

1867

DEATHS

County of Essex Division of Sandwich South

Surname of Deceased Neal No. 112 Neal No. 113 Lyons No. 114 Harrington

Full given Name

Place of death, street and number or

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

Age

Place of Birth

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

Place of Death

Physician attended

Date of Death

Name of Deceased

Date of Death

Infant, Name of Parents

Address

From which to which Medical Practitioner attended Deceased

Primary

Duration

Contributory

Duration

Did an operation pre- death?

Was there an autopsy?

Name of Physician

Address

Date of Return

Received by Division Registrar

If in a Hospital or Institution give name

a Female

b Scotch

c Married

If under one day,

a 68 yrs.

b 8 mos.

c 5 dys.

hrs.

min.

a Detroit

b Aug. 26. 1857

Housewife

from

4. Mos.

42 yrs

42 yrs

at place of death

in Ontario

in Canada

Daniel McPhail

Scotland

Fernie Campbell

Scotland

Dr. H. J. Wiley

William Neale

Windsor

Opibway, Ont.

William Neale

Husband

Opibway, Ont.

Husband

St. John's Cemetery

Sandwich

May. 4th. 1926

H. L. Anderson

Sandwich, Ont.

May. 1st. 1926

MEDICAL CERTIFICATE OF DEATH

Mary Elizabeth Neal

May. 1st. 1926

for 300 4 years

Carcinoma of Liver

2 yrs

Carcinoma of Rectum

1 yrs.

No

No

Dr. H. J. Wiley

Capitons, Windsor

May. 20th. 1926

May. 6th. 1926

If in a Hospital or Institution give name

a Female

b Irish

c Widowed

If under one day,

a 65 yrs.

b 9 mos.

c dys.

hrs.

min.

a Malden Twp

b Aug. 7th. 1860

Housekeeping

from

all life

all life

at place of death

in Ontario

in Canada

Albert Lepain

Montreal

Thesia Caldwell

Malden Township

Dr. W. C. Doyle

Windsor

Thos. Lyons

Maidstone

Son

Sandwich, Ont.

May. 10th. 1926

J. Sutton & Son

521 Ouellette ave

Windsor

May 7th. 1926

MEDICAL CERTIFICATE OF DEATH

Frances Lyons

May. 7th. 1926

from May 1st. 1925 to Dec. 1st. 1925

Carcinoma of Breast

2 yrs.

No

No

Dr. W. C. Doyle

Windsor

May. 4th. 1926

May. 9th. 1926

If in a Hospital or Institution give name

a Female

b Irish

c Married

If under one day,

a 36 yrs.

b mos.

c ys.

hrs.

min.

a Sandwich, South

b March 19th. 1890

Housewife

from

all life

all life

at place of death

in Ontario

in Canada

Abraham Cole

Sandwich, South

Margaret McEugan

Pentung, Ont.

Dr. J. D. MacDonald

Essex, Ont.

Thomas Harrington

Pelton, Ont.

Husband

Maidstone, Ont.

May. 14th. 1926

J. Sutton & Son

521 Ouellette ave

Windsor

May. 11th. 1926

MEDICAL CERTIFICATE OF DEATH

Frances Harrington

May. 11th. 1926

from May 1st. 1926 to May 11th. 1926

Acute Dilatation of heart

Lobar pneumonia & Pleurisy

2 hours

12 dys.

Lobar Pneumonia & Pleurisy

12 dys.

No

No

Dr. J. D. MacDonald

Essex, Ont.

