

Glued Page(6)

SCHEDULE C-DEATHS.

County of *Township Calumet* Division of *Calumet*

	No. 4	No. 5
Name and Surname of Deceased.	<i>Michael P. Haleran</i>	<i>Elizabeth Pratt</i>
When Died.	<i>26th October 1887</i>	<i>Feb 15 1888</i>
Sex—Male or Female.	<i>Male</i>	<i>Female</i>
Age.	<i>26 years</i>	<i>2 days</i>
Rank or Profession.	<i>Farmer</i>	<i>Farmer</i>
Where Born.	<i>capron at tell</i> <i>31 March 1861</i>	<i>Township of Calumet</i>
Certified Cause of Death and duration of illness.	<i>supposed to killed on C.P.R. line</i>	
Name of Physician, if any.		
Signature, Description and Residence of Informant.	<i>Mrs. Ellen C. Bentley</i> <i>log house</i>	<i>Elizabeth Pratt</i> <i>log house</i>
When Registered.	<i>24th April 1888</i>	<i>April 12 1888</i>
Religious Denomination of Deceased.	<i>Roman Catholic</i>	<i>—</i>
Signature of Registrar.	<i>Abraham Sparks</i>	<i>Abraham Sparks</i>
REMARKS	<i>001910</i>	<i>002011</i>

Given under my hand, this _____ day of _____ A.D. 18__

	No.	No.
Name and Surname of Deceased.		
When Died.		
Sex—Male or Female.		
Age.		
Rank or Profession.		
Where Born.		
Certified Cause of Death and duration of illness.		
Name of Physician, if any.		
Signature, Description and Residence of Informant.		
When Registered.		
Religious Denomination of Deceased.		
Signature of Registrar.		
REMARKS		

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the half-year ending _____ day of _____ A.D. 18__

SCHEDULE C-DEATHS.

County of *District of Henry* Division of *Red Top*

	No.	No.
Name and Surname of Deceased.	<i>Ann Teresa O'Neill</i>	
When Died.	<i>4 May 1888</i>	
Sex—Male or Female.	<i>Female</i>	
Age.	<i>5 months</i>	
Rank or Profession.		
Where Born.		
Certified Cause of Death and duration of illness.		
Name of Physician, if any.		
Signature, Description and Residence of Informant.	<i>D. Sant</i> <i>Ann O'Neill</i>	
When Registered.	<i>10th June 1888</i>	
Religious Denomination of Deceased.	<i>Roman Catholic</i>	
Signature of Registrar.	<i>Mr. [unclear]</i>	
REMARKS	<i>001912</i>	

Given under my hand, this _____ day of _____ A.D. 18__

	No.	No.
Name and Surname of Deceased.		
When Died.		
Sex—Male or Female.		
Age.		
Rank or Profession.		
Where Born.		
Certified Cause of Death and duration of illness.		
Name of Physician, if any.		
Signature, Description and Residence of Informant.		
When Registered.		
Religious Denomination of Deceased.		
Signature of Registrar.		
REMARKS		

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the half-year ending _____ day of _____ A.D. 18__

SCHEDULE C.-DEATHS.

County of District of Navy New Division of Rat Portage

	No. 32	No. 33	No. 34
Name and Surname of Deceased.	Arthur L. Swan	Joseph Charbonneau	Joseph Delorme
When Died.	3 rd January 1888	6 January 1888	30 May 1888
Sex—Male or Female.	Male	Male	Male
Age.	5 days	-	57
Rank or Profession.	-	-	Druggist
Where Born.	Newark	Newark	Drugs
Certified Cause of Death and duration of Illness.	-	-	Inflammation of lungs
Name of Physician, if any.	-	-	-
Signature, Description and Residence of Informant.	No. 213. Bandin P.P.	No. 213. Bandin P.P.	No. 213. Bandin P.P.
When Registered.	28 December 1888	28 December 1888	28 December 1888
Religious Denomination of Deceased.	Roman Catholic	Roman Catholic	Roman Catholic
Signature of Registrar.	M. K. Byrd	M. K. Byrd	M. K. Byrd
REMARKS.	001031	001032	001033
Name and Surname of Deceased.	Margaret Sheehan	Mrs. E. Lavore	Pierre Lyard
When Died.	10 June 1888	8 July 1888	2 August 1888
Sex—Male or Female.	Female	Female	Male
Age.	57	22 months	29 years
Rank or Profession.	-	-	Labourer
Where Born.	Ireland	Rat Portage	France
Certified Cause of Death and duration of Illness.	-	-	-
Name of Physician, if any.	-	-	-
Signature, Description and Residence of Informant.	No. 213. Bandin P.P.	No. 213. Bandin P.P.	No. 213. Bandin P.P.
When Registered.	28 December 1888	28 December 1888	28 December 1888
Religious Denomination of Deceased.	Roman Catholic	Roman Catholic	Roman Catholic
Signature of Registrar.	M. K. Byrd	M. K. Byrd	M. K. Byrd
REMARKS.	001034	001035	001036

SCHEDULE C.-DEATHS.

County of District of Navy New Division of Rat Portage

	No. 14	No. 15	No. 16
Name and Surname of Deceased.	Georg Linklaten	Kelen Mendis Beane	James Guy Wilson
When Died.	15 th July 1888	1 st August 1888	-
Sex—Male or Female.	Male	Female	Male
Age.	ten years and ten months	-	-
Rank or Profession.	-	-	Labourer
Where Born.	Rat Portage	Rat Portage	Rat Portage
Certified Cause of Death and duration of Illness.	Spine Injury	Diarrhea	Pneumonia
Name of Physician, if any.	D. Leve	D. Leve	D. Macdonell
Signature, Description and Residence of Informant.	Just Linklaten	D. Leve	A. S. Macdonell M.D.
When Registered.	19 July 1888	11 August 1888	15 August 1888
Religious Denomination of Deceased.	Church of England	Presbyterian	Presbyterian
Signature of Registrar.	M. K. Byrd	M. K. Byrd	M. K. Byrd
REMARKS.	001037	001038	001039
Name and Surname of Deceased.	Agge Lavore	R. D. Jatis	Mathison
When Died.	-	-	-
Sex—Male or Female.	Female	Male	Female
Age.	-	-	-
Rank or Profession.	-	-	-
Where Born.	Rat Portage	Roman Area	Rat Portage
Certified Cause of Death and duration of Illness.	Diphtheria	Croupy Bronchitis 7 Days	3 Days
Name of Physician, if any.	D. Macdonell	D. Macdonell	D. Macdonell
Signature, Description and Residence of Informant.	A. S. Macdonell M.D.	A. S. Macdonell M.D.	A. S. Macdonell M.D.
When Registered.	15 August 1888	15 August 1888	15 August 1888
Religious Denomination of Deceased.	Catholic	Catholic	Presbyterian
Signature of Registrar.	M. K. Byrd	M. K. Byrd	M. K. Byrd
REMARKS.	001040	001041	001042

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the half-year ending 31 December 1888
 Given under my hand, this 1st day of January A.D. 1889
 M. K. Byrd Registrar Rat Portage

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the half-year ending 31 December 1888
 Given under my hand, this 1st day of January A.D. 1889
 M. K. Byrd Registrar Rat Portage

SCHEDULE C.-DEATHS.

County of District of New York Division of Nat. Registry

	No. 20	No. 21	No. 22
Name and Surname of Deceased.	Mathison	Mathison	Frank Liza Sampitt
When Died.			30 August 1888
Sex—Male or Female.	Female	Male	Male
Age.			3 months four days
Rank or Profession.			
Where Born.	Rat Patap	Rat Patap	Keewatin
Certified Cause of Death and duration of Illness.	4 Days.	Still Born	Aspiration of the Brain
Name of Physician, if any.	S. Macdonell	S. Macdonell	S. Macdonell
Signature, Description and Residence of Informant.	A. S. Macdonell M.D.	A. S. Macdonell M.D.	Sup. Jamison
When Registered.	15 August 1888	15 August 1888	31 st August 1888
Religious Denomination of Deceased.	Presbyterian	Presbyterian	Church of England
Signature of Registrar.	M. Kenney	M. Kenney	M. Kenney
REMARKS.	001043	001044	001045
No. 23	No. 24	No. 25	
Name and Surname of Deceased.	Edith May McEannan	William Alfred Mathison	Mathison Cryptus
When Died.	1 st September 1888	8 th September 1888	6 October 1888
Sex—Male or Female.	Female	Male	Male
Age.	seven years and five months	five years	
Rank or Profession.			Lumber Man
Where Born.	East Saginaw Michigan	Rat Patap	
Certified Cause of Death and duration of Illness.	Diphtheria	Premature Birth	Fever
Name of Physician, if any.	S. Leard	S. Hanson	S. Hanson
Signature, Description and Residence of Informant.	Sup. McEannan	W. A. Mathison	James Fitzpatrick
When Registered.	1 st September 1888	12 Sep 1888	10 th October 1888
Religious Denomination of Deceased.	Presbyterian	Methodist	Presbyterian
Signature of Registrar.	M. Kenney	M. Kenney	M. Kenney
REMARKS.	001046	001047	001048

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the half-year ending 31st December 1888
 Given under my hand, this 1st day of January A.D. 1889
 M. Kenney Registrar Rat Patap

SCHEDULE C.-DEATHS.

County of District of New York Division of Nat. Registry

	No. 44	No. 45	No. 46
Name and Surname of Deceased.	Phillips Leonard	Alexander Coy	Josephine Martinian
When Died.	1 st September 1888	4 September 1888	22 September 1888
Sex—Male or Female.	Male	Male	Female
Age.	4 months	3 months	3 months
Rank or Profession.			
Where Born.	Rat Patap	Rat Patap	St. Bonifac
Certified Cause of Death and duration of Illness.			
Name of Physician, if any.			
Signature, Description and Residence of Informant.	No. 213 Bandum P.P.	No. 213 Bandum P.P.	No. 213 Bandum P.P.
When Registered.	28 December 1888	28 December 1888	28 th December 1888
Religious Denomination of Deceased.	Roman Catholic	Roman Catholic	Roman Catholic
Signature of Registrar.	M. Kenney	M. Kenney	M. Kenney
REMARKS.	001049	001050	001051
No. 47	No. 48	No. 49	
Name and Surname of Deceased.	Beatrice Madore	Louis Petrogna	Mayant Dickson
When Died.	7 October 1888	12 October 1888	16 October 1888
Sex—Male or Female.	Female	Male	Female
Age.	2 months	17 months	24 years
Rank or Profession.			
Where Born.	Keewatin	St. Bonifac	Ontario
Certified Cause of Death and duration of Illness.			
Name of Physician, if any.			
Signature, Description and Residence of Informant.	No. 213. Bandum P.P.	No. 213. Bandum P.P.	No. 213. Bandum P.P.
When Registered.	28 December 1888	28 December 1888	28 December 1888
Religious Denomination of Deceased.	Roman Catholic	Roman Catholic	Roman Catholic
Signature of Registrar.	M. Kenney	M. Kenney	M. Kenney
REMARKS.	001052	001053	001054

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the half-year ending 31st December 1888
 Given under my hand, this 1st day of January A.D. 1889
 M. Kenney Registrar Rat Patap

SCHEDULE C.-DEATHS.

County of District of Navy New Division of Nat Portg. No. 38 No. 39 No. 40

Table with 3 columns for entries No. 38, 39, and 40. Columns include Name and Surname of Deceased, When Died, Sex, Age, Rank or Profession, Where Born, Certified Cause of Death, Name of Physician, Signature of Informant, When Registered, Religious Denomination, Signature of Registrar, and REMARKS.

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the half-year ending 31 December 1888. Given under my hand, this 1st day of January A.D. 1889. Division Registrar of Nat Portg.

SCHEDULE C.-DEATHS.

County of District of Navy New Division of Nat Portg. No. 50 No. 51 No. 52

Table with 3 columns for entries No. 50, 51, and 52. Columns include Name and Surname of Deceased, When Died, Sex, Age, Rank or Profession, Where Born, Certified Cause of Death, Name of Physician, Signature of Informant, When Registered, Religious Denomination, Signature of Registrar, and REMARKS.

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the half-year ending 31 December 1888. Given under my hand, this 1st day of January A.D. 1889. Division Registrar of Nat Portg.

SCHEDULE C-DEATHS.

District of Columbia

Division of South St. Marie

	No. 19	No. 20	No. 21
Name and Surname of Deceased.	Janie Brewer	Edith Miller	Antoinette Nestore
When Died.	April 25th 1889.		
Sex—Male or Female.	Female	Female	Female
Age.	45		11
Rank or Profession.		Infant	Servant
Where Born.	001195		
Certified Cause of Death and duration of Illness.	Consumption 2 years.	001196	Supura Hemorrhagica 3 weeks
Name of Physician, if any.	J. S. White	Geo. McCullough	Geo. McCullough
Signature, Description and Residence of Informant.	Township of Gladstone	South St. Marie	
When Registered.	11th May 1889.	25 Aug 1889.	001197
Religious Denomination of Deceased.			
Signature of Registrar.	A. J. Moorhouse	A. J. Moorhouse	A. J. Moorhouse
REMARKS.			
	No. 22	No. 23	No. 24
Name and Surname of Deceased.	Mrs. S. Parau	Andrew Bissette	Isabella Bond.
When died.	Feb. 22nd 1889	Feb. 28th 1889.	10th March 1889.
Sex—Male or Female.	Female	Female	Female
Age.	58	3 months & 10 days	7
Rank or Profession.		Infant	
Where Born.	Ontario 001198	South St. Marie	County of Gray
Certified Cause of Death and duration of Illness.	Bronchitis	Weak strong.	Blood Poisoning
Name of Physician, if any.	Geo. McCullough		Geo. McCullough
Signature, Description and Residence of Informant.	South St. Marie		South St. Marie
When Registered.	Feb. 27th 1889.	2nd March 1889.	11th March
Religious Denomination of Deceased.	English	Catholic	Methodist
Signature of Registrar.	A. J. Moorhouse	A. J. Moorhouse	A. J. Moorhouse
REMARKS.			

