

DEATHS

202

County of *Essex*

Division of *Sandwich South*

No. 157

No. 158

No. 159

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

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

*Collins* Collins

*Deehan* Deehan

*Welsh* Welsh

*Welsh* Welsh

*Catharine*  
*Malden Road Sand. South*

*Roy*  
*Deehan*

*Emma*  
*Welsh*

*Female* *French* *Widowed* *Male* *Irish* *Single*  
*74 yrs.* *7 mos.* *6 dys.* *hrs.* *min.* *5 yrs.* *10 mos.* *dys.* *hrs.* *min.* *62 yrs.* *4 mos.* *10 dys.* *hrs.* *min.*

*Quebec* *May 13. 1854* *Maldstone* *May 28. 1928* *Detroit Mich* *Dec 21. 1866*

*Lady*  
*from* *to* *all life* *all life* *24 yrs.* *28 yrs.* *28 yrs.*  
*at place of death* *in Ontario* *in Canada* *at place of death* *in Ontario* *in Canada* *at place of death* *in Ontario* *in Canada*

*Joseph. Farough* *Edward Deehan* *Stockwell*  
*Quebec* *Maldstone* *England*

*Melvinia Dicks* *Agnes Kane* *Keziah Knight*  
*Quebec* *Maldstone. Ont.* *England*

*Dr. J. D. MacDonald* *Dr. Rogers* *Dr. J. D. MacDonald*  
*Essex* *Essex* *Essex*

*Chas. Collins* *Edward Deehan* *Geo. Welsh*  
*Maldstone* *Maldstone* *Maldstone*

*Son* *Father* *Husband*  
*North Ridge* *Maldstone* *St. Stephen's Sandwich South*

*Dec. 21. 1928* *Feb. 28. 1929* *May. 4. 1929*  
*J. A. Hicks & Son* *J. Sutton & Sons* *Chapman & Co.*  
*Essex* *623. Ouellette Ave* *Windsor. Ont.*

*Dec. 19. 1928*

*Feb. 27. 1929*

*May. 1. 1929*

MEDICAL CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

*Catharine Collins*

*Roy Deehan*

*Emma Welsh*

*Dec. 19. 1928*

*Feb. 27. 1929*

*May. 1. 1929*

*from Dec. 10. 1928 to Dec. 19. 1928*

*from Feb. 27. 1929 to Feb. 27. 1929*

*from Jan. 1929 to Apr. 30. 1929*

*Angina Pectoris*  
*High Blood Pressure*  
*Diabetes & Arterio Sclerosis*

*Laryngeal Diphtheria*

*Myocarditis*  
*High Blood pressure*

*10 yrs.* *mos.* *dys.*

*5 yrs.* *mos.* *dys.*

*10 yrs.* *mos.* *dys.*

*No.* *No.*

*Yes.* *No.*

*No.* *No.*

*Dr. J. D. MacDonald*

*Dr. W. Rogers*

*Dr. J. D. MacDonald*

*Essex*

*Essex*

*Essex*

*Jan. 11. 1929*

*Feb. 28. 1929*

*May 1. 1929*

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 *Essex*Division of *Sandwich South*

No. 162.

No. 160.

No. 161.

Reed

Reed

Parker

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

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 *Female* b *English* c *Single*a *Female* b *English* c *Married*a *Female* b *English* c *Single*

29 yrs. mos. dys. hrs. min.

50 yrs. mos. dys. hrs. min.

14 yrs. mos. dys. hrs. min.

a *Paris, Ont.* b *—*a *Port Dover, Ont.* b *July 13<sup>th</sup>*a *Brantford* b *Not known**Telephone Clerk**Office*

from to

from to

from to

at place of death in Ontario in Canada

at place of death in Ontario in Canada

at place of death in Ontario in Canada

*Chas. Reed**— Buck**Geo. Parker**England**Canada**Canada**Amrett Buck**Not known**Not known**Port Dover, Ont.**Not known**" "**Dr. J. D. MacDonald**Dr. J. D. MacDonald**Dr. J. D. MacDonald**Essex**Essex**Essex**Chas. Sculman**Chas. Sculman**Chas. Sculman**2900 Montfornery St. Detroit Mich.**2900 Montfornery St. Detroit Mich.**2900 Montfornery St. Detroit Mich.**Brother-in-law**Son-in-law**None**Brantford, Ont.**Brantford, Ont.**Brantford, Ont.**May 28<sup>th</sup> 1929**May 28<sup>th</sup> 1929**May 28<sup>th</sup> 1929**Jas. H. Sutton**Jas. H. Sutton**Jas. H. Sutton**655 Ouellette Ave Windsor**655 Ouellette Ave Windsor**655 Ouellette Ave Windsor**May 24<sup>th</sup> 1929**May 24<sup>th</sup> 1929**May 24<sup>th</sup> 1929*