May 13th. 1926

May. 13th. 1926

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

County of <u>Essex</u>		Division of <u>Sandwich South</u>	
McKenzie No. 109.		Paquette No. 110.	
Robinson No. 111			
Surname of Deceased	<u>McKenzie</u>	<u>Paquette</u>	<u>Robinson</u>
Full given Name	<u>Harriett Ann</u>	<u>Margaret</u>	<u>Patrick Joseph</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> b <u>English</u> c <u>Married</u>	a <u>Female</u> b <u>French</u> c <u>Single</u>	a <u>Male</u> b <u>Irish</u> c <u>Single</u>
Age	<u>38</u> yrs. <u>0</u> mos. <u>6</u> dys. hrs. min.	<u>11</u> yrs. <u>11</u> mos. <u>25</u> dys. hrs. min.	<u>20</u> yrs. <u>0</u> mos. <u>20</u> dys. hrs. min.
(a) Place of Birth (b) Date of Birth	a <u>England</u> b <u>Sept. 7<sup>th</sup> 1887</u>	a <u>Iscumseh</u> b <u>Feb. 28/23</u>	a <u>Sandwich South</u> b <u>Mar. 15. 19</u>
Trade or Occupation	<u>Housewife</u>		
Kind of Industry	<u>Housework</u>		
Date from which to which employed	from <u>11 yrs</u> to <u>23 yrs</u>	from <u>11 mos</u> to <u>11 mos</u>	from <u>20 dys</u> to <u>20 dys</u>
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>Geo. W. Bates</u>	<u>Louis Paquette</u>	<u>John A. Robinson</u>
Birthplace of Father	<u>England</u>	<u>Iscumseh</u>	<u>Sandwich South Ont.</u>
Maiden Name of Mother	<u>Mary Ann Slow</u>	<u>Belle Menard</u>	<u>Josephine Cole</u>
Birthplace of Mother	<u>England</u>	<u>Sandwich West</u>	<u>Sandwich South Ont.</u>
Name of Physician	<u>Dr. G. W. Rogers</u>	<u>Dr. Paul. Poisson</u>	<u>Dr. J. D. Macdonald</u>
Address	<u>Essex City</u>	<u>Iscumseh</u>	<u>Essex</u>
Name of Informant	<u>James Bates</u>	<u>Louis Paquette</u>	<u>John A. Robinson</u>
Address	<u>Ford City</u>	<u>Iscumseh</u>	<u>Mandstone R.R. Ont.</u>
Relation to Deceased	<u>Brother</u>	<u>Father</u>	<u>Father</u>
Place of Burial	<u>Windsor Grove Cemetery</u>	<u>Iscumseh</u>	<u>St. Mary's Cemetery Mandstone</u>
Date of Burial	<u>Feb. 16<sup>th</sup> 1926</u>	<u>March 2<sup>nd</sup> 1926</u>	<u>April 4<sup>th</sup> 1926</u>
Name of Undertaker	<u>Geo. Chubb</u>	<u>Albany J. Janisse</u>	<u>J. Sutton &amp; Sons</u>
Address	<u>Windsor</u>	<u>Windsor</u>	<u>Windsor Ont.</u>
Cause of Death if no Physician attended			
Date of Death	<u>Feb. 13<sup>th</sup> 1926</u>	<u>Feb. 28<sup>th</sup> 1926</u>	<u>April 4<sup>th</sup> 1926</u>
MEDICAL CERTIFICATE OF DEATH			
Name of Deceased	<u>Harriett Ann McKenzie</u>	<u>Margaret Paquette</u>	<u>Patrick Joseph Robinson</u>
Date of Death	<u>Feb. 13<sup>th</sup> 1926</u>	<u>Feb. 28<sup>th</sup> 1926</u>	<u>April 4<sup>th</sup> 1926</u>
If Infant, Name of Parents			
Address			
Dates from which to which Medical Practitioner Attended Deceased	from <u>Feb. 11<sup>th</sup> 1926</u> to <u>Feb. 13<sup>th</sup> 1926</u>	from <u>Feb. 27<sup>th</sup> 1926</u> to <u>Feb. 28<sup>th</sup> 1926</u>	from <u>Mar. 15. 1926</u> to <u>Apr. 4<sup>th</sup> 1926</u>
Primary	<u>Broncho Pneumonia</u>	<u>Pneumonia</u>	<u>Acute Nephritis</u>
Duration	yrs. mos. <u>3</u> dys.	yrs. mos. <u>4</u> dys.	yrs. mos. <u>10</u> dys.
Contributory			
Duration	yrs. mos. dys.	yrs. mos. dys.	yrs. mos. dys.
(a) Did an operation precede death?	<u>No.</u>	<u>No.</u>	<u>No.</u>
(b) Was there an autopsy?	<u>No.</u>	<u>No.</u>	<u>No.</u>
Name of Physician	<u>Dr. G. W. Rogers</u>	<u>Dr. Paul. Poisson</u>	<u>Dr. J. D. Macdonald</u>
Address	<u>Essex</u>	<u>Iscumseh</u>	<u>Essex</u>
Date of Return	<u>Feb. 14<sup>th</sup> 1926</u>	<u>Feb. 28<sup>th</sup> 1926</u>	<u>April 4<sup>th</sup> 1926</u>
Date received by Division Registrar	<u>Feb. 14<sup>th</sup> 1926</u>	<u>March 5<sup>th</sup> 1926</u>	<u>April 4<sup>th</sup> 1926</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