I hereby certify the foregoing to be the true and correct copies of all Deaths returned to me for the half year ending December 31st 1889
 Given under my hand, this 1st day of January 1890
 A. J. Moorhouse
 District Registrar of South St. Marie

SCHEDULE C-DEATHS.

District of Maryland

Division of Kent County

	No. 1	No. 2	No. 3
Name and Surname of Deceased.	Jane Kerr	Leticia Elizabeth Holmes.	Ellen C. Bagg
When Died.	4 January 1889.	8th January 1889.	29 Decmbr 1888
Sex—Male or Female.	Female	Female	Female
Age.	37	11 months	10 (100)
Rank or Profession.	Rank Wife		
Where Born.	Ireland 001201	001202	001203
Certified Cause of Death and duration of Illness.	Cholera Buth	Measles.	Consumption
Name of Physician, if any.	None	D. M. Smith	
Signature, Description and Residence of Informant.	Rank Kerr - Kent County	A. J. Holmes Kent County	Sup. Inleton Kent County.
When Registered.	31st January 1889.	18th Feb 1889.	7 March 1889
Religious Denomination of Deceased.	Roman Catholic	Methodist	
Signature of Registrar.	A. J. Moorhouse District Registrar.	A. J. Moorhouse District Registrar.	A. J. Moorhouse District Registrar.
REMARKS.			
	No. 4	No. 5	No. 6
Name and Surname of Deceased.	Kenneth A. Campbell	Rebecca Grand Allman	Frank Hannum Chambers
When Died.	1st April 1889.	7 April 1889	April 1889
Sex—Male or Female.	Male	Female	Male
Age.	24 months		
Rank or Profession.			
Where Born.	Kent County 001204	001205	001206
Certified Cause of Death and duration of Illness.	Cholera Buth	Bronchitis 10 days	Bronchitis 5 days.
Name of Physician, if any.			
Signature, Description and Residence of Informant.	Rebecca Campbell Kent County	J. G. Allman Kent County	F. Chambers Kent County
When Registered.	2 April 1889.	8th April 1889.	16 April 1889.
Religious Denomination of Deceased.	Presbyterian		Church of England
Signature of Registrar.	A. J. Moorhouse District Registrar.	A. J. Moorhouse District Registrar.	A. J. Moorhouse District Registrar.
REMARKS.			

I hereby certify the foregoing to be the true and correct copies of all Deaths returned to me for the half year ending 30 June 1889
 Given under my hand, this 1st day of July 1889
 A. J. Moorhouse
 District Registrar of Kent County

DEATHS

County of _____ Division of _____

	No. 35	No. 36	No. 37
Name of Deceased	Cassidy Isabella	Stewart Duncan	Silver Rena Elizabeth
Sex	Female	Male	Female
Date of Death	April 23 1908	April 20 1908	June 5 1908
Age	48	37	1 1/2 years
Residence, Street No. or Concession and Lot	Dryden	Oxdrift	Dryden
Occupation		Farmer	
Single or Married	Married 026250	Single 026251	Single 026252
Name of Father	Cassidy M.	Stewart Alex	Silver William
Where Born	Bruce co Ont.	Grey Ont.	Dryden
Cause of Death	Lateral Sclerosis	Drowning	Pneumonia
Length of Illness	4 years		2 days
Name of Physician in Attendance	Dr H. L. Blair		Dr H. L. Blair
Religious Denomination	Presbyterian	Presbyterian	Methodist
Name of Person making Return	H. L. Blair	Dr H. L. Blair	H. L. Blair
Date of Registration	April 24 1908	May 18 1908	June 5 1908
Remarks			

	No. 38
Name of Deceased	Zedwick Andrew
Sex	Male
Date of Death	June 22 1908
Age	21
Residence, Street No. or Concession and Lot	J. C. Ry
Occupation	Rock Labourer
Single or Married	Single 026253
Name of Father	
Where Born	Hungary
Cause of Death	Fracture Base of skull
Length of Illness	3 days
Name of Physician in Attendance	Dr J. Brandon
Religious Denomination	R. C.
Name of Person making Return	Dr J. Brandon
Date of Registration	June 22 1908
Remarks	

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the half-year ending _____ day of _____ A.D. 1908
 Division Registrar of _____

County of (2) Raney Run Division of (1) Van Horn Township 187

	No. 39	No. 40
Full Name of Deceased	Harris Hugh Stanley	Hutchison Gertrude Susan
Sex and Race	Male Canadian	Female Canadian
Date of Death	Dec 10 th 1908	Dec 21 1896
Date of Birth	Oct 22 nd 1904	Jan. 23 1995
Age and Place of Birth	Weeks Days Dryden Ont	Years Months Days Minnesota Carlton
Place of Death, City, Town, Village or Concession and Lot	Dryden Ont	Dryden Ont
Occupation		
Single, Widowed, or Divorced	Single 026254	Single 026255
Full name of Father	Charles Wesley Harris	Daniel Hutchison
Birthplace of Father	Bruce county Ont	Bruce County Ont
Maiden Name of Mother	Sarah Harbottle	Catherine A Shields
Birthplace of Mother	Grey county Ont	Bruce co Ont
Name of Physician who attended Deceased	Dr H. L. Blair	H. L. Blair M.D.
Certified by	C. W. Harris	Daniel Hutchison
Address	Dryden Ont	Dryden Ont
Date	Dec. 11 1908	Dec. 21 1908

	Medical Certificate of Death	Medical Certificate of Death	Medical Certificate of Death
Name	Harris Hugh Stanley	Hutchison Gertrude Susan	
From	190	190 8	190
To	Dec 10 th 190 8	Dec 21 190 8	190
That I last saw him alive on	Dec. 10 th 190 8	Dec 21 190 8	190
That the death occurred on	Dec 11 th 190 8	Dec 21 190 8	190
CAUSE OF DEATH			
Primary	Indigestion	Cold after measles	
Duration	Financtive	ten days	
Immediate		Heart failure	
Duration		oil	
Physician's name	H. L. Blair M.D.	H. L. Blair M.D.	
Address	Dryden Ont	Dryden Ont	
Date	Dec 11 th 190 8	Dec 21 190 8	
Remarks			

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter year ending Dec 13 day of January A.D. 1909
 Division Registrar of _____
 A. L. Davis
 Dryden Ont.

SCHEDULE C.-DEATHS.

County of

Division of

No.	No.	No.
Name and Surname of Deceased.		
When Died.		
Sex—Male or Female.		
Age.		
Rank or Profession.		
Where Born.		
Certified Cause of Death and duration of Illness.		
Name of Physician (if any).		
Signature, Description and Residence of Informant.		
When Registered.		
Religious Denomination of Deceased.		
Signature of Registrar.		
REMARKS.		

No.	No.	No.
Name and Surname of Deceased.		
When Died.		
Sex—Male or Female.		
Age.		
Rank or Profession.		
Where Born.		
Certified Cause of Death and duration of Illness.		
Name of Physician (if any).		
Signature, Description and Residence of Informant.		
When Registered.		
Religious Denomination of Deceased.		
Signature of Registrar.		
REMARKS.		

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the half-year ending

Given under my hand, this

day of

Division Registrar

A. D. 18

18

SCHEDULE C.-DEATHS.

County of Rainy River

Division of Keewatin

No. 1	No. 2	No. 3	
Name and Surname of Deceased.	Baby Hall	Baby McKeef	Baby Carrier
When Died.	August 25 th 1896	August 29 th 1896	October 26 th 1896
Sex—Male or Female.	(M)	(M)	(M)
Age.	One day		
Rank or Profession.	Infant		
Where Born.	Keewatin	Keewatin	Keewatin
Certified Cause of Death and duration of Illness.	a cold	Stillborn	Stillborn
Name of Physician (if any).	A. H. Edmison	J. A. & Wilson M.D.	J. A. & Wilson M.D.
Signature, Description and Residence of Informant.	A. H. Edmison Rat Portage	J. A. & Wilson Keewatin	J. A. & Wilson M.D. Keewatin
When Registered.	August 25 th 1896	August 29 th 1896	October 26 th 1896
Religious Denomination of Deceased.	Presbyterian		
Signature of Registrar.	J. J. Cherry	J. J. Cherry	J. J. Cherry
REMARKS.	001154	001155	001156

No. 4	No. 5	
Name and Surname of Deceased.	George McDonald	Lucille Jane McFadden
When Died.	November 14 th 1896	November 29 th 96
Sex—Male or Female.	(M)	(F)
Age.	52 years 5 months 10 th	33 yrs.
Rank or Profession.	Section Foreman	Millers Wife
Where Born.	Glenary	Curritto Rapids.
Certified Cause of Death and duration of Illness.	Cancer 7 months	Peters with vomiting of Pregnancy
Name of Physician (if any).	J. A. & Wilson M.D.	J. A. & Wilson M.D.
Signature, Description and Residence of Informant.	Frank, Sr. Keewatin	J. A. & Wilson Keewatin
When Registered.	November 20 th 1896	December 20 th 96
Religious Denomination of Deceased.	Roman Catholic	Episcopalian
Signature of Registrar.	J. J. Cherry	J. J. Cherry
REMARKS.	001157	001153

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the half-year ending

Given under my hand, this

day of

Division Registrar

A. D. 18 97

18 96

SCHEDULE C-DEATHS.

County of

Division of

No.

No.

No.

Name and Surname of Deceased.

When Died.

Sex—Male or Female.

Age.

Rank or Profession.

Where Born.

Certified Cause of Death and duration of illness.

Name of Physician, (if any).

Signature, Description and Residence of Informant.

When Registered.

Religious Denomination of Deceased.

Signature of Registrar.

REMARKS.

No.

No.

No.

Name and Surname of Deceased.

When Died.

Sex—Male or Female.

Age.

Rank or Profession.

Where Born.

Certified Cause of Death and duration of illness.

Name of Physician, (if any).

Signature, Description and Residence of Informant.

When Registered.

Religious Denomination of Deceased.

Signature of Registrar.

REMARKS.

SCHEDULE C-DEATHS.

County of *DeKalb* Division of *North*

Division of *North*

No. 1

No. 2

No. 3

Name and Surname of Deceased.

When Died.

Sex—Male or Female.

Age.

Rank or Profession.

Where Born.

Certified Cause of Death and duration of illness.

Name of Physician, (if any).

Signature, Description and Residence of Informant.

When Registered.

Religious Denomination of Deceased.

Signature of Registrar.

REMARKS.

001333

001334

001335

No. 4

No. 5

No. 6

Name and Surname of Deceased.

When Died.

Sex—Male or Female.

Age.

Rank or Profession.

Where Born.

Certified Cause of Death and duration of illness.

Name of Physician, (if any).

Signature, Description and Residence of Informant.

When Registered.

Religious Denomination of Deceased.

Signature of Registrar.

REMARKS.

001336

001337

001338

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the half-year ending day of *Jan* 1896

Division Registrar

A.D. 18

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the half-year ending day of *Jan* 1896

Division Registrar.

30 *Jan* 1896

A.D. 1896

McKenry

North

SCHEDULE C.-DEATHS.

County of *District of Maryland* Division of *Nat. City*

No.	No. 8	No. 9
Name and Surname of Deceased. <i>Arad Carlson</i>	<i>Nery Martin</i>	<i>Roma H. Banno</i>
When Died. <i>20th April 1896</i>	<i>4th May 1896</i>	<i>6th May 1896</i>
Sex—Male or Female. <i>Male</i>	<i>Male</i>	<i>Male</i>
Age. <i>Man</i>	<i>34</i>	<i>5 months and 20 days</i>
Rank or Profession. <i>Man</i>	<i>Seaman</i>	<i>Nat. City</i>
Where Born. <i>Sweden</i>	<i>Ireland</i>	<i>Nat. City</i>
Certified Cause of Death and duration of illness. <i>Fell down loose at V Salkin - Man.</i>	<i>Inflammatⁿ of Lungs</i>	<i>Cholera Infantum</i>
Name of Physician (if any). <i>-</i>	<i>D. Mandrell</i>	<i>D. Gunn</i>
Signature, Description and Residence of Informant. <i>Geop. Banno</i>	<i>Geop. Banno</i>	<i>Geop. Banno</i>
When Registered. <i>24 April 1896</i>	<i>5th May 1896</i>	<i>6th May 1896</i>
Religious Denomination of Deceased. <i>Lutheran</i>	<i>Church of Ireland</i>	<i>Episcopal</i>
Signature of Registrar. <i>W. K. B. S. N.</i>	<i>W. K. B. S. N.</i>	<i>W. K. B. S. N.</i>

REMARKS.