MEDICAL CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

*Ada Reed**Amrett Reed**Ethel Parker**May 24<sup>th</sup> 1929**May 24<sup>th</sup> 1929**May 24<sup>th</sup> 1929*from *May 24<sup>th</sup> 1929* to *May 24<sup>th</sup> 1929*from *May 24<sup>th</sup> 1929* to *May 24<sup>th</sup> 1929*from *May 24<sup>th</sup> 1929* to *May 24<sup>th</sup> 1929**Shock & Fracture of Skulls. Auto in which riding struck by M.C.R. train at Mandetone.**Shock & Head crushed & decapitated. Auto in which riding struck by M.C.R. train at Mandetone.**Shock & Fracture of skull & Neck broken. Auto in which riding struck by M.C.R. train at Mandetone.**riding struck by M.C.R. train at Mandetone.**riding struck by M.C.R. train at Mandetone.**riding struck by M.C.R. train at Mandetone.**Killed Instantly.**Killed Instantly.**Killed Instantly.**Killed Instantly.**Killed Instantly.**Killed Instantly.*

yrs. mos. dys.

yrs. mos. dys.

yrs. mos. dys.

a *No* b *Yes*a *No* b *Yes*a *No* b *Yes**Dr. J. D. MacDonald**Dr. J. D. MacDonald**Dr. J. D. MacDonald**Essex**Essex**Essex**May 25<sup>th</sup> 1929**May 25<sup>th</sup> 1929**May 25<sup>th</sup> 1929**May 28<sup>th</sup> 1929**May 28<sup>th</sup> 1929**May 28<sup>th</sup> 1929*

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

204

County of <u>Essex</u>		Division of <u>Sandwich South</u>	
Surname of Deceased		No. 163	
Full given Name		No. 164	
Place of Death, street and number or		No. 165	
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed		Hopkins	
Age		Hopkins	
Place of Birth		Hopkins	
Trade or Occupation		Hopkins	
Kind of Industry		Hopkins	
Date from which to which employed		Hopkins	
Length of Residence		Hopkins	
Name of Father		Hopkins	
Birthplace of Father		Hopkins	
Maiden Name of Mother		Hopkins	
Birthplace of Mother		Hopkins	
Name of Physician		Hopkins	
Address		Hopkins	
Name of Informant		Hopkins	
Address		Hopkins	
Relation to Deceased		Hopkins	
Place of Burial		Hopkins	
Date of Burial		Hopkins	
Name of Undertaker		Hopkins	
Address		Hopkins	
Cause of Death if no Physician attended		Hopkins	
Date of Death		Hopkins	
Name of Deceased		Hopkins	
Date of Death		Hopkins	
Dates from which to which Medical Practitioner attended Deceased		Hopkins	
Primary		Hopkins	
Duration		Hopkins	
Contributory		Hopkins	
Duration		Hopkins	
(a) Did an operation precede death?		Hopkins	
(b) Was there an autopsy?		Hopkins	
Name of Physician		Hopkins	
Address		Hopkins	
Date of Return		Hopkins	
Date received by Division Registrar		Hopkins	

  

County of <u>Essex</u>		Division of <u>Sandwich South</u>	
Surname of Deceased		No. 163	
Full given Name		No. 164	
Place of Death, street and number or		No. 165	
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed		Hopkins	
Age		Hopkins	
Place of Birth		Hopkins	
Trade or Occupation		Hopkins	
Kind of Industry		Hopkins	
Date from which to which employed		Hopkins	
Length of Residence		Hopkins	
Name of Father		Hopkins	
Birthplace of Father		Hopkins	
Maiden Name of Mother		Hopkins	
Birthplace of Mother		Hopkins	
Name of Physician		Hopkins	
Address		Hopkins	
Name of Informant		Hopkins	
Address		Hopkins	
Relation to Deceased		Hopkins	
Place of Burial		Hopkins	
Date of Burial		Hopkins	
Name of Undertaker		Hopkins	
Address		Hopkins	
Cause of Death if no Physician attended		Hopkins	
Date of Death		Hopkins	
Name of Deceased		Hopkins	
Date of Death		Hopkins	
Dates from which to which Medical Practitioner attended Deceased		Hopkins	
Primary		Hopkins	
Duration		Hopkins	
Contributory		Hopkins	
Duration		Hopkins	
(a) Did an operation precede death?		Hopkins	
(b) Was there an autopsy?		Hopkins	
Name of Physician		Hopkins	
Address		Hopkins	
Date of Return		Hopkins	
Date received by Division Registrar		Hopkins	