## DEATHS

188

County of <u>Essex</u>		Division of <u>Sandwich South</u>	
Rounding No. <u>115</u>		Robinson No. <u>116</u>	
Edwards No. <u>117</u>			
Surname of Deceased	<u>Rounding</u>	<u>Robinson</u>	<u>Edwards</u>
Full given Name	<u>Charles</u>	<u>Peter Joseph</u>	<u>Glady's</u>
Place of death, street and number or			
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed	a <u>Male</u> b <u>English</u> c <u>Married</u>	a <u>Male</u> b <u>English</u> c <u>Single</u>	a <u>Female</u> b <u>English</u> c <u>Single</u>
Age	84 yrs. 2 mos. 21 dys. hrs. min.	2 yrs. 2 mos. 25 dys. hrs. min.	17 yrs. 10 mos. 28 yrs. hrs. min.
(a) Place of Birth (b) Date of Birth	a <u>England</u> b <u>Mar. 2. 1842</u>	a <u>Sandwich South</u> b <u>Mar. 15<sup>th</sup> 1926</u>	a <u>Sandwich South</u> b <u>Aug. 12. 1908</u>
Trade or Occupation	<u>Retired Farmer</u>		<u>Invalid since 3 yrs. old.</u>
Kind of Industry			
Date from which to which employed	from <u>20 yrs.</u> to <u>60 yrs.</u>	from <u>2 mo. 25 dys.</u> to <u>2 mo. 25 dys.</u>	from <u>all life</u> to <u>all life</u>
Length of Residence	at place of death <u>60 yrs.</u> in Ontario <u>60 yrs.</u> in Canada	at place of death <u>2 mo. 25 dys.</u> in Ontario <u>2 mo. 25 dys.</u> in Canada	at place of death <u>all life</u> in Ontario <u>all life</u> in Canada
Name of Father	<u>Joseph. Rounding</u>	<u>John. A. Robinson</u>	<u>Joseph. Edwards</u>
Birthplace of Father	<u>England</u>	<u>Maudstone</u>	<u>Ontario</u>
Maiden Name of Mother	<u>Althea Dandy</u>	<u>Josephine Cole</u>	<u>Lottie Vollans</u>
Birthplace of Mother	<u>England</u>	<u>Sandwich South</u>	<u>Ontario</u>
Name of Physician	<u>Dr. J. D. MacDonald</u>	<u>Dr. J. D. MacDonald</u>	<u>Dr. G. W. Rogers</u>
Address	<u>Essex</u>	<u>Essex. Ont.</u>	<u>Essex.</u>
Name of Informant	<u>Mrs. C. Rounding</u>	<u>John. A. Robinson</u>	<u>Mrs. Edwards</u>
Address	<u>Maudstone</u>	<u>Maudstone</u>	<u>Paquette. P. O.</u>
Relation to Deceased	<u>Wife</u>	<u>Father</u>	<u>Mother</u>
Place of Burial	<u>St. Stephen's Cemetery</u>	<u>Maudstone</u>	<u>St. Stephen's Cemetery</u>
Date of Burial	<u>May. 26<sup>th</sup> 1926</u>	<u>June. 11<sup>th</sup> 1926</u>	<u>July 12<sup>th</sup> 1926</u>
Name of Undertaker	<u>Wm. R. Chapin &amp; Sons</u>	<u>J. Sutton &amp; Son</u>	<u>Jay. R. Chapin &amp; Sons</u>
Address	<u>Windsor</u>	<u>Windsor</u>	<u>Windsor. Ont.</u>
Cause of Death			
Physician attended			
Date of Death	<u>May. 23<sup>rd</sup> 1926</u>	<u>June. 10<sup>th</sup> 1926</u>	<u>July 10<sup>th</sup> 1926</u>
MEDICAL CERTIFICATE OF DEATH			
Name of Deceased	<u>Charles. Rounding</u>	<u>Peter Joseph Robinson</u>	<u>Glady's. Edwards</u>
Date of Death	<u>May. 23<sup>rd</sup> 1926</u>	<u>June. 10<sup>th</sup> 1926</u>	<u>July 10<sup>th</sup> 1926</u>
Infant, Name of Parents		<u>Josephine Robinson</u>	
Address		<u>John. A. Robinson</u>	
Dates from which to which Medical Practitioner Attended Deceased	from <u>May. 11<sup>th</sup> 1926</u> to <u>May 19<sup>th</sup> 1926</u>	from <u>May 31<sup>st</sup> 1926</u> to <u>June 10<sup>th</sup> 1926</u>	from <u>July 5<sup>th</sup> 1926</u> to <u>July 10<sup>th</sup> 1926</u>
Primary	<u>E. m. coli to Brain</u>	<u>Whooping Cough &amp; Bronchitis</u>	<u>Endocarditis &amp; Rheumatism</u>
Duration	7 dys.	15 dys.	
Contributory	<u>Amnionitis. Inflammation &amp; Sepsis</u>		<u>Peritonitis with obstruction</u>
Duration	10 yrs.		5 dys.
Did an operation precede death?	a <u>No.</u> b <u>No.</u>	a <u>No.</u> b <u>No.</u>	a <u>No.</u> b <u>No.</u>
Was there an autopsy?	a <u>No.</u>	a <u>No.</u>	a <u>No.</u>
Name of Physician	<u>Dr. J. D. MacDonald</u>	<u>Dr. J. D. MacDonald</u>	<u>Dr. G. W. Rogers</u>
Address	<u>Essex. Ont.</u>	<u>Essex. Ont.</u>	<u>Essex. Ont.</u>
Date of Return	<u>May. 26<sup>th</sup> 1926</u>	<u>June. 11<sup>th</sup> 1926</u>	<u>July 12<sup>th</sup> 1926</u>
Date received by Division Registrar	<u>May. 27<sup>th</sup> 1926</u>	<u>June. 11<sup>th</sup> 1926</u>	<u>July 14<sup>th</sup> 1926</u>