001339

001340

001341

No. 10	No. 11	No. 12
Name and Surname of Deceased. <i>Charles M. Wetman</i>	<i>Bethan Jean</i>	<i>Alex. F. Kelt</i>
When Died. <i>5th June 1896</i>	<i>11th June 1896</i>	<i>20th June 1896</i>
Sex—Male or Female. <i>Male</i>	<i>Male</i>	<i>Male</i>
Age. <i>30 years</i>	<i>5 weeks</i>	<i>9 years</i>
Rank or Profession. <i>Christiania Norway</i>	<i>-</i>	<i>Nat. City</i>
Where Born. <i>Man</i>	<i>-</i>	<i>Conn. Ct.</i>
Certified Cause of Death and duration of illness. <i>Fell from shaft at Man.</i>	<i>Pain on the Brain</i>	<i>-</i>
Name of Physician (if any). <i>-</i>	<i>-</i>	<i>-</i>
Signature, Description and Residence of Informant. <i>Geop. Banno</i>	<i>Geop. Banno</i>	<i>Geop. Banno</i>
When Registered. <i>8th June 1896</i>	<i>11th June 1896</i>	<i>22nd June 1896</i>
Religious Denomination of Deceased. <i>Lutheran</i>	<i>P.</i>	<i>Church of Ireland</i>
Signature of Registrar. <i>W. K. B. S. N.</i>	<i>W. K. B. S. N.</i>	<i>W. K. B. S. N.</i>

REMARKS.

001342

001343

001344

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the half-year ending 30 June 1896

Given under my hand, this *first* day of *July* 1896

W. K. B. S. N.
Division Registrar

SCHEDULE C.-DEATHS.

County of *District of Maryland* Division of *Nat. City*

No. 13	No. 14
Name and Surname of Deceased. <i>May G. Young</i>	<i>May G. Young</i>
When Died. <i>24th June 1896</i>	<i>26th June 1896</i>
Sex—Male or Female. <i>Female</i>	<i>Female</i>
Age. <i>22 years</i>	<i>22 years</i>
Rank or Profession. <i>-</i>	<i>-</i>
Where Born. <i>Nat. City</i>	<i>Nat. City</i>
Certified Cause of Death and duration of illness. <i>Still Born</i>	<i>Cholera</i>
Name of Physician (if any). <i>D. Gunn</i>	<i>D. Gunn</i>
Signature, Description and Residence of Informant. <i>Geop. Banno</i>	<i>Geop. Banno</i>
When Registered. <i>24th June 1896</i>	<i>26th June 1896</i>
Religious Denomination of Deceased. <i>Episcopal</i>	<i>Episcopal</i>
Signature of Registrar. <i>W. K. B. S. N.</i>	<i>W. K. B. S. N.</i>

REMARKS.

001345

001346

No.	No.
Name and Surname of Deceased.	
When Died.	
Sex—Male or Female.	
Age.	
Rank or Profession.	
Where Born.	
Certified Cause of Death and duration of illness.	
Name of Physician (if any).	
Signature, Description and Residence of Informant.	
When Registered.	
Religious Denomination of Deceased.	
Signature of Registrar.	

REMARKS.

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the half-year ending 30 June 1896

Given under my hand, this *first* day of *July* 1896

W. K. B. S. N.
Division Registrar

SCHEDULE C.-DEATHS.

County of

Division of

SCHEDULE C.-DEATHS.

County of

Division of

No.	No.	No.
Name and Surname of Deceased.		
When Died.		
Sex—Male or Female.		
Age.		
Rank or Profession.		
Where Born.		
Certified Cause of Death and duration of illness.		
Name of Physician (if any).		
Signature, Description and Residence of Informant.		
When Registered.		
Religious Denomination of Deceased.		
Signature of Registrar.		
REMARKS.		

No. 65	No. 64	No. 61	
Name and Surname of Deceased.	Mary Lunnery	Sarah Emily Bygones	Sarah Ann Davis
When Died.	8 th Nov 1896	11 Nov. 1896	26 Nov 1896
Sex—Male or Female.	Female	Female	Female
Age.	6 months	25	57
Rank or Profession.			
Where Born.	Rat Patoy	Irishman Dist	Illawa
Certified Cause of Death and duration of illness.	Consumption	Bright Disease	Liver Complaint
Name of Physician (if any).	D. Gunn-	D. Gunn-	D. Gunn-
Signature, Description and Residence of Informant.	Geo Barnes	Geo Barnes	Geo Barnes
When Registered.	9 Nov 1896	12 Nov 1896	27 Nov 1896
Religious Denomination of Deceased.	Church of Engl and	Church of England	Anglican
Signature of Registrar.	Mckenryde J. P.	Mckenryde J. P.	Mckenryde J. P.
REMARKS.	001347	001348	001349
No. 66	No. 67	No. 68	
Name and Surname of Deceased.	Ellen Lewis	Olus Carlson	Adrian Child
When Died.	3 rd Dec 1896	7 Dec. 1896	15 Dec 1896
Sex—Male or Female.	Female	Male	Female
Age.	3 years	1 day	3 years
Rank or Profession.			
Where Born.	Rat Patoy	Rat Patoy	Rat Patoy
Certified Cause of Death and duration of illness.	Inflammation of Lungs	Still - Born	Disease of Brain
Name of Physician (if any).	D. Wilson	D. Mardwell	S. Hansen
Signature, Description and Residence of Informant.	Geo Barnes	John Carlson	Re Mckenryde J. P.
When Registered.	4 Dec. 1896	8 Dec 1896	15 Dec 1896
Religious Denomination of Deceased.	Church of England	Methodian	Church of England
Signature of Registrar.	Mckenryde J. P.	Mckenryde J. P.	Mckenryde J. P.
REMARKS.	001350	001351	001352

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the half-year ending

Given under my hand, this

day of

A. D. 189

Division Registrar

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the half-year ending

Given under my hand, this

day of

A. D. 189

Division Registrar

SCHEDULE C-DEATHS.

County of

Division of

No.	No.	No.
Name and Surname of Deceased.		
When Died.		
Sex—Male or Female.		
Age.		
Rank or Profession.		
Where Born.		
Certified Cause of Death and duration of Illness.		
Name of Physician, (if any).		
Signature, Description and Residence of Informant.		
When Registered.		
Religious Denomination of Deceased.		
Signature of Registrar.		
REMARKS.		

No.	No.	No.
Name and Surname of Deceased.		
When Died.		
Sex—Male or Female.		
Age.		
Rank or Profession.		
Where Born.		
Certified Cause of Death and duration of Illness.		
Name of Physician, (if any).		
Signature, Description and Residence of Informant.		
When Registered.		
Religious Denomination of Deceased.		
Signature of Registrar.		
REMARKS.		

I hereby certify the foregoing to be the true and correct copies of all Deaths returned to me for the half year ending

Given under my hand, this

day of

A.D. 1897

Division Registrar

SCHEDULE C-DEATHS.

County of *Way*

Division of *Pat Patoy*

No. 15	No. 16	No. 17	
Name and Surname of Deceased.	<i>Franco Barber</i>	<i>Joe J. Young</i>	<i>Baby Smith</i>
When Died.	<i>30th June 1896.</i>	<i>25th June 1896.</i>	<i>5th July 1896.</i>
Sex—Male or Female.	<i>Female</i>	<i>Female</i>	<i>Female</i>
Age.	<i>-</i>	<i>72.</i>	<i>2</i>
Rank or Profession.	<i>-</i>	<i>-</i>	<i>-</i>
Where Born.	<i>Township of Laek</i>	<i>-</i>	<i>-</i>
Certified Cause of Death and duration of Illness.	<i>Hearting - V</i>	<i>Cholera - V</i>	<i>Convulsions - V</i>
Name of Physician, (if any).	<i>-</i>	<i>D. Gunn</i>	<i>D. Gunn</i>
Signature, Description and Residence of Informant.	<i>Thomas A. Barber</i>	<i>D. Gunn</i>	<i>D. Gunn</i>
When Registered.	<i>1st July 1896</i>	<i>6th July 1896.</i>	<i>8th July 1896</i>
Religious Denomination of Deceased.	<i>Methodist</i>	<i>-</i>	<i>-</i>
Signature of Registrar.	<i>Markenbyder D.N.</i>	<i>Markenbyder D.N.</i>	<i>Markenbyder D.N.</i>
REMARKS.	<i>001365</i>	<i>001366</i>	<i>001367</i>

No. 18	No. 19	No. 20	
Name and Surname of Deceased.	<i>Olaf Alfred England</i>	<i>Mary S. b. Smith</i>	<i>Regina Marchant</i>
When Died.	<i>7th July 1896</i>	<i>5th July 1896</i>	<i>6th July 1896.</i>
Sex—Male or Female.	<i>Male</i>	<i>Female</i>	<i>Male</i>
Age.	<i>2</i>	<i>3 months</i>	<i>1 year</i>
Rank or Profession.	<i>-</i>	<i>-</i>	<i>-</i>
Where Born.	<i>Pat Patoy</i>	<i>Pat Patoy</i>	<i>Pat Patoy</i>
Certified Cause of Death and duration of Illness.	<i>Drowned - V</i>	<i>convulsions - V</i>	<i>Starva - V</i>
Name of Physician, (if any).	<i>D. Edmundson</i>	<i>D. Edmundson</i>	<i>D. Edmundson</i>
Signature, Description and Residence of Informant.	<i>L. O. England</i>	<i>Geop. Barnes</i>	<i>Geop. Barnes</i>
When Registered.	<i>7th July 1896</i>	<i>7th July 1896</i>	<i>9th July 1896.</i>
Religious Denomination of Deceased.	<i>Lutheran</i>	<i>Church of England</i>	<i>Church of England</i>
Signature of Registrar.	<i>Markenbyder D.N.</i>	<i>Markenbyder D.N.</i>	<i>Markenbyder D.N.</i>
REMARKS.	<i>001368</i>	<i>001369</i>	<i>001370</i>

I hereby certify the foregoing to be the true and correct copies of all Deaths returned to me for the half year ending

Given under my hand, this

day of

A.D. 1897

Division Registrar

31st December 1896
Markenbyder
Pat Patoy

SCHEDULE C.-DEATHS.

County of *Ray* Division of *Nat Patoy* No. *33* No. *34* No. *35*

SCHEDULE C.-DEATHS.

County of *Algona* Division of *Day Mills* No. *1* No. *2* No.

Name and Surname of Deceased.	<i>Elizabeth Orr</i>	<i>Agnes Alexandra McLean</i>	<i>Mary Mills</i>
When Died.	<i>4th August 1896</i>	<i>6th Aug^r 1896</i>	<i>20 Oct 1896</i>
Sex—Male or Female.	<i>Female</i>	<i>Male</i>	<i>Female</i>
Age.	<i>53-</i>	<i>1 1/2 years</i>	<i>60</i>
Rank or Profession.		<i>Housewife</i>	
Where Born.	<i>Hamilton</i>	<i>Westford</i>	<i>Collins</i>
Certified Cause of Death and duration of Illness.	<i>Valvular trouble</i>	<i>Inflammation of Bowels</i>	<i>Apoplexy</i>
Name of Physician, (if any).	<i>D. Hanson</i>	<i>D. Gunn</i>	<i>D. Hanson</i>
Signature, Description and Residence of Informant.	<i>Re Guy Brown</i>	<i>Re Guy Brown</i>	<i>R. B. Mills</i>
When Registered.	<i>21 Oct 1896</i>	<i>26 Oct 1896</i>	<i>27 Oct 1896</i>
Religious Denomination of Deceased.	<i>Church of England</i>	<i>Church of England</i>	<i>Presbyterian</i>
Signature of Registrar.	<i>W. H. Harris</i>	<i>W. H. Harris</i>	<i>W. H. Harris</i>
REMARKS.			
	001383	001384	001385
Name and Surname of Deceased.	<i>Mary Alma Speller</i>	<i>Margaret E. Bygones</i>	<i>John Logan</i>
When Died.	<i>26th Oct 1896</i>	<i>6 Nov 1896</i>	<i>1 Nov 1896</i>
Sex—Male or Female.	<i>Female</i>	<i>Female</i>	<i>Male</i>
Age.	<i>1 Month</i>	<i>Child Born</i>	<i>50-</i>
Rank or Profession.			<i>Labourer</i>
Where Born.	<i>Nat Patoy</i>	<i>Nat Patoy</i>	
Certified Cause of Death and duration of Illness.	<i>Infantile Dehility</i>	<i>Still Born</i>	<i>Heart Failure</i>
Name of Physician, (if any).	<i>D. Hanson</i>	<i>D. Gunn</i>	<i>D. Gunn</i>
Signature, Description and Residence of Informant.	<i>Re Father Caher</i>	<i>Joseph J. Bygones</i>	<i>Guy Brown</i>
When Registered.	<i>27 Oct 1896</i>	<i>7 Nov 1896</i>	<i>7 Nov 1896</i>
Religious Denomination of Deceased.	<i>R.C.</i>	<i>Church of England</i>	<i>Presbyterian</i>
Signature of Registrar.	<i>W. H. Harris</i>	<i>W. H. Harris</i>	<i>W. H. Harris</i>
REMARKS.			
	001386	001387	001388

Name and Surname of Deceased.	<i>Euphemia Browning</i>	<i>Soloth Victoria Prids</i>
When Died.	<i>22 April 1893</i>	<i>April 10, 1896</i>
Sex—Male or Female.	<i>Female</i>	<i>Female</i>
Age.	<i>58</i>	<i>20</i>
Rank or Profession.		
Where Born.	<i>Co Lonsack Ont</i>	<i>Co Huron Ont</i>
Certified Cause of Death and duration of Illness.	<i>Heart Disease</i>	<i>Consumption</i>
Name of Physician, (if any).	<i>Dr. W. C. Coit</i>	<i>Dr. W. C. Coit</i>
Signature, Description and Residence of Informant.	<i>George Permitt Parkersin</i>	<i>A. Prids Parkersin</i>
When Registered.	<i>21 March 1896</i>	<i>May 3, 1896</i>
Religious Denomination of Deceased.	<i>Presbyterian</i>	<i>Presbyterian</i>
Signature of Registrar.	<i>W. H. Harris</i>	<i>W. H. Harris</i>
REMARKS.		
	001389	001390
Name and Surname of Deceased.		
When Died.		
Sex—Male or Female.		
Age.		
Rank or Profession.		
Where Born.		
Certified Cause of Death and duration of Illness.		
Name of Physician, (if any).		
Signature, Description and Residence of Informant.		
When Registered.		
Religious Denomination of Deceased.		
Signature of Registrar.		
REMARKS.		