  

County of <u>Essex</u>		Division of <u>Sandwich South</u>	
Surname of Deceased		No. 163	
Full given Name		No. 164	
Place of Death, street and number or		No. 165	
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed		Hopkins	
Age		Hopkins	
Place of Birth		Hopkins	
Trade or Occupation		Hopkins	
Kind of Industry		Hopkins	
Date from which to which employed		Hopkins	
Length of Residence		Hopkins	
Name of Father		Hopkins	
Birthplace of Father		Hopkins	
Maiden Name of Mother		Hopkins	
Birthplace of Mother		Hopkins	
Name of Physician		Hopkins	
Address		Hopkins	
Name of Informant		Hopkins	
Address		Hopkins	
Relation to Deceased		Hopkins	
Place of Burial		Hopkins	
Date of Burial		Hopkins	
Name of Undertaker		Hopkins	
Address		Hopkins	
Cause of Death if no Physician attended		Hopkins	
Date of Death		Hopkins	
Name of Deceased		Hopkins	
Date of Death		Hopkins	
Dates from which to which Medical Practitioner attended Deceased		Hopkins	
Primary		Hopkins	
Duration		Hopkins	
Contributory		Hopkins	
Duration		Hopkins	
(a) Did an operation precede death?		Hopkins	
(b) Was there an autopsy?		Hopkins	
Name of Physician		Hopkins	
Address		Hopkins	
Date of Return		Hopkins	
Date received by Division Registrar		Hopkins	

I certify that the foregoing are correct registrations of Deaths made to me during the month of June 1929.

D.R. or Sub-Registrar. Address.....



## DEATHS

County of

Division of

Barrett

No. 166.

Cutting

No. 167.

Wjazzdowski

No. 168.

Surname of Deceased

Barrett

Cutting

Wjazzdowski

Full given Name

Nellie

Dorothy Marie

Stella

Place of Death, street and number or

Sandwich South

Sandwich South

Sandwich South

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

a female b Irish c Married

a Male b English c Single

a Female b Polish c Single

Age

68 yrs. 7 mos. 3 dys. hrs. min.

14 yrs. 9 mos. 13 dys. hrs. min.

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

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

Sandwich South Dec. 28. 1861

Sandwich South Oct. 2. 1914

Milwaukee June 18. 1908

Trade or Occupation

Housewife

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

John Sexton

William Cutting

Martin Wjazzdowski

Birthplace of Father

Ireland

York Co.

Poland

Maiden Name of Mother

Mary O'Neil

Alma Patterson

Helen

Birthplace of Mother

Ireland

Woodmere Mich.

Poland

Name of Physician

Dr. J. D. MacDonald

Dr. J. W. Brien

Dr. S. F. Millen (Coroner)

Address

Essex

Essex

Woodlee

Name of Informant

Richard Barrett

William Cutting

Max Wjazzdowski

Address

Maidstone

Maidstone

8621. Conant St. Detroit

Relation to Deceased

Husband

Father

Brother

Place of Burial

Maidstone

North Ridge

Detroit - Mich.

Date of Burial

July 25. th. 1929.

July 16. th. 1929.

Aug. 16. th. 1929

Name of Undertaker

J. Sutton &amp; Sons

J. A. Hicks &amp; Son

J. Sutton &amp; Sons

Address

Windsor

Essex

623 Ouellette Ave Windsor Ont.

Cause of Death if no Physician attended

Date of Death

July 22. th. 1929.

July 15. th. 1929.

Aug. 14. th. 1929.

Name of Deceased

Nellie Barrett

Dorothy Marie Cutting

Stella Wjazzdowski

Date of Death

July 22. th. 1929

July 15. th. 1929

Aug. 14. th. 1928

Dates from which to which Medical Practitioner attended Deceased

from Jan. 3. 1929 to July 21. 1929

from May 15. 1929 to July 12. 1929

from to

Primary

Cancer of Stomach

Marasmus

Fracture of Skull from

Duration

1 yrs. mos. dys.

5 yrs. mos. dys.

Auto accident on Provincial Highway No. 2

Contributory

General Emaciation

Imbecility

yrs. mos. dys.

