County of. No. 98 No. 97 fitz patrick Farough **Fitzpatrick** Farough Surname of Deceased Renshaw sept. If in a Hospital or Institution give name Full given Name If in a Hospital or Institution give name 2 Female b Irish Place of death, street and If in a Hospital or Institution give name number or Married. 1 French (a) Sex, (b) Racial Origin,
(c) Single, Married,
Widowed English a Male Sulle Bengt " Jemale с b dys. hrs. mm 34 yrs. / mos. 10 dys. hrs. min. 8 mos. 74 yrs. madys. hrs. min. herall mos b fine 18 a Decemisch Age poine 4 th. 1850 Sandurch. d durch. San South (a) Place of Birth(b) Date of Birth b apr. 25 1925 Howewy Farmer Trade or Occupation Farming occu Kind of Industry from LE Date from which to which employed to 1440 all life from from e lifetime in Ontario in Canada lefeter at place of death in Canada a place of death | in Ontario in Canada at place of death in Ontario Length of Residence James . Lynch . Joseph . Farough . arthur Kenshaw Name of Father reland Lower Canada. Sandurch . South Birthplace of Father Mary Lesperance Mary. Cum Malena PAF Ethel Roadhouse Maiden Name of Mother Sandench ; Lower Canada Sandwich South Birthplace of Mother D: W. C. Doyle Dr. J. D. MacDonald D' G. W. Rogers Name of Physician Windsor Essex Essex. Ont. Address Wom Fitz patrick Catherine Collins Chas Roadbourse Name of Informant R.R. no. 3 Mardatore Mardstone Paquette Address Hisband Sister Grand Fathe Relation to Deceased 1. Stephens Cognetery. Mardstone North Kidgs ahrdunch. South 1 Place of Burial Feb. 17 th. 1925 May. 16 th. 1925 april 25-th . 1925-Date of Burial a.J. Jamese J-a Theko + Son Vone Name of Undertaker 403 Sandurch Sh. Each Esser Address Cause of Death if no Physician attended Still Borth May 13. th. 1920 Feb . 14 th . 1925 apr. 25-th. 1925 Date of Death MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH papie 112 Roadhouse oseph. Farough. Name of Deceased May. 13th Feb. 14 th. apr. 25-th. 19 Date of Death thel & arthur Kenchaw If Infant, Name of Parents Paquette Address Dates from which to which Medical Practitioner Attended Deceased 2.1925 fromMac the 1925 to Cepr. 21: 1925 - from te 1925 from apr. 25 ongedi ull to Primary H DEA dys. mos. mos. yrs. mos. O dys. yrs. Duration OF aurcular Febrillations CAUSE scarro Contributory dys. 10 yrs. mos. yrs. mos dys. Duration (a) Did an operation precede death? (b) Was there an autopsy? a no . No No. w. Kogero Machonal Name of Physician Essex Address apr. 25-th. Fil. 17 th. 1925 1925 Date of Return Date received by Division Registrar 1925 hr. 25th. abril 30 the. 1925-Mar I certify that the foregoing are correct registrations of deaths made to me during the month of.