I hereby certify the foregoing to be the true and correct copies of all Deaths returned to me for the half year ending *31st Dec 1896*
 Given under my hand, this *1st day of January* A.D. *1897*
W. H. Harris Division Registrar *Ray Patoy*

I hereby certify the foregoing to be the true and correct copies of all Deaths returned to me for the half year ending *30 June 1896*
 Given under my hand, this *18th day of June* A.D. *1896*
W. H. Harris Division Registrar *Day Mills*

SCHEDULE C.

Count of Algoma

NAME OF DECEASED.	SEX. (M. OR F.)	DATE OF DEATH.	AGE.	RESIDENCE.		OCCUPATION.
				No. of HOUSE OR LOT.	CONCESSION OR STREET.	
Mary Fox	F	June 6 th 1897	40	Frenchman's Head		
Dorcas Fox	F	March 5 th 1897	49 yrs 6 mo	Frenchman's Head		
William Petawawa	M.	May 5 th 1897	5 yrs	Frenchman's Head		
Joseph Fox	M.	Oct. 21 st 1897	2 yrs 8 mos	Frenchman's Head		
Anne Thompson (Sukkooshty)	F	Jan. 15 th 1897	60 yrs	Lac Seul Reserve		
Dick Thomas	M.	Jan. 23 rd 1897	65 yrs	Lac Seul Reserve		Trapper
Elij. Dzewins	F.	Feb. 5 th 1897	45 yrs	Lac Seul Reserve		
Geo. Shabookshy	M.	Feb. 5 th 1897	65 yrs	Lac Seul Reserve		Trapper
Leo Akewance	M.	Feb. 7 th 1897	85 yrs	Lac Seul Reserve		Trapper
John Jakavin	M.	April 24 th 1897	14 yrs	Lac Seul Reserve		Boy
Elizabeth Antoine	F.	Aug. 7 th 1897	16 yrs	Lac Seul Reserve		Girl
Sarah Robert	F.	Dec. 19 th 1897	1 yr.	Lac Seul Reserve		Child
Geo. Sharpe	M.	Nov. 5 th 1897	18 yrs	Lac Seul Reserve		Trapper
Annie Shabookshy	F.	Dec. 8 th 1897	45 yrs	Lac Seul Reserve		woman
Infant Child of John & B. Spurr	M.	Dec. 22 nd 1897	2 days	Lac Seul		Child
John Cromarty (Child - over)	M.	Feb. 10 th 1897	60 yrs	Lac Seul Reserve		Trapper
Mary Bright (Mrs. - over)	F.	Sep. 15 th 1897	10 yrs	Wabuskang Reserve		Girl
William Perrot	M.	June 15 th 1897	19 yrs	Wabuskang Reserve		Trapper

I hereby certify the foregoing to be the true and correct
Given under my hand this twelfth day of

DEATHS.

Division of Algoma Lac Seul Mission.

WHERE BORN.	CAUSE OF DEATH. LENGTH OF ILLNESS.	NAME OF PHYSICIAN IN ATTENDANCE.	RELIGIOUS DENOMINATION.	NAME OF PERSON MAKING RETURN.	DATE OF REGISTRATION.
Sturgeon Lake	La grippe - 3 weeks	None	Ch. of C.	Rev. A. J. Morquey	Feb. 5 th 1898 022184
Frenchman's Head	La grippe	None	Ch. of C.	Rev. A. J. Morquey	Feb. 5 th 1898 022185
Frenchman's Head	La grippe & Consumption	None	Ch. of C.	Rev. A. J. Morquey	Feb. 5 th 1898 022186
Frenchman's Head	Not known	None	Ch. of C.	Rev. A. J. Morquey	Feb. 5 th 1898 022187
Lac Seul	La grippe - one week	None	Ch. of C.	Patrick Godwin	Dec. 31 st 1897 022188
Lac Seul	La grippe - 10 days	None	Ch. of C.	Patrick Godwin	Dec. 31 st 1897 022189
Osaburg	La grippe - 10 days	None	Ch. of C.	Geo. Shabookshy	Dec. 31 st 1897 022190
Lac Seul	La grippe - 2 weeks	None	Ch. of C.	M. McIvor	Dec. 31 st 1897 022191
Lac Seul	La grippe - 3 weeks	None	Ch. of C.	Henry Akewance	Dec. 31 st 1897 022192
Lac Seul	Consumption - 2 yrs	None	Ch. of C.	John Zuercher	Dec. 31 st 1897 022193
Lac Seul	Consumption - 1 yr.	None	Ch. of C.	Patrick Godwin	Dec. 31 st 1897 022194
Lac Seul	Inflammation of the Bowels 3 weeks	None	Ch. of C.	A. J. Pannatque	Dec. 31 st 1897 022195
Lac Seul	Consumption - 1 year	None	Ch. of C.	Robt Sharpe	Dec. 31 st 1897 022196
Osaburg	Inflammation of the Bowels	None	Ch. of C.	Henry Hingman	Dec. 31 st 1897 022197
Lac Seul	Not known	None	Unbaptized	John Young	Dec. 31 st 1897 022198
Osaburg	La grippe - 3 weeks	None	Heathen	Chas. McIvor	Dec. 31 st 1897 022199
Wabuskang	Drowned	None	Ch. of C.	Alen Perrot	Dec. 31 st 1897 022200
Wabuskang	Infln of the Bowels	None	Ch. of C.	Alen Perrot	Dec. 31 st 1897 022201

copy of entries of deaths returned to me.

February A. D. 1898

Signed, Geo. H. Pritchard

Div. Registrar.

SCHEDULE C.

Count of Ramy River

DEATHS.

Division of Rat Portage

NAME OF DECEASED.	SEX. (M. or F.)	DATE OF DEATH.	AGE.	RESIDENCE.		OCCUPATION.	WHERE BORN.	CAUSE OF DEATH. LENGTH OF ILLNESS.	NAME OF PHYSICIAN IN ATTENDANCE.	RELIGIOUS DENOMINATION.	NAME OF PERSON MAKING RETURN.	DATE OF REGISTRATION.
				No. of HOUSE OR LOT.	CORNER OR STREET.							
Simon White Dog	M	1897 Jan 1	1		Rat Portage		White Dog	Brain Fever	D. Hanson	C of B	John Bag	022202
Joseph Alfred Moran	F	1896 Dec 21	1 mo				Rat Portage	Neuritis	"	Rb.	Rev. E. C. Cahill	022203
Pauline St Pierre	F	1897 Jan 5	29			Fisherman	St Hyacinthe	Strained	D. Junne	Rb.		022204
Eliza Ganniff	F	"	15	74		Madam		Ruptured Bowel	"	C of B.	Geo. Barnes	022205
George J. Humble	M	"	15	4 1/2			Rat Portage	Inflammation of Bowels	"	"		022206
Robert James Duggan	M	"	27	10			Blumington	Consumption	D. Hanson	"	John Bag	022207
Edmund Ethel Jantzen	F	"	29	1			Rat Portage	Brucellosis	"	"	Geo. Barnes	022208
William Ely Pearson	M	"	30	6 mo				Malarial Fever	D. Edmondson	M	Ed Pearson	022209
George Walsh	M	July 7	45			Farmer	Ramy River	Excessive use of nitro-glycerine	D. Hanson	"	Geo. Barnes	022210
Matilda Nize	F	"	9	32		Wanted Woman	Germany	Child birth	D. Junne	C of B		022211
Francis Jessie Scott	F	"	12	1 mo			Rat Portage	Jaundice	"	"	A. N. Scott	022212
Horace Wm. Coughlin	M	"	20	5 mo				Brucellosis	"	"	John Coughlin	022213
Worris M. Rae	M	"	28	3 mo				Convulsions	"	"	Geo. Barnes	022214
Arthur W. Johnson	M	March 6	1 yr 1 mo					Brucellosis	D. Chapman	L		022215
John James Morrison	M	Jan 13	5 mo		hungry & tall etc.			Epilepsy	"	C of B	W. Neil Morrison	022216
Annie M. Leach	F	"	9	43		Farmer's wife		Fever three months	"	"	Joseph J. Leach	022217
Annie Dennett	F	March 10	3 days		Woman		Rat Portage	Convulsion 2 days	D. Edmondson	"	Peter Dennett	022218
Jacob Robinson	M	"	14	2				La Grippe	D. Hanson	"	James Robinson	022219
Donald M. Pearson	M	"	14	37				Consumption	D. Macdowell	"	Geo. Ferguson	022220
Robert Donald	M	"	17	6 mo				Inflammation of Lungs	D. Junne	C of B	Joseph Donald	022221
Anna Beatrice Jantzen	F	"	18	11 mo				Brucellosis	"	"	Geo. Barnes	022222
Emile Charon	F	"	"	2 days				Infantile debility	"	Rb.	E. Cahill	022223
Elizabeth Jane Brown	F	"	21	4				Inflammation of meninges with Brain Fever	D. Cane	C of B	Joseph Brown	022224
Alfred Joseph Brown	M	"	29	7 yr 9 days				Inflammation of Lungs	D. Junne	"		022225
Jeremiah Storgard	M	"	25	37			Massachusetts	Liver Complaint	D. Macdowell	Rb.	Geo. Barnes	022226
Amelia Stricket	F	Apr 4	32		Sweden	Wife of G. Stricket	England	Brucellosis	"	C of B.	Geo. Barnes	022227
Matilda Elizabeth Matthe	F	"	5	6 mo			Admission	Neuritis	"	Rb.	John Bag	022228

I hereby certify the foregoing to be the true and correct
Given under my hand this 1st day of

copy of entries of deaths returned to me

Jan 1 A. D. 1898
Signed, John Bag

Div. Registrar.

County of

Division of

County of (2) Rainy River

Division of (11) Rainy River

1909

No.	Surname first	No.	Surname first	No.	Surname first
1					
2					
3					
4					
5					
6					
7					
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15					
16					

No.	Surname first	No.	Surname first	No.	Surname first
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the half-year ending
 Given under my hand, this _____ day of _____ A.D. 1909
 Division Registrar of _____

No.	Surname first	No.	Surname first	No.	Surname first			
1	Allen, Francis Helena	2	Bourgeois, Joseph	3	Bourgeois, Clement			
2	Female, white	4	Male, white	5	Male, white			
3	1 Jan'y 1909	6	30 Dec 1908	7	3 Jan'y 1909			
4	1 Dec 1883	8	30 Dec 1908	9	30 Dec 1908			
5	25, Manitoba	10	Rainy River	11	Rainy River			
6	little street Rainy River	12	Third St Rainy River	13	Third St Rainy River			
7	wife	14	Infant	15	Infant			
8	Married 026232	16	- 026233	17	-			
9	Johnston, Robt. H	18	Bourgeois, Jos	19	Bourgeois, Joseph			
10	Ottawa	20	Not given	21	Not given			
11	Magee, Judith	22	Charbonnault, Rose	23	Charbonnault, Rose			
12	Ottawa	24	Not given	25	Not given			
13	D. Mc Bane	26	D. Mc Bane	27	D. Mc Bane			
14	& Reith Rainy River, Ont	28	G. N. Deslandes Rainy River, Ont	29	G. N. Deslandes Rainy River, Ont			
15	1 Jan'y 1909	30	2 Jan'y 1909	31	4 Jan'y 1909			
<p>Medical Certificate of Death. I hereby certify that I attended the deceased.</p>			<p>Medical Certificate of Death. I hereby certify that I attended the deceased.</p>			<p>Medical Certificate of Death. I hereby certify that I attended the deceased.</p>		
32	Allen, Francis Helena	33	Bourgeois, Joseph	34	Bourgeois, Clement			
35	31 Dec 08	36	30 Dec 1908	37	30 Dec 1908			
38	1 Jan'y 1909	39	30 Dec 1908	40	3 Jan'y 1909			
41	1 Jan'y 1909	42	30 Dec 1908	43	3 Jan'y 1909			
44	1 Jan'y 1909	45	30 Dec 1908	46	3 Jan'y 1909			
47	Acute nephritis	48	Premature birth	49	Premature birth			
50	Several days	51	several hours	52	four days			
53	eclampsia	54	-	55	-			
56	24 hours	57	-	58	-			
59	D. Mc Bane	60	D. Mc Bane	61	D. Mc Bane			
62	Rainy River, Ont	63	Rainy River, Ont	64	Rainy River, Ont			
65	1 Jan'y 1909	66	31 Dec 1908	67	4 Jan'y 1909			

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter year ending 15 Jan'y 1909
 Given under my hand, this 15th day of January A.D. 1909
 Division Registrar of Rainy River.