Duration

yrs. 6 mos. dys.

yrs. mos. dys.

yrs. mos. 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. W. Brien

Dr. S. F. Millen (Coroner)

Address

Essex

Essex

Woodlee

Date of Return

July 23. th. 1929

July 15. th. 1929.

Aug. 14. th. 1929

Date received by Division Registrar

July 23. th. 1929.

Aug. 6. th. 1929.

Aug. 15. th. 1929

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

John M. Cariffe

D.R. or Sub-Registrar.

Address

19



# DEATHS

206

County of	No.	Division of	No.	Division of	No.
Essex	169	Sandwich South	170	Sandwich South	171
Name of Deceased	Kluczynski	McDowell	Halford		
Given Name	Marion	John Wylie	Ann Louise		
Place of Death, street and number or	1400 Road Sand South	Snake Lake Sand South			
Sex, (b) Racial origin, (c) Single, married, Widowed	Female	Male	Female		
Age	22 yrs.	5-6 yrs.	77 yrs.		
Place of Birth	Detroit	Maudstone	Maudstone		
Date of Birth	Jan 31st 1907	July 18th	May 24th 1852		
Trade or Occupation	Stenographer	Builder	Housekeeping		
Kind of Industry					
Date from which to which employed					
Length of Residence	Instantly		1 year		
Name of Father	Michael Kluczynski	Alexander McDowell	Abraham Halford		
Birthplace of Father	Poland	Maudstone Ont.	Ireland		
Maiden Name of Mother	Pauline Reukowski	Margaret Wylie	Ellen Flynn		
Birthplace of Mother	Poland	Detroit Mich.	Ireland		
Name of Physician	Dr. S. F. Miller (Coroner)	Dr. Hassard	Dr. J. D. MacDonald		
Address	Woodlee Ont.	Windsor Ont.	Essex		
Name of Informant	Cass Kluczynski	Mrs. Phoebe McDowell	Maurice Halford		
Address	2702 Holbrook Detroit	65 Windermere Road Walkerville	Maudstone		
Relation to Deceased	Brother	Wife	Nephew		
Place of Burial	Detroit Mich.	Kingsville Ont.	Maudstone		
Date of Burial	Aug. 16th 1929	Aug. 31st 1929	Nov. 6th 1929		
Name of Undertaker	J. Sutton & Sons	J. A. Hicks & Son	J. Sutton & Son		
Address	623 Ouellette Ave Windsor	Essex Ont.	623 Ouellette Ave Windsor Ont.		
Cause of Death if no physician attended					
Date of Death	Aug. 14th 1929	Aug. 29th 1929	Nov. 4th 1929		
Name of Deceased	Marion Kluczynski	John Wylie McDowell	Ann Louise Halford		
Date of Death	Aug. 14th 1929	Aug. 29th 1929	Nov. 4th 1929		

Primary	Duration	Contributory	Duration	Did an operation precede death?	Was there an autopsy?	Name of Physician	Address	Date of Return	Date received by Division Registrar
Fracture of Skull & Cranial Vertebrae due to Auto accident.				No	No	Dr. S. F. Miller (Coroner)	Woodlee	Aug. 14th 1929	Aug. 15th 1929
Shock from accidental Burn.				No	No	Dr. Geo. A. Hassard (Coroner)	505 Ouellette Ave Windsor	Aug. 30th 1929	Aug. 30th 1929
Myocarditis & Carcinoma of Thymus				No	No	Dr. J. D. MacDonald	Essex	Nov. 5th 1929	Nov. 5th 1929

I certify that the foregoing are correct registrations of Deaths made to me during the month of August 1929.

John M. C. [Signature]

D.R. or Sub-Registrar

Address: Maudstone



## DEATHS

County of EssexDivision of Sandwich South

No. 174

St. Julian No. 172

No. 173

Carriere Carriere

Surname of Deceased

Sh. JulianRhodesRhodesOscar James

Full given Name

Shirley MarieHerbert

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 French c Singlea Male b English c Marrieda Male b French c Single

Age

yrs. mos. dys. hrs. min.

yrs. mos. dys. hrs. min.

yrs. mos. dys. hrs. min.

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

a Sandwich South b Oct. 31<sup>st</sup> 1929a Chicago Ill. b Feb. 7<sup>th</sup> 1885a Windsor b Sept 2nd 1928

Trade or Occupation

—Electrician

Kind of Industry

—

Date from which to which employed

from — to —from 1 month to 5 yearsfrom all life to all life

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

Arthur Sh. JulianHerbert RhodesJoseph Arthur Carriere

Birthplace of Father

The Bend OhioUnknownBay City Mich.