I certify that the foregoing are correct registrations of deaths made to me during the month of May 1926.

D. R. or Sub-Registrar.

Address



## DEATHS

County of

Essex

Division of

Sandwich South

Domoslai

No. 120.

County of Essex		Division of Sandwich South	
No. 118		No. 119	
Surname of Deceased		Baillargeon	
Full given Name		Domoslai	
Place of death, street and number or		Joseph John	
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) Sex, (b) Racial Origin, (c) Single, Married, Widowed	
Age		Age	
(a) Place of Birth (b) Date of Birth		(a) Place of Birth (b) Date of Birth	
Trade or Occupation		Trade or Occupation	
Kind of Industry		Kind of Industry	
Date from which to which employed		Date from which to which employed	
Length of Residence		Length of Residence	
Name of Father		Name of Father	
Birthplace of Father		Birthplace of Father	
Maiden Name of Mother		Maiden Name of Mother	
Birthplace of Mother		Birthplace of Mother	
Name of Physician		Name of Physician	
Address		Address	
Name of Informant		Name of Informant	
Address		Address	
Relation to Deceased		Relation to Deceased	
Place of Burial		Place of Burial	
Date of Burial		Date of Burial	
Name of Undertaker		Name of Undertaker	
Address		Address	
Cause of Death if no Physician attended		Cause of Death if no Physician attended	
Date of Death		Date of Death	
MEDICAL CERTIFICATE OF DEATH		MEDICAL CERTIFICATE OF DEATH	
Name of Deceased		Name of Deceased	
Date of Death		Date of Death	
If Infant, Name of Parents		If Infant, Name of Parents	
Address		Address	
Dates from which to which Medical Practitioner Attended Deceased		Dates from which to which Medical Practitioner Attended Deceased	
Primary		Primary	
Duration		Duration	
Contributory		Contributory	
Duration		Duration	
(a) Did an operation precede death? (b) Was there an autopsy?		(a) Did an operation precede death? (b) Was there an autopsy?	
Name of Physician		Name of Physician	
Address		Address	
Date of Return		Date of Return	
Date received by Division Registrar		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