* N.B.—The reference numbers given are those found in Form 4, to enter in same writing.

DEATHS

County of (2)

Division of (1)

DEATHS

County of (2) *Rainy River*

Division of (1) *Chapelle*

8.	9.	10.	11.	12.	13.	14.	15.	16.							
FULL NAME of Deceased. Initials only not accepted.	Sex, and Race.	Date of Death.	Date of Birth.	Age and Place of Birth.	Place of Death, City, Town, Village or Concession and Lot. If in Hospital, give name, how long deceased was in hospital, and former or usual place of residence.	Occupation.	Single, Widowed, or Divorced.	Full name of Father.	Birthplace of Father.	Maiden Name of Mother.	Birthplace of Mother.	Name of Physician who attended Deceased.	Certified by	Address	Date

8.	9.	10.	11.	12.	13.	14.	15.	16.							
FULL NAME of Deceased. Initials only not accepted.	Sex, and Race.	Date of Death.	Date of Birth.	Age and Place of Birth.	Place of Death, City, Town, Village or Concession and Lot. If in Hospital, give name, how long deceased was in hospital, and former or usual place of residence.	Occupation.	Single, Widowed, or Divorced.	Full name of Father.	Birthplace of Father.	Maiden Name of Mother.	Birthplace of Mother.	Name of Physician who attended Deceased.	Certified by	Address	Date

Medical Certificate of Death.		Medical Certificate of Death.		Medical Certificate of Death.	
I hereby certify that I attended the deceased		I hereby certify that I attended the deceased		I hereby certify that I attended the deceased	
Name.		Name.		Name.	
From	190	From	190	From	190
To	190	To	190	To	190
That I last saw h. alive on	190	That I last saw h. alive on	190	That I last saw h. alive on	190
That the death occurred on	190	That the death occurred on	190	That the death occurred on	190
CAUSE OF DEATH.	190	CAUSE OF DEATH.	190	CAUSE OF DEATH.	190
Primary.		Primary.		Primary.	
Duration.		Duration.		Duration.	
Immediate.		Immediate.		Immediate.	
Duration.		Duration.		Duration.	
Physician's name.		Physician's name.		Physician's name.	
Address.		Address.		Address.	
Date.		Date.		Date.	
Remarks.		Remarks.		Remarks.	

Medical Certificate of Death.		Medical Certificate of Death.		Medical Certificate of Death.	
I hereby certify that I attended the deceased.		I hereby certify that I attended the deceased.		I hereby certify that I attended the deceased.	
Name.		Name.		Name.	
From	1909	From	1909	From	1909
To	1909	To	1909	To	1909
That I last saw h. alive on	1909	That I last saw h. alive on	1909	That I last saw h. alive on	1909
That the Death occurred on	1909	That the Death occurred on	1909	That the Death occurred on	1909
CAUSE OF DEATH.	1909	CAUSE OF DEATH.	1909	CAUSE OF DEATH.	1909
Primary.		Primary.		Primary.	
Duration.		Duration.		Duration.	
Immediate.		Immediate.		Immediate.	
Duration.		Duration.		Duration.	
Physician's name.		Physician's name.		Physician's name.	
Address.		Address.		Address.	
Date.		Date.		Date.	
Remarks.		Remarks.		Remarks.	

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter year ending July day of July A.D. 1909. Division Registrar of Rainy River

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter year ending June 30 day of July A.D. 1909. Division Registrar of Chapelle

*N.B.—The reference numbers given are those found in Form 4, to assist in transcription.

*N.B.—The reference numbers given are those found in Form 4, to assist in transcription.

DEATHS

County of (2) Rainy River Division of (1) Chapple

DEATHS

County of (2) Division of (1)

FULL NAME of Deceased. Initials only not accepted.	Sex, and Race.	Date of Death.	Date of Birth.	Age and Place of Birth.	Place of Death. City, Town, Village, or Dispensary and Loc. If in Hospital, give name, how long deceased was in hospital, and former or usual place of residence.	Occupation.	Single, Widowed, or Divorced.	Full name of Father.	Birthplace of Father.	Maiden Name of Mother.	Birthplace of Mother.	Name of Physician who attended Deceased.	Certified by	Address	Date
1. Stritt, Ruby.	2. Female	3. Apr. 12 th , 1909.	4. May 17 th , 1905	5. 4 yrs. 11 mths.	6. Township ofobie.	7. Farmer's Daughter.	8. Single.	9. Robert Stritt.	10. St. Norman, Co. Grey.	11. Maggie Osborne.	12. St. Norman, Co. Grey.	13. J.H. Bethune, M.D.	14. John Hamilton Stritt.	15. Barwick, Ont.	16. Apr. 3 rd , 1909.
1. Bobin. Baby.	2. Premature Birth.	3. Mar. 27 th , 1909	4. Mar. 27 th , 1909.	5.	6. S.E. 1/4 Sec. 32. Shemston.	7. Farmer.	8. Divorced.	9. Daniel B. Tull.	10. New York U.S.A.	11. Sarah Matilda Bobin.	12. County Bruce, Ont.	13. Dr. Charlton.	14. Geo. Bobin.	15. Shemston, Ont.	16. Apr. 1 st , 1909.
1. Tull, Albert Newcomb.	2. Male. White.	3. Apr. 24 th , 1909.	4. Nov. 25 th , 1848.	5. 68 yrs. 4 mths. 26 days.	6. Barwick Village.	7. Farmer.	8. Divorced.	9. Daniel B. Tull.	10. New York U.S.A.	11. Olive Gray.	12. New York U.S.A.	13. J.H. Bethune, M.D.	14. Daniel B. Tull.	15. Barwick, Ont.	16. Apr. 27 th , 1909.

Medical Certificate of Death. I hereby certify that I attended the deceased.

Medical Certificate of Death. I hereby certify that I attended the deceased.

Medical Certificate of Death. I hereby certify that I attended the deceased.

Name.	From	To	That I last saw h..... alive on	That the Death occurred on	CAUSE OF DEATH. Primary.	Duration.	Immediate.	Duration.	Physician's name.	Address.	Date.	Remarks.
Ruby Stritt.	Apr. 12 th	Apr. 12 th	Apr. 12 th	8.30 a.m. Apr. 12 th	Burns	A few minutes.	Suffocation.	A few minutes.	J.H. Bethune, M.D.	Emo. Ont.	Apr. 3 rd , 1909.	
Albert Newcomb Tull	Apr. 24 th	Apr. 24 th	Apr. 24 th	At a.m. Apr. 24 th	Paralysis	Cerebral Hemorrhage	1 hour or less.		J.H. Bethune, M.D.	Emo. Ont.	Apr. 24 th , 1909.	

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter year ending June 30th 1909 Given under my hand, this July 7th day of July 1909

Division Registrar of Chapple

FULL NAME of Deceased. Initials only not accepted.	Sex, and Race.	Date of Death.	Date of Birth.	Age and Place of Birth.	Place of Death. City, Town, Village, or Dispensary and Loc. If in Hospital, give name, how long deceased was in hospital, and former or usual place of residence.	Occupation.	Single, Widowed, or Divorced.	Full name of Father.	Birthplace of Father.	Maiden Name of Mother.	Birthplace of Mother.	Name of Physician who attended Deceased.	Certified by	Address	Date
1. Vanboughest. Marie Snider.	2. Female, Canadian.	3. May 12 th , 1909.	4. Feb. 7 th , 1849.	5. 60 yrs. 8 mths. 4 days.	6. Portland, Ont.	7. Farmer's Wife.	8. Divorced.	9. Jacob Snider.	10. Ontario.	11. Silaberry.	12. Seabury Harbor, U.S.A.	13. R.M. Charlton, M.D.	14. Hester Cairns.	15. Shemston, Ont.	16. May 14 th , 1909.

Medical Certificate of Death. I hereby certify that I attended the deceased.

Medical Certificate of Death. I hereby certify that I attended the deceased.

Medical Certificate of Death. I hereby certify that I attended the deceased.

Name.	From	To	That I last saw h..... alive on	That the Death occurred on	CAUSE OF DEATH. Primary.	Duration.	Immediate.	Duration.	Physician's name.	Address.	Date.	Remarks.
Peter Vanboughest.	Dec.	May 12 th	May 12 th	May 12 th	Initial Refurgation	Dropy	Five Months.		R.M. Charlton, M.D.	Shemston, Ont.	May 13 th , 1909.	

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter year ending June 30th 1909 Given under my hand, this July 7th day of July 1909

Division Registrar of Chapple

DEATHS

County of (2)

Division of (1)

Surname first.	Surname first.	Surname first.
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
6.	6.	6.
7.	7.	7.
8.	8.	8.
9.	9.	9.
10.	10.	10.
11.	11.	11.
12.	12.	12.
13.	13.	13.
14.	14.	14.
15.	15.	15.
16.	16.	16.

Medical Certificate of Death.
I hereby certify that I attended the deceased.

Medical Certificate of Death.
I hereby certify that I attended the deceased.

Medical Certificate of Death.
I hereby certify that I attended the deceased.

Name.	From	To	That I last saw h..... alive on	That the Death occurred on	CAUSE OF DEATH.	Primary.	Duration.	Immediate.	Duration.	Physician's name.	Address.	Date.	Remarks.
		190	190	190	190	190							

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter year ending
Given under my hand, this day of

Division Registrar of

A.D. 190

*N.B.—The reference numbers given in this form should be filled in Form 5, to which it relates.

Schedule D.

DEATHS

County of (2)

Division of (1)

Surname first.	Surname first.	Surname first.
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
6.	6.	6.
7.	7.	7.
8.	8.	8.
9.	9.	9.
10.	10.	10.
11.	11.	11.
12.	12.	12.
13.	13.	13.
14.	14.	14.
15.	15.	15.
16.	16.	16.

Medical Certificate of Death.
I hereby certify that I attended the deceased.

Medical Certificate of Death.
I hereby certify that I attended the deceased.

Medical Certificate of Death.
I hereby certify that I attended the deceased.

Name.	From	To	That I last saw h..... alive on	That the Death occurred on	CAUSE OF DEATH.	Primary.	Duration.	Immediate.	Duration.	Physician's name.	Address.	Date.	Remarks.
Sim, Barbara	Spring	190	190	190	190	190				F.H. Bethune, M.D.	Paris, Ont.	Aug. 15 th , 1909.	
Saunders, Baby		190	190	190	190	190						Sept. 20 th , 1909.	Child died of convulsions, a few hours after birth. No physician in attendance.

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter year ending
Given under my hand, this day of

Division Registrar of

A.D. 190

*N.B.—The reference numbers given in this form should be filled in Form 5, to which it relates.