Maiden Name of Mother

Edna McLenonDorothyNelen Duval

Birthplace of Mother

Staples OntarioUnknownDrummond Wis

Name of Physician

Dr. G. W. RogersDr. G. W. RogersDr. G. E. White

Address

EssexEssexWindsor

Name of Informant

Arthur Sh. JulianElizabeth RhodesJoseph Arthur Carriere

Address

Maidstone R.R. #1MaidstoneMaidstone R.R. No 3

Relation to Deceased

FatherWifeFather

Place of Burial

North RidgeGreen Lawn CemeteryMaidstone

Date of Burial

Nov. 1<sup>st</sup> 1929Dec. 2nd 1929Dec. 11<sup>th</sup> 1929

Name of Undertaker

J. A. Hicks & SonJamies Bros.None

Address

EssexWindsor

Cause of Death if no Physician attended

——

Date of Death

Oct. 31<sup>st</sup> 1929Nov. 30<sup>th</sup> 1929Dec. 10<sup>th</sup> 1929

Name of Deceased

Shirley Marie Sh. JulianHerbert RhodesOscar James Carriere

Date of Death

Oct. 31<sup>st</sup> 1929Nov. 30<sup>th</sup> 1929Dec. 10<sup>th</sup> 1929

Dates from which to which Medical Practitioner attended Deceased

from Oct. 31<sup>st</sup> 1929 to Oct. 31<sup>st</sup> 1929from Viewed Remains asfrom Nov. 23<sup>rd</sup> 1929 to Dec. 9<sup>th</sup> 1929

Primary

AtelectasisEndocarditis & Septic EritemaBronchio. Pneumonia

Duration

yrs. mos. dys.

yrs. mos. dys.

yrs. mos. dys.

Contributory

——Chronic Otitis Media Pharyngotonsillar Adenitis

Duration

yrs. mos. dys.

yrs. mos. dys.

yrs. mos. dys.

(a) Did an operation precede death?

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

(b) Was there an autopsy?

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

Name of Physician

Dr. G. W. RogersDr. G. W. BrienDr. G. E. White

Address

EssexEssexWindsor

Date of Return

Nov. 1<sup>st</sup> 1929Dec. 2nd 1929Dec. 11<sup>th</sup> 1929

Date received by Division Registrar

Nov. 1<sup>st</sup> 1929Dec. 2nd 1929Dec. 11<sup>th</sup> 1929

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

John McAuliffe

D.R. or Sub-Registrar.

Address

19



County of Essex  
No. 175

# DEATHS

Division of Sandwich South

208

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

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

Dawson  
James  
Dawson  
If in a Hospital or Institution give name  
a Male b French c Single  
yrs. 6 mos. 30 dys. hrs. min.  
a Sandwich South b May 22 1929

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

Thomas Dawson  
Sandwich South  
Rose Laforet  
Sandwich South  
D. J. D. MacDonald  
Essex Ont.  
Thomas Dawson  
Maudstone  
Father  
Maudstone  
Dec. 22nd 1929  
None

Dec. 21st 1929  
MEDICAL CERTIFICATE OF DEATH  
James Dawson  
Dec. 21st 1929

from Nov. 22nd 1929 to Dec. 20th 1929

Brimetatus  
yrs. 1 mos. dys.

Bronchio Pneumonia  
yrs. 4 mos. dys.

a No. b No.

D. J. D. MacDonald  
Essex Ont.  
Dec. 21st 1929  
Dec. 21st 1929

Morand  
Morse  
Morand  
If in a Hospital or Institution give name  
a Male b French c Married  
yrs. 70 yrs. 9 mos. 22 dys. hrs. min.  
a Sandwich East b Mar. 1 1858

from 46 yrs. to all life  
at place of death in Ontario in Canada

Antoine Morand  
Sandwich East  
Marie Anne Janisse  
Sandwich East  
D. W. J. Durocher  
Windsor  
D. Morand  
Windsor  
Son  
St. Alphonsus Cemetery  
Windsor  
Dec. 26th 1929  
Alberty J. Janisse  
Windsor

Dec. 23rd 1929  
MEDICAL CERTIFICATE OF DEATH  
Morse Morand  
Dec. 23rd 1929

from Dec. 2nd to Dec. 22nd

Uremia  
yrs. 6 mos. dys.

Chronic Intestinal Neplrits  
yrs. 6 mos. dys.

a No. b No.

D. W. J. Durocher  
Windsor  
Dec. 25th 1929  
Dec. 25th 1929