190

County of <u>Essex</u>		Division of <u>Sandwich South</u>	
Surname of Deceased <u>McKee</u> No. <u>124</u>		Surname of Deceased <u>McCloskey</u> No. <u>125</u>	
Full given Name <u>Thomas</u>		Full given Name <u>Ellen</u>	
Place of death, street and number or <u>Lot 6. Con. S. Sand. South</u>		Place of death, street and number or <u>Lot 6. Con. S. Sand. South</u>	
Sex, (b) Racial Origin, Single, Married, Widowed <u>Male</u>		Sex, (b) Racial Origin, Single, Married, Widowed <u>Female</u>	
Age <u>73 yrs.</u>		Age <u>84 yrs.</u>	
Place of Birth <u>England</u>		Place of Birth <u>England</u>	
Date of Birth <u>Sept. 15, 1854</u>		Date of Birth <u>Oct. 5, 1842</u>	
Trade or Occupation <u>Farming</u>		Trade or Occupation <u>Student</u>	
Kind of Industry <u>Farming</u>		Kind of Industry <u>Student</u>	
Date from which to which employed		Date from which to which employed	
Length of Residence <u>53 yrs</u>		Length of Residence <u>60 yrs</u>	
Name of Father <u>John McKee</u>		Name of Father <u>James Rykett</u>	
Birthplace of Father <u>England</u>		Birthplace of Father <u>England</u>	
Maiden Name of Mother <u>Elizabeth Dixon</u>		Maiden Name of Mother <u>Unknown</u>	
Birthplace of Mother <u>England</u>		Birthplace of Mother <u>England</u>	
Name of Physician <u>Dr. G. W. Rogers</u>		Name of Physician <u>Dr. J. W. Brien</u>	
Address <u>Essex</u>		Address <u>Essex</u>	
Name of Informant <u>Mrs. J. McKee</u>		Name of Informant <u>Chas. J. McCloskey</u>	
Address <u>Paquette R.R. No. 1</u>		Address <u>Maidstone</u>	
Relation to Deceased <u>Wife</u>		Relation to Deceased <u>Son</u>	
Place of Burial <u>St. Stephen's Cemetery Sand. South</u>		Place of Burial <u>Maidstone</u>	
Date of Burial <u>April 14th 1927</u>		Date of Burial <u>May 3rd 1927</u>	
Name of Undertaker <u>Jay. R. Chapin &amp; Sons</u>		Name of Undertaker <u>J. Sutton &amp; Son</u>	
Address <u>Windsor</u>		Address <u>Windsor</u>	
Cause of Death <u>General Anterior Sclerosis</u>		Cause of Death <u>General Anterior Sclerosis</u>	
Date of Death <u>April 11th 1927</u>		Date of Death <u>May 3rd 1927</u>	
Name of Deceased <u>Thomas McKee</u>		Name of Deceased <u>Ellen McCloskey</u>	
Date of Death <u>April 11th 1927</u>		Date of Death <u>May 3rd 1927</u>	
Name of Infant, Name of Parents		Name of Infant, Name of Parents	
Address		Address	
Date from which to which Medical Practitioner attended Deceased <u>from April 1st 1927 to April 11th 1927</u>		Date from which to which Medical Practitioner attended Deceased <u>from April 20 1927 to May 2 1927</u>	
Primary <u>General Anterior Sclerosis</u>		Primary <u>General Anterior Sclerosis</u>	
Duration <u>2 yrs</u>		Duration <u>3 yrs</u>	
Contributory		Contributory	
Duration		Duration	
Did an operation precede death? <u>No</u>		Did an operation precede death? <u>No</u>	
Was there an autopsy? <u>No</u>		Was there an autopsy? <u>No</u>	
Name of Physician <u>Dr. G. W. Rogers</u>		Name of Physician <u>Dr. J. W. Brien</u>	
Address <u>Essex</u>		Address <u>Essex</u>	
Date of Return <u>April 29th 1927</u>		Date of Return <u>May 4th 1927</u>	
Date received by Division Registrar <u>April 29th 1927</u>		Date received by Division Registrar <u>May 4th 1927</u>	
I certify that the foregoing are correct registrations of deaths made to me during the month of <u>April</u> 19 <u>27</u>		I certify that the foregoing are correct registrations of deaths made to me during the month of <u>May</u> 19 <u>27</u>	
Signature <u>John M. Cullen</u>		Signature <u>John M. Cullen</u>	
D. R. or Sub-Registrar.		D. R. or Sub-Registrar.	
Address		Address	