DEATHS

County of (2)

Division of (1)

FULL NAME of Deceased. Initials only not accepted.	3. <i>Walter Neal</i>	4. <i>Lainy Elizabeth Frances</i>	5. <i>Law Irene</i>
Sex, and Race.	4. <i>Male (English Canadian)</i>	4. <i>Female, Canadian</i>	4. <i>Female</i>
Date of Death.	5. <i>February 13th 1909</i>	5. <i>Febry 17th 1909</i>	5. <i>Mar. 14 - 1909</i>
Date of Birth.	6. <i>August 15th 1880</i>	6. <i>Jan. 26th 1859</i>	6. <i>Jan. 6. 1904</i>
Age and Place of Birth.	7. <i>28 years 5 months 29 days</i>	7. <i>50 yrs. 21 day</i>	7. <i>5 yrs. 2 mths. 8 day</i>
Place of Death, City, Town, Village or Concession and Lot. If in Hospital, give name, how long deceased was in hospital, and former or usual place of residence.	8. <i>Fort Frances</i>	8. <i>Fort Frances</i>	8. <i>Fort Frances</i>
Occupation.	9. <i>storekeeper 025384</i>	9. <i>025385</i>	9. <i>025386</i>
Single, Widowed, or Divorced.	10. <i>Married</i>	10. <i>Married</i>	10. <i>Single</i>
Full name of Father.	11. <i>William Neal</i>	11. <i>Findlay McFarlane</i>	11. <i>Patrick Law</i>
Birthplace of Father.	12. <i>Township of St. Charles</i>	12. <i>Scotland</i>	12. <i>Rouses point W.S.</i>
Maiden Name of Mother.	13. <i>Margaret Mary</i>	13. <i>Frances Lewis</i>	13. <i>Kate Poole</i>
Birthplace of Mother.	14. <i>Listowel Ontario</i>	14. <i>Simcoe Co. Cookstown</i>	14. <i>Carlton Place</i>
Name of Physician who attended Deceased.	15. <i>Robert Moore M.D.</i>	15. <i>Dr. Moore</i>	15. <i>Dr. Moore</i>
Certified by	<i>W. J. Clark</i>	<i>K. W. Campbell</i>	<i>Fort Patrick Law</i>
Address	<i>Fort Frances, Ont.</i>	<i>Fort Frances, Ont.</i>	<i>Fort Frances, Ont.</i>
Date	16. <i>February 15th 1909</i>	16. <i>Febry. 17th 1909</i>	16. <i>Mar. 18 - 09</i>

Medical Certificate of Death. I hereby certify that I attended the deceased

Medical Certificate of Death. I hereby certify that I attended the deceased

Medical Certificate of Death. I hereby certify that I attended the deceased

Name.	<i>Neal, Walter</i>	<i>Lainy Mrs Elizabeth Frances</i>	<i>Law Irene</i>
From	<i>July 1908</i>	<i>Nov. 1908</i>	<i>17-2-09 190</i>
To	<i>Feb. 13th 1909</i>	<i>Feb. 1909</i>	<i>Mar 14th 1909</i>
That I last saw him alive on	<i>February 13th 1909</i>	<i>Febry. 16th 1909</i>	<i>14-3-09 190</i>
That the death occurred on	<i>February 13th 1909</i>	<i>Febry 17th 1909</i>	<i>14-3-09 190</i>
CAUSE OF DEATH.	<i>Rheumatism - Heart Disease</i>	<i>Bright's Disease + Heart Disease</i>	<i>while child was playing with matches burned by clothes taking fire</i>
Primary.	<i>72 mths R. - H.D. 10 mths</i>	<i>?</i>	<i>25 days</i>
Duration.	<i>Heart Disease</i>	<i>Heart Failure</i>	
Immediate.			
Duration.			
Physician's name.	<i>Robt. Moore M.D.</i>	<i>Robt. Moore M.D.</i>	<i>Robt. Moore M.D.</i>
Address.	<i>Fort Frances, Ont.</i>	<i>Fort Frances, Ont.</i>	<i>Fort Frances Ont.</i>
Date.	<i>February 15th 1909.</i>	<i>17-2-09</i>	<i>Mar 16 - 09</i>
Remarks.			

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter year ending Given under my hand, this day of A.D. 1909

Division Registrar of

*N.B.-The reference numbers given are those found in Form 4, to which in transcribing.

DEATHS

Dist County of (2) Rainy River

Division of (1) Fort Frances

FULL NAME of Deceased. Initials only not accepted.	3. <i>O'Donnell John</i>	3. <i>Malloy Christine</i>	3. <i>Baker Albert</i>
Sex, and Race.	4. <i>Male, Irish</i>	4. <i>Female, White</i>	4. <i>Male</i>
Date of Death.	5. <i>Mar. 31st 1909.</i>	5. <i>April 25 1909</i>	5. <i>April 28/09</i>
Date of Birth.	6. <i>Mar - 1855</i>	6. <i>October 11 - 1846</i>	6. <i>November - 1879</i>
Age and Place of Birth.	7. <i>54 - Quebec</i>	7. <i>62 yrs. 6 mths. 14 days</i>	7. <i>30 yrs. Orillia Ont.</i>
Place of Death, City, Town, Village or Concession and Lot. If in Hospital, give name, how long deceased was in hospital, and former or usual place of residence.	8. <i>son of Fort Frances in palace hotel two days above hotel</i>	8. <i>Biddeson's Farm</i>	8. <i>Fort Frances Hospital</i>
Occupation.	9. <i>Home Steading</i>	9. <i>lumberman</i>	9. <i>lumberman</i>
Single, Widowed, or Divorced.	10. <i>Single 025387</i>	10. <i>Married 025388</i>	10. <i>Single 025389</i>
Full name of Father.	11. <i>John O'Donnell</i>	11. <i>Donald Stewart</i>	11. <i>Daniel Baker.</i>
Birthplace of Father.	12. <i>Limerick, Ireland</i>	12. <i>Prince Edward Island</i>	12. <i>Jimmie McDonald</i>
Maiden Name of Mother.	13. <i>Catherine Sheppard</i>	13. <i>Dr. Moore P. E. Island</i>	13. <i>Elizabeth Mc Govern</i>
Birthplace of Mother.	14. <i>Limerick, Ireland</i>	14. <i>Edward Malloy</i>	14. <i>Edward Malloy</i>
Name of Physician who attended Deceased.	15. <i>Dr. Moore was called after death</i>	15. <i>Dr. Moore</i>	15. <i>D. G. McKenzie</i>
Certified by	<i>W. O'Donnell</i>	<i>Edward Malloy</i>	<i>Tred Baker</i>
Address	<i>Fort Frances, Ont.</i>	<i>Fort Frances, Ont</i>	<i>Huntsville, Ont</i>
Date	16. <i>31-3-09</i>	16. <i>April 27 - 1909</i>	16. <i>April 28/09</i>

Medical Certificate of Death. I hereby certify that I attended the deceased.

Medical Certificate of Death. I hereby certify that I attended the deceased.

Medical Certificate of Death. I hereby certify that I attended the deceased.

Name.	<i>John O'Donnell</i>	<i>Malloy Christine</i>	<i>Baker, Albert</i>
From	<i>found him dead</i>	<i>April 16th</i>	<i>March 28 1909</i>
To	<i>at the Palace hotel</i>	<i>April 24 1909</i>	<i>April 28 1909</i>
That I last saw him alive on	<i>Fort Frances Ont</i>	<i>her, April 23 1909</i>	<i>April 28 1909</i>
That the Death occurred on	<i>31st. March 1909</i>	<i>April 25 1909</i>	<i>April 28 1909</i>
CAUSE OF DEATH.	<i>Diarrhoea Exaggerated by lack of nourishment 2 1/2 to 3 days</i>	<i>Heart Disease</i>	<i>Dysphoid Fever</i>
Primary.	<i>Heart Failure</i>		<i>5 weeks</i>
Duration.			<i>inflammation of brain</i>
Immediate.			<i>3 weeks</i>
Duration.			
Physician's name.	<i>Robert Moore M.D.</i>	<i>Robert Moore M.D.</i>	<i>D. G. McKenzie</i>
Address.	<i>Fort Frances Ont</i>	<i>Fort Frances, Ont</i>	<i>Fort Frances, Ont</i>
Date.	<i>31-3-09</i>	<i>April 26 - 1909.</i>	<i>April 29 1909</i>
Remarks.			

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter year ending Given under my hand, this day of A.D. 1909

Division Registrar of

*N.B.-The reference numbers given are those found in Form 4, to which in transcribing.

DEATHS

County of (2) *Rainy River* Division of (1) *Lavallee*

1	FULL NAME of Deceased. Initials only not accepted.	<i>McLeod Alexander</i>
2	Sex, and Race.	<i>Male, Scotch</i>
3	Date of Death.	<i>Dec 23rd 1909</i>
4	Date of Birth.	
5	Age and Place of Birth.	<i>60 yrs Scotland</i>
6	Place of Death, City, Town, Village, or Concession and Lot. If in Hospital, give name, here long deceased was an inmate, and former or usual place of residence.	<i>South West 1/4 Section 8, Devlin Sp</i>
7	Occupation.	<i>Farmer</i>
8	Single, Widowed, or Divorced.	<i>025529</i>
9	Full Name of Father.	<i>Murdoch McLeod</i>
10	Birthplace of Father.	
11	Maiden Name of Mother.	
12	Birthplace of Mother.	
13	Name of Physician who attended Deceased.	<i>D^r J. H. Bethune</i>
14	Certified by	<i>Angus McLeod</i>
15	Address	<i>Bore Alder, Ont</i>
16	Date	<i>Dec 25th 1909</i>

Medical Certificate of Death.
I hereby certify that I attended the deceased.

Medical Certificate of Death.
I hereby certify that I attended the deceased.

Medical Certificate of Death.
I hereby certify that I attended the deceased.

Name.			
From	100	100	100
To	100	100	100
That I last saw him..... alive on	100	100	100
That the Death occurred on	100	100	100
CAUSE OF DEATH.			
Primary.			
Duration.			
Immediate.			
Duration.			
Physician's name.			
Address.			
Date.			
Remarks.			

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter year ending *December 31 1909* A.D. 19*10*
Given under my hand, this *third* day of *January*
Arthur Cooke Division Registrar of *Lavallee*

*N.B.—The reference numbers given are those found in Form 6, to assist in transcribing.

DEATHS

County of (2)

Division of (1)

Surname first	Surname first	Surname first
FULL NAME of Deceased. Initials only not accepted.		
Sex, and Race.		
Date of Death.		
Date of Birth.		
Age and Place of Birth.		
Place of Death, City, Town, Village or Concession and Lot. If in Hospital, give name, how long deceased was on grounds, and former or usual place of residence.		
Occupation.		
Single, Widowed, or Divorced.		
Full name of Father.		
Birthplace of Father.		
Maiden Name of Mother.		
Birthplace of Mother.		
Name of Physician who attended Deceased.		
Certified by		
Address		
Date		
Medical Certificate of Death. I hereby certify that I attended the deceased	Medical Certificate of Death. I hereby certify that I attended the deceased	Medical Certificate of Death. I hereby certify that I attended the deceased
Name		
From	190	190
To	190	190
That I last saw him... alive on	190	190
That the death occurred on	190	190
CAUSE OF DEATH. Primary.		
Duration.		
Immediate.		
Duration.		
Physician's name.		
Address.		
Date.		
Remarks.		

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter year ending Given under my hand, this day of A. D. 190

* N.B.—The reference numbers given are those found in Form 4 to be used in transcribing.

Division Registrar of

DEATHS

County of (2) Rainy River

Division of (1) Rainy River

Surname first	Surname first	Surname first
FULL NAME of Deceased. Initials only not accepted.	Sinclair, Edward	Sinclair, Mary Jane
Sex, and Race.	Male, Half-breed	Female, Half-breed
Date of Death.	20 Feby 1909	22 Jan'y 1909
Date of Birth.	13 Oct 1884	1 Oct 1909
Age and Place of Birth.	24 yrs not given	3 mos Rainy River
Place of Death, City, Town, Village or Concession and Lot. If in Hospital, give name, how long deceased was on grounds, and former or usual place of residence.	River Avenue Rainy River	Town of Rainy River
Occupation.	Laborer	Infant
Single, Widowed, or Divorced.	Married 025534	025535
Full name of Father.	Sinclair, George	Sinclair, Edw'd Geo
Birthplace of Father.	Delkerk Man	Rainy River
Maiden Name of Mother.	McLoud Jane	Johnson, Nellie
Birthplace of Mother.	Rainy River Dist.	Rainy River
Name of Physician who attended Deceased.	D. Mc Bane	A. A. Mc Brimmer
Certified by	J. Lofthouse	J. Lofthouse
Address	Rainy River	Rainy River
Date	22 Feby 1909	23 Feby 1909
Medical Certificate of Death. I hereby certify that I attended the deceased	Medical Certificate of Death. I hereby certify that I attended the deceased	Medical Certificate of Death. I hereby certify that I attended the deceased
Name	Sinclair Edward	Sinclair, Mary Jane
From	13 Feby 1909	no physician in attendance
To	20 Feby 1909	25 Jan'y 1909
That I last saw him... alive on	19 Feby 1909	25 Jan'y 1909
That the death occurred on	20 Feby 1909	27 Jan'y 1909
CAUSE OF DEATH. Primary.	Tuberculosis	Bronchitis
Duration.	one year	2 months
Immediate.	General weakness	Inflammation of lungs
Duration.	two weeks	1 week
Physician's name.	D. Mc Bane	A. A. Mc Brimmer
Address.	Rainy River, Ont	Rainy River
Date.	20 Feby 1909	23 Jan'y 1909
Remarks.		Abscess of neck

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter year ending Given under my hand, this day of A. D. 190

* N.B.—The reference numbers given are those found in Form 4 to be used in transcribing.

Division Registrar of

DEATHS

County of (2) Rainy River Division of (1) Rainy River

Surname Init.	Surname Init.	Surname Init.
Jenkins, John Kenneth	Mydanuk, Bohdan	Sinclair, Mary Margaret Kathleen
Male, Canadian	Male, White	Female, Half-breed
5 Aug 1909	10 Aug 1909	23 Aug 1909
7 June 1908	16 March 1909	14 Sept 1908
1 yr, 1 month, Rainy River	4 mos, 25 days Rainy River	10 months, Rainy River
3rd St, Rainy River	6th St, Rainy River	Water Street Rainy River
Infant	Infant	Infant
025549	025519	025550
Jenkins John Tho	Mydanuk, Antone	Sinclair, William
Bricby Hill, Ont	Skala, Austria	Rainy River District
Chapman Ada	Beroytnyck, Paulina	Howell Lottis
Toronto, Ont	Skala, Austria	Sault Ste Marie, Ont
D. Mc Bane	A. Murdoch	D. Mc Bane
John J. Jenkins	Antone Mydanuk	William Sinclair
Rainy River	Rainy River	Rainy River
5 Aug 1909	10 Aug 1909	24 Aug 1909

Name	From	To	That I last saw h. alive on	That the Death occurred on	CAUSE OF DEATH.	Primary.	Duration.	Immediate.	Duration.	Physician's name.	Address.	Date.	Remarks.
Jenkins, John Kenneth	24 July 1909	5 August 1909	4 August 1909	5 August 1909	Enteric colitis	Enteric colitis	Two weeks	Acute spinal meningitis	5 days	D. Mc Bane	Rainy River.	5 Aug 1909	
Mydanuk	10 August 1909	11 August 1909	10 August 1909	11 August 1909	Summer diarrhoea	Summer diarrhoea	Five days			A. Murdoch	Rainy River.	11 Aug 1909	did not attend patient but am satisfied as to the cause of death
Sinclair, Mary Margaret Kathleen	23 August 1909	23 August 1909	23 August 1909	11.15 P.M. 23 August 1909	Summer diarrhoea	Summer diarrhoea	Ten days	Cholera Infantum	Two days	D. Mc Bane	Rainy River	24 Aug 1909	700

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter year ending 30 Sept 1909 Given under my hand, this 30 Sept 1909 day of October A.D. 1909 Division Registrar of Rainy River.