DEATHS 184 County of Egget Division of Sandurch. South. No. 106. ame of Deceased No. 107 No. 108. mc mullen McMullen Sargent. Sargent Deehan Dechan given Name Sury. of death, street and Baley If in a Hospital or Institution give name James Sex, (b) Racial Origin Single, Married, If in a Hospital or Institution give name If in a Hospital or Institution give name a Famale b English c Single a Male brish Married a Male bEnglish c . S. 6 yrs. Hunder me day, Male brish I under one day, Hunder one day, Hinder one day, Hinder one day, Hinder one day, Age 6 yrs. mos. ZAys. hrs. min. 76 yrs. mos. dys. hrs. min. bisellonos mys. hrs. min. Place of Birth a Hamilton out & Oct. 17th. 1919 a ambert buy. 6 ____ a. Mandet one & Dec. 27 . 1925 8 de or Occupation nd of Industry ate from which to hich employed Farming from at place of death is Ontario in Canada to from at place of death in Ontario th of Residence in Canada in Ontario at place of death in Canada Une mc Mullen Name of Father John Sargent. Edward Dechan Ireland. Birthplace of Father Comwall England. heland. Maiden Name of Mildred Hodges Emma Julia Leano Mary hee Earney. Out. Jornslup . J Sullivin Out. irthplace of Mother heland. Dr: R. B. Robson Dr. J. D. MacDonald me of Physician Dr: J-D . MacDonald Massertine. Walterville . Essey. John Sargent. Elizabeth Dechan Wow me mullen me of Informant Maidstones Maidstone. Jandwich . South. Father, Weles 4 Mary 5 Cometery mapartone Futter elation to Deceased none Windson Grove Cometery lace of Burial nov. 25. th. 1925 1100.14.th. 1925-6 Date of Burial none J. Sutton & Sono a Morris & Sou me of Undertaker Windson. Out. Walkervelle dress se of Death Physician attended Dec. 27th. 1925 Nov. 22 nd. 1925. Nov. 13 th. 1925 MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH e of Death MEDICAL CERTIFICATE OF DEATH Baby Surgent. James . Dechan boy. Mc Mullen 1925' Deceased 1925 22 . 100 ov. 13 the. 1925 Narrent te of Death lafant, Name of ardan nov. 22 red to hddress. to nov 13 ates from which to which from Nov. 13th /28and Practitioner re dys. mos. dys. rimary. 2 dys. Juration mos dys. / dys. 11/200 mos. 14 dys. ontributory mos no no Duration Did an operation pre-Was there an autopsy? ser e of Physician nov 23 md. Tess I certify that the foregoing are correct registrations of deaths made to me during the month of of Return teceived by Division strar

85 Sandurel Sout aser Division of No. 105 County of. 04 No. 103 No. O. Neil O'Neil Langlois Langlois Arnold amold Surname of Deceased dward . Micholas alier Full given Name If in a Hospital or Institution give name Place of death, street and If in a Hospital or Institution give name Ang If in a Hospital or Institution give name number or Confinit Drench Single Male (a) Sex, (b) Racial Origin, (c) Single, Married, Widowed "Female Suglesh Married Male, If under one day, If under one day 26 dys. hrs 9 mos. / yrs. 6 dys. hrs. min. 4/ yrs. 3 mos. 2 dys. hrs. mos. yrs. min. Age 1884 Sandureli South b aug. 7th 1925 Sandurch (a) Place of Birth(b) Date of Birth a west Housew Trade or Occupation Kind of Industry Date from which to which employed from yr. 9mos 140. 9moo from from 6 days 6 days at place of death in Optario 26 days at place of death 15-yrs 41 yrs -tr place of death in Ontario 26 days in Ontario in Canada at place of death in Canada in Canada Length of Residence Kaymond Langloio ustico Robert David Moore Name of Father Sandwich South Sandurch South amberstburg Birthplace of Father PAR' marie James Mance O'Reck Kena Banvell Maiden Name of Mother Sandwich South andurch. South andurch West. Birthplace of Mother Morgan Dr. Paul. Vorscon Dr. J. D. MacDonald Name of Physician Walkewelle Jecunseh Essex Address Justão O'neil Raymond Kauglow Scorp. anold, Name of Informant Maidetone. R.R. no 3 Vaguette_ Jacksons. Corners Address Fathe. Husband Father Relation to Deceased Windson nove Cometery Jecumsel. Wisterchens Sand Place of Burial Self 12th. 1925 aug. 10 th . 1925 ang 13 th. 1925-Date of Burial alberry: I Jane alberry. V. alberry. L. Jas isse Name of Undertaker 403 lla durch sh Undoo Windsor Windsor Address Cause of Death if no Physician attended aug. 13 th: 1925 - Selah. 11th. 1925 ing. 7 th. 1925 Date of Death MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH Richolas. Langlor alice amolds humand . Justino Name of Deceased Date of Death If Infant, Name of Parents Address Dates from which to which Medical Practitioner Attended Deceased from 1920 fronte Primary ATH DE 5 Duration yrs. dys. mos yrs. mos. OF dys. yrs. mos CAUSE dr. Trese Contributory mos dys. Duration mos dys. (a) Did an operation preyrs. 1ho cede death? No. no (b) Was there an autopsy? mald. an Name of Physician are Address Una. NO the Date of Return Date received by Division Cens 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.