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

19



## DEATHS

County of

Essex

Division of

Sandwich South

No. 123

No. 121

No. 122

Sullivan

Cutting

Surname of Deceased

Santo

Santo

Sullivan

Cutting

Full given Name

Mary

Michael

Ethel

Place of death, street and number or

Sandwich South

Halt Road, Sandwich South

If in a Hospital or Institution give name

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

a Female b Hungarian c Single

a Male b Irish c Single

a Female b English c Single

Age

yrs. mos. 1 dys. hrs. min.

67 yrs. 5 mos. 12 dys. hrs. min.

17 yrs. mos. 2 dys. hrs. min.

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

a Sandwich South b Dec. 12<sup>th</sup> 1926a Sandwich South b July 12<sup>th</sup> 1859a Redford, Mich. b Mar. 19<sup>th</sup> 1910

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 all life in Ontario in Canada

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

1 year at place of death 10 years in Ontario 10 yrs in Canada

Name of Father

Stephens Santo

Patrick Sullivan

William Cutting

Birthplace of Father

Hungary

Ireland

North York

Maiden Name of Mother

Mary Andruce

Hanna Sullivan

Alma Patterson

Birthplace of Mother

Hungary

Ireland

Woodmere, Mich.

Name of Physician

Dr. G. W. Rogers

Dr. J. D. MacDonald

Dr. G. W. Rogers

Address

Essex

Essex

Essex

Name of Informant

Stephen Santo

Neil McEwan

William Cutting

Address

Paquette

113 S. 1 Belle Ave. Detroit

Maidstone

Relation to Deceased

Father

Brother in-law

Father

Place of Burial

St. Stephen's Cemetery

Maidstone

North Ridge

Date of Burial

Dec. 14<sup>th</sup> 1926Dec. 27<sup>th</sup> 1926March 24<sup>th</sup> 1927

Name of Undertaker

None

Albany, Janisse

J. A. Hicks &amp; Son

Cause of Death if no Physician attended

Date of Death

Dec. 13<sup>th</sup> 1926Dec. 24<sup>th</sup> 1926March 21<sup>st</sup> 1927

Name of Deceased

Mary Santo

Michael Sullivan

Ethel Cutting

Date of Death

Dec. 13<sup>th</sup> 1926Dec. 24<sup>th</sup> 1926Mar. 21<sup>st</sup> 1927

If Infant, Name of Parents

Stephen &amp; Mary Santo

Address

Paquette

Dates from which to which Medical Practitioner Attended Deceased

from Dec. 12<sup>th</sup> 1926 to Dec. 13<sup>th</sup> 1926from Dec. 21<sup>st</sup> 1926 to Dec. 24<sup>th</sup> 1926from Jan. 20<sup>th</sup> 1927 to Mar. 21<sup>st</sup> 1927

Primary

Convulsions

Pneumonia

Tuberculosis with Pleurisy &amp; Effusion

Duration

Few hours yrs. mos. dys.

yrs. mos. 5 dys.

yrs. 2 mos. dys.

Contributory

Myocarditis

Exposure to cold

Duration

yrs. mos. dys.

yrs. mos. 4 dys.

yrs. mos. dys.

(a) Did an operation precede death?

a No b No

a No b No

a Yes b No

(b) Was there an autopsy?

Name of Physician

Dr. G. W. Rogers

Dr. J. D. MacDonald

Dr. G. W. Rogers

Address

Essex

Essex

Essex

Date of Return

Dec. 13<sup>th</sup> 1926Dec. 24<sup>th</sup> 1926April 8<sup>th</sup> 1927

Date received by Division Registrar

Dec. 13<sup>th</sup> 1926Dec. 28<sup>th</sup> 1926April 8<sup>th</sup> 1927

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

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