DEATHS

County of (2) Rainy River Division of (1) Rainy River

Surname Init.	Surname Init.	Surname Init.
Andrew, Mary	Murdoch, Grace Beatrice	Bourre, John Edward
Female, White	Female, White	Male, White
26 August 1909	27 Aug 1909	16 Sept 1909
March 1903	7 Dec 1908	20 Aug 1909
4 yrs 5 mos, Warroad Minn.	8 months, 20 days, Rainy R.	27 days
Rainy River	3rd Street Rainy River	Atwood Avenue Rainy River
Child	Infant	Infant
025551	025552	025553
Andrew, James	Murdoch, Alex	Bourre August
Rainy River	Breefield, Ont	London, Ont
Grace Emma	Brome, Jeanette	Bourington, Marion
Warroad	Glasgow, Scotland	London, Ont
D. Mc Bane	A. Murdoch	D. Mc Bane
Philip Godin	A. Murdoch	A. Bourre
Rainy River	Rainy River	Rainy River
26 Aug 1909	28 Aug 1909	16 Sept 1909

Name	From	To	That I last saw h. alive on	That the Death occurred on	CAUSE OF DEATH.	Primary.	Duration.	Immediate.	Duration.	Physician's name.	Address.	Date.	Remarks.
Andrew, Mary	9 Aug 1909	26 Aug 1909	18 Aug 1909	11 A.M. 26 Aug 1909	Tubercular meningitis	Tubercular meningitis	3 weeks	Tubercular meningitis	3 weeks	D. Mc Bane	Rainy River	27 Aug 1909	
Murdoch, Grace Beatrice	27 Aug 1909	27 Aug 1909	27 Aug 1909	27 Aug 1909	Diarrhoea	Diarrhoea	Twelve days	Broncho pneumonia	36 hours	A. Murdoch	Rainy River	30 Aug 1909	
Bourre, John Edward	20 August 1909	16 Sept 1909	16 Sept 1909	16 Sept 1909	Gastritis	Gastritis	27 days	Enteritis	8 days	D. Mc Bane	Rainy River	16 Sept 1909	

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter year ending 30 Sept 1909 Given under my hand, this 30 Sept 1909 day of October A.D. 1909 Division Registrar of Rainy River.

*N.B.—The reference numbers given are those found in Form 4, to make in case of error.

DEATHS

County of (2)

Division of (1)

FULL NAME of Deceased. Initials only not accepted.	Surname first.	Surname first.	Surname first.
1.	2.	3.	4.
Sex, and Race.			
5.			
Date of Death.			
6.			
Date of Birth.			
7.			
Age and Place of Birth.			
8.			
Place of Death, City, Town, Village, or Corporation and Lot. If in Hospital, give name, how long deceased was in hospital, and former or usual place of residence.			
9.			
Occupation.			
10.			
Single, Widowed, or Divorced.			
11.			
Full name of Father.			
12.			
Birthplace of Father.			
13.			
Maiden Name of Mother.			
14.			
Birthplace of Mother.			
15.			
Name of Physician who attended Deceased.			
16.			
Certified by			
Address			
Date			

Medical Certificate of Death. I hereby certify that I attended the deceased.	Medical Certificate of Death. I hereby certify that I attended the deceased.	Medical Certificate of Death. I hereby certify that I attended the deceased.	Medical Certificate of Death. I hereby certify that I attended the deceased.
Name.			
From	190	190	190
To	190	190	190
That I last saw h..... alive on	190	190	190
That the Death occurred on	190	190	190
CAUSE OF DEATH.			
Primary.			
Duration.			
Immediate.			
Duration.			
Physician's name.			
Address.			
Date.			
Remarks.			

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter year ending
Given under my hand, this _____ day of _____ A.D. 1909
Division Registrar of _____

DEATHS

County of (2) Rainy River

Division of (1) Rainy River

FULL NAME of Deceased. Initials only not accepted.	Surname first.	Surname first.	Surname first.
1.	2.	3.	4.
Sex, and Race.			
5.			
Date of Death.			
6.			
Date of Birth.			
7.			
Age and Place of Birth.			
8.			
Place of Death, City, Town, Village, or Corporation and Lot. If in Hospital, give name, how long deceased was in hospital, and former or usual place of residence.			
9.			
Occupation.			
10.			
Single, Widowed, or Divorced.			
11.			
Full name of Father.			
12.			
Birthplace of Father.			
13.			
Maiden Name of Mother.			
14.			
Birthplace of Mother.			
15.			
Name of Physician who attended Deceased.			
16.			
Certified by			
Address			
Date			

Medical Certificate of Death. I hereby certify that I attended the deceased.	Medical Certificate of Death. I hereby certify that I attended the deceased.	Medical Certificate of Death. I hereby certify that I attended the deceased.	Medical Certificate of Death. I hereby certify that I attended the deceased.
Name.	Woodcock, Thos.	Lockhart, Louis	Norris, Edwin Chas
From	190	190	190
To	190	190	190
That I last saw h..... alive on	2	190	190
That the Death occurred on	2 Oct 1909	2 Oct 1909	2 Nov 1909
CAUSE OF DEATH.			
Primary.	Railway Accident	Railway Accident	gunshot wound on abdomen
Duration.			Seven hours
Immediate.	Scalding	Scalding	gunshot wound
Duration.			Seven hours.
Physician's name.	A.A. McBurnion Coroner	A.A. McBurnion Coroner	D. McBane
Address.	Rainy River	Rainy River	Rainy River Ont
Date.	2 Oct. 1909	4 Oct. 1909	3 Nov 1909
Remarks.			

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter year ending
Given under my hand, this _____ day of _____ A.D. 1909
Division Registrar of _____

*B. - The reference numbers given are those used in Form 4, to assist in transcription.

DEATHS

County of (2)

Division of (1)

FULL NAME of Deceased. Initials only not accepted.	Surname first	Surname first	Surname first
Benoit Dan	Charles Edward Woods	Alfred F. Russell	
M. French	Male	Male	
Feb. 21 - 1910	March 17th 1910	March 15th 1910	
	September 14th 1909	June 12th 1860	
2+	6 months 2 days	age 57 years Newcastle N.S.	
Fort Frances	Fort Frances	Hospital Fort Frances	
Farmer		Blacksmith	
Single	027063	027064	027065
Francis Benoit		Daniel Russell	
Lubeck		Canada	
Agnes Woods		Jane Forth	
Fort Frances		Canada	
Dr. Mc Kenzie	Wm Moore	Dr. McKenzie	
G.H. Graham	Agnes Woods	Jos A E. Russell	
Fort Frances	Fort Frances out	Antigua Wis.	
Feb 21 - 1910	March 19th 1910	March 15th 1910	
Medical Certificate of Death. I hereby certify that I attended the deceased.	Medical Certificate of Death. I hereby certify that I attended the deceased.	Medical Certificate of Death. I hereby certify that I attended the deceased.	
Name: Benoit Dan	Name: Charles Edward Woods	Name: Alfred F. Russell	
From: Feb. 21 - 10:30 a.m.	From: Affli Death at 12:10 P.M. March 17th	From: March 15th 1910	
To: Feb 21 - 12	To: March 17th	To: March 15th	
That I last saw him alive on: Feb 21	That I last saw him alive on: March 17th	That I last saw him alive on: March 15th	
That the Death occurred on: Feb 21	That the Death occurred on: March 17th	That the Death occurred on: March 15th	
CAUSE OF DEATH: Primary: accident - Crushing pelvic bones	CAUSE OF DEATH: Primary: Convulsions	CAUSE OF DEATH: Primary:	
Duration: 3 hours	Duration:	Duration:	
Immediate: spinal cord + sublethal hemorrhage bones pressing on lower end of	Immediate:	Immediate:	
Physician's name: D.G. Mc Kenzie	Physician's name: Robt Moore M.D.	Physician's name:	
Address: Fort Frances	Address: Fort Frances out	Address:	
Date: Feb. 21 - 1910	Date: March 17th - 3 - 1910	Date:	

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending...

*N.B.-The reference numbers given are those found in Form 4, to which it is referred.

DEATHS

County of (2)

Division of (1) Rainy River Fort Frances

FULL NAME of Deceased. Initials only not accepted.	Surname first	Surname first	Surname first
Winters Jimmie	Wattie Jennette		
Female Yushman	Female		
May 20th 1910	May 29th day 1910		
December 25th 1898	May 14th day 1910		
21 years Polk Centre Minnesota	15 days Fort Frances		
Fort Frances out	Fort Frances		
Hotel Servant			
Married	027068		
John Helm	James Wells Wattie		
Germany	Germany		
Eliza Tarsie	Esmeront J. Greg W		
Germany	Jennette Stewart		
Dr. Johnston + Moore	Bortmann		
Wm R. Moore	Wm R. Moore		
Fort Frances out	Fort Frances		
May 21st 1910	June 2nd 1910		
Medical Certificate of Death. I hereby certify that I attended the deceased.	Medical Certificate of Death. I hereby certify that I attended the deceased.	Medical Certificate of Death. I hereby certify that I attended the deceased.	
Name: Winters Jimmie	Name: Prokshety Drichails	Name: Infant daughter of Jas Wattie	
From: May 14th	From: 17th November 1909	From: 21st day of May 1910	
To: May 20th	To: 21st Nov	To: 29th day of May 1910	
That I last saw her alive on: May 20th day	That I last saw her alive on: 21st Nov	That I last saw her alive on: 29th day of May 1910	
That the Death occurred on: 20th day of May	That the Death occurred on: 21st Nov	That the Death occurred on: 29th day of May 1910	
CAUSE OF DEATH: Primary: Pelvic Inflammation	CAUSE OF DEATH: Primary: Tuberculosis of Bones	CAUSE OF DEATH: Primary: Prematurity	
Duration: about two weeks	Duration: over months	Duration:	
Immediate:	Immediate: Extreme tympanites	Immediate:	
Physician's name: Hugh H. Johnston M.D.	Physician's name: Dr. McKenzie	Physician's name: Robt. Moore M.D.	
Address: Fort Frances out	Address: Fort Frances out	Address: Fort Frances out	
Date: May 20th day 1910	Date: May 14th 1910	Date: May 29th 1910	

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter year ending...

*N.B.-The reference numbers given are those found in Form 4, to which it is referred.

DEATHS

County of (2) Division of (1)

Surname first		Surname first		Surname first	
Eva Madeline Smith		Alfred Jackson			
Female		Male, English			
June 25/10.		June 29/10.			
Aug. 23, 1909.		June			
10 mths. & 2 days		31 years			
Fort Frances, Ont.					
Home - Ft. F.		Ft. Frances			
		Agent. C.M.R.			
027069		Married 027070			
Henry Smith		Thos. Jackson			
North St. Andrews, Man.					
Mary Ellen Folster					
North St. Andrews, Man.					
Dr. Johnston		Hugh W. Johnston			
Henry Smith		Rev. M. Doyle, B.D.			
Fort Frances, Ont.		Fort Frances, Ont.			
June 25, 1910		June 30, 1910.			
Medical Certificate of Death.		Medical Certificate of Death.		Medical Certificate of Death.	
I hereby certify that I attended the deceased.		I hereby certify that I attended the deceased.		I hereby certify that I attended the deceased.	
Eva Madeline Smith		Alfred Jackson			
From June 20 1910		From April 17 1910			
To June 24 1910		To June 29 1910			
That I last saw h. alive on June 24 1910		That I last saw h. alive on June 29 1910			
That the Death occurred on June 25 1910		That the Death occurred on June 29 1910			
CAUSE OF DEATH. Primary. Measles & Enteritis		CAUSE OF DEATH. Primary. Tuberculosis			
Duration. About two weeks		Duration. Indefinite			
Immediate. Convulsion		Immediate. Haemorrhage			
Duration.		3 hours			
Physician's name. Hugh W. Johnston		Physician's name. Hugh W. Johnston			
Address. Fort Frances, Ont.		Address. Fort Frances, Ont.			
Date. June 25/10.		Date. June 30/10.			

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter year ending Given under my hand, this day of Division Registrar of A.D. 1910

*N.B.—The reference numbers given are those found in Form 4, to which in transcribing.

DEATHS

County of (2) Rainy River Division of (1) Fort-Frances

Surname first		Surname first		Surname first	
Fisher Anniel Stein		Barr Annie Alice			
Female		Female		Female	
April 24th 1910		May 13th day 1910		18th day of May 1910	
April 15th day 1909		May 28th day 1876		18th day of May 1910	
1 year and 9 days. Bruce, Wis.		34 years Province Quebec		Fort Frances	
Township of Wallon, Rocky Mts.		Township of Fort Frances, Ont.			
027071		027072		027073	
John Fisher		Polvi P. Elliott			
Spice, Germany		Balk			
Bessie Dearman		Oliver S. Panton			
Leona Wis.		Winnipeg			
R. C. MacKenzie M.D.		Robert Moore M.D.		Robert Moore M.D.	
John Fisher		James Clarence Barr		Polvi P. Elliott	
Fort Frances Ont.		Fort Frances		Fort Frances Ont.	
April 25th 1910		14th day of May 1910		May 18th 1910	
Medical Certificate of Death.		Medical Certificate of Death.		Medical Certificate of Death.	
I hereby certify that I attended the deceased.		I hereby certify that I attended the deceased.		I hereby certify that I attended the deceased.	
Fisher Anniel		Barr Annie Alice		Elliott	
From 24th April 1910 to April 24th 1910		From March 15th 1910 to May 13th 1910		From 18th 1910	
To April 24th 1910		To May 11th 1910		To May 18th 1910	
That I last saw h. alive on April 23rd day 1910		That I last saw h. alive on May 11th 1910		That I last saw h. alive on May 18th 1910	
That the Death occurred on the 24th day of April 1910		That the Death occurred on the 13th day of May 1910		That the Death occurred on May 18th 1910	
CAUSE OF DEATH. Primary. acute dyspnoea		CAUSE OF DEATH. Primary. Cancer of liver		CAUSE OF DEATH. Primary. Still Born	
Duration. one week		Duration. Cancer		Duration.	
Immediate. typhoid		Immediate.		Immediate.	
Duration. four days		Duration.		Duration.	
Physician's name. R. C. MacKenzie		Physician's name. Robert Moore M.D.		Physician's name. Robert Moore M.D.	
Address. Fort Frances Ont.		Address. Fort Frances Ont.		Address. Fort Frances Ont.	
Date. April 25th 1910		Date. May 14th 1910		Date. May 18th 1910	

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter year ending Given under my hand, this day of Division Registrar of A.D. 1910

*N.B.—The reference numbers given are those found in Form 4, to which in transcribing.

DEATHS

DISTRICT
of Rainy River, Ont.

Division of Atwood

SURNAME of Deceased.	Phillips,
Christian Name.	Melvina
Sex.	female
Age.	43 yrs. 5 mos. 14 days
Date of Death.	Dec. 5th, 1919
Place of Birth.	Sarnia, Ont.
Place of Death, City, Town, Village, or Concession and Lot.	Township of Atwood
Place of Burial.	Rainy River, Ont.
Occupation.	Widow
Single, Married or Widowed.	widow
Name of Father.	McMishen
Maiden Name of Mother.	Unknown
Cause of Death, if known.	Fractured skull
Name of Physician who attended Deceased.	Dr. K. McBane
Name of Informant.	C. E. Gate
Address.	Rainy River, Ont.
Date of Return.	Dec. 6th, 1919

027720

	Physician's Return of Death	Physician's Return of Death	Physician's Return of Death
Surname of Deceased.			
Christian Name.			
Date of Death.			
DISEASE CAUSING DEATH.			
Duration.			
Immediate Cause of Death.			
Duration.			
Physician's Name.			
Address.			
Date of Return.			
Remarks.			

185 ✓

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending **December 31st** 19 **19**
 Given under my hand, this **24th** day of **January** A.D. 19**20**
 Division Registrar of **Atwood**

Chas. Campbell

ink Page(s)

DEATHS

Dist. Rainy River County of Rainy River Division of Twp of Blue

SURNAME of Deceased.	Johnson		
Christian Name.	Peter Jonas		
Sex.	Male		
Age.	62 yrs 9 months 26 days		
Date of Death.	May 27 th 1919		
Place of Birth.	Chicago Ill.		
Place of Death, City, Town, Village, or Concession and Lot.	NW 1/4 Sec. 23. Twp of Blue		
Place of Burial.	Euclid Minnesota		
Occupation.	Farmer		
Single, Married or Widowed	Married 027721		
Name of Father.	✓		
Maiden Name of Mother.			
Cause of Death, if known.	Cancer of Stomach		
Name of Physician who attended Deceased.	Dr. D. W. Bane.		
Name of Informant.	August Johnson		
Address.	Sleeman Out		
Date of Return.	May 28 th 1919		

	Physician's Return of Death	Physician's Return of Death	Physician's Return of Death
Surname of Deceased.	Johnson ✓		
Christian Name.	Peter Jonas.		
Date of Death.	May 27 th 1919		
DISEASE CAUSING DEATH.	Carcinoma of Stomach		
Duration.	9 hours. 40		
Immediate Cause of Death.	Haemorrhage of cancer of Stomach		
Duration.	Two days.		
Physician's Name.	Dr. D. W. Bane.		
Address.	Rainy River Out.		
Date of Return.	May 28 th 1919		
Remarks.			

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending
 Given under my hand, this 18th day of July A.D. 1919

H. H. H. H.

Division Registrar of

Township of Blue.

June 30th 1919

DEATHS

Dist. County of Rainy River Division of Sup. of Blue

ink Page(s)

SURNAME of Deceased.	<u>Van Rouquet</u>		
Christian Name.	<u>Peter</u>		
Sex.	<u>Male</u>		
Age.	<u>72 yrs.</u>		
Date of Death.	<u>December 15th 1919</u>		
Place of Birth.	<u>Kingston Ont.</u>		
Place of Death, City, Town, Village, or Concession and Lot.	<u>2nd 1/4 Sec. 8. Township of Blue</u>		
Place of Burial.	<u>Barwick. Ont</u>		
Occupation.	<u>Laborer.</u>		
Single, Married or Widowed	<u>Widowed</u>		
Name of Father.	<u>027722</u>		
Maiden Name of Mother.			
Cause of Death, if known.	<u>Paralysis</u>		
Name of Physician who attended Deceased.	<u>F. H. Bethune</u>		
Name of Informant.	<u>Geo. A. Greston</u>		
Address.	<u>Meeman. Ont.</u>		
Date of Return.	<u>Dec. 17th 1919</u>		

	Physician's Return of Death	Physician's Return of Death	Physician's Return of Death
Surname of Deceased.	<u>Van Rouquet. ✓</u>		
Christian Name.	<u>Peter ✓</u>		
Date of Death.	<u>December 15th 1919</u>		
DISEASE CAUSING DEATH.	<u>Paralysis 66</u>		
Duration.	<u>22 yrs.</u>		
Immediate Cause of Death.	<u>Heart failure</u>		
Duration.	<u>Two days</u>		
Physician's Name.	<u>F. H. Bethune</u>		
Address.	<u>Emr. Ont.</u>		
Date of Return.	<u>Dec. 17th 1919.</u>		
Remarks.			

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending Dec. 31st 1919
 given under my hand, this 15th day of January A.D. 1920
H. H. H. H. H. Division Registrar of Township of Blue.

Barwick Ont

DEATHS

3

District
County of Rainy River

Division of Chapelle

	Surname first	Surname first	Surname first
SURNAME of Deceased.	<u>McLague</u>	<u>Bingleman</u>	
Christian Name.	<u>Mary Jane</u>	<u>Clyde Wallace</u>	
Sex.	<u>Female</u>	<u>Male</u>	
Age.	<u>64 years</u>	<u>9 mos. 6 days</u>	
Date of Death.	<u>Jan'y 9th 1919</u>	<u>Feb. 24th 1919</u>	
Place of Birth.	<u>Claudeboye, Ont</u>	<u>Emo Ont</u>	
Place of Death, City, Town, Village, or Concession and Lot.	<u>Roseberry Township</u>	<u>Lobie Township</u>	
Place of Burial.	<u>Stratton Cemetery</u>	<u>Emo Cemetery</u>	
Occupation.			
Single, Married or Widowed	<u>027723</u> <u>widowed</u>	<u>027724</u>	
Name of Father.	<u>Hayes</u> ✓	<u>Wm. H. Bingleman</u>	
Maiden Name of Mother.	<u>unknown</u>	<u>Mildred R. Brown</u>	
Cause of Death, if known.	<u>infirmitiy</u>	<u>Broncho Pneumonia</u>	
Name of Physician who attended Deceased.	<u>Dr. Young</u>	<u>Dr. Young</u>	
Name of Informant.	<u>Ronald Smith</u>	<u>Wm. H. Bingleman</u> <u>Emo Ont.</u>	
Address.	<u>Barrick Ont</u>	<u>Emo Ont.</u>	
Date of Return.	<u>Jan'y 10th 1919</u>	<u>March 4th 1919</u>	
	Physician's Return of Death	Physician's Return of Death	Physician's Return of Death
Surname of Deceased.	<u>McLague</u> ✓	<u>Bingleman</u> ✓	
Christian Name.	<u>Mary Jane</u>	<u>Clyde Wallace</u>	
Date of Death.	<u>Jan'y 9th 1919</u>	<u>Feb 24th 1919</u>	
DISEASE CAUSING DEATH.	<u>Paralysis agitans</u> ⁶⁶	<u>Chronic Bronchitis</u> ⁹⁰	
Duration.	<u>a year</u>	<u>Several Weeks</u>	
Immediate Cause of Death.	<u>reflexitis</u>	<u>Broncho Pneumonia</u>	
Duration.	<u>a year</u>	<u>Ten days</u>	
Physician's Name.	<u>Ronald R. Young</u>	<u>Ronald R. Young</u>	
Address.	<u>Emo Ont.</u>	<u>Emo Ont.</u>	
Date of Return.	<u>Jan'y 10th 1919</u>	<u>Feb. 25th 1919</u>	
Remarks.			

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending March 31st 1919
 Given under my hand, this eight day of April A.D. 1919
 Division Registrar of Chapelle

Jas M Johnston
Barrick Ont

DEATHS.

District
County of Rising Sun

Division of Chapple

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SURNAME of Deceased.	<u>Malden</u>		
Christian Name.	<u>Ole P.</u>		
Sex.	<u>Male</u>		
Age.	<u>68 years</u>		
Date of Death.	<u>May 9, 1919</u>		
Place of Birth.	<u>Norway, Europe</u>		
Place of Death, City, Town, Village, or Concession and Lot.	<u>See 10 Jail Township</u>		
Place of Burial.	<u>Shenston Cemetery</u>		
Occupation.	<u>Janner</u>		
Single, Married or Widowed	<u>widowed</u>		
Name of Father.	<u>027725</u>		
Maiden Name of Mother.	<u> </u>		
Cause of Death, if known.	<u>Sanguene</u>		
Name of Physician who attended Deceased.	<u>Dr. Young</u>		
Name of Informant.	<u>Albert Malden</u>		
Address.	<u>Black Hawk Out</u>		
Date of Return.	<u>May 10th 1919</u>		

	Physician's Return of Death	Physician's Return of Death	Physician's Return of Death
Surname of Deceased.	<u>Malden</u> ✓		
Christian Name.	<u>Ole P.</u>		
Date of Death.	<u>May 9th 1919</u> 120		
DISEASE CAUSING DEATH.	<u>Chronic nephritis</u>		
Duration.	<u>some years</u>		
Immediate Cause of Death.	<u>Sepsisemia from Sanguene</u>		
Duration.	<u>several months</u>		
Physician's Name.	<u>Donald N. Young</u>		
Address.	<u>Emo. Out</u>		
Date of Return.	<u>May 10th 1919</u>		
Remarks.			

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending June 30th 1919
 Given under my hand, this 4th day of August A.D. 1919
Jes M Johnston Division Registrar of Chapple
Barnick
Out

DEATHS

District County of *Rainy River* Division of *Chaple*

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SURNAME of Deceased.	<i>Black-Ewright</i>		
Christian Name.	<i>Pearl</i>		
Sex.	<i>Female</i>		
Age.	<i>16 years</i>		
Date of Death.	<i>Aug 9th 1919</i>		
Place of Birth.	<i>Brandon Man.</i>		
Place of Death, City, Town, Village, or Concession and Lot.	<i>Barwick village</i>		
Place of Burial.	<i>Barwick Cemetery</i>		
Occupation.	<i>Maiden 027725</i>		
Single, Married or Widowed	<i>single</i>		
Name of Father.	<i>John S. Ewright</i>		
Maiden Name of Mother.	<i>Leva Black</i>		
Cause of Death, if known.	<i>drowning</i>		
Name of Physician who attended Deceased.	<i>—</i>		
Name of Informant.	<i>Geo. Black</i>		
Address.	<i>Barwick Out</i>		
Date of Return.	<i>Aug 10th 1919</i>		
	Physician's Return of Death	Physician's Return of Death	Physician's Return of Death
Surname of Deceased.	<i>Black-Ewright</i>		
Christian Name.	<i>Pearl</i>		
Date of Death.	<i>Aug. 9th 1919</i>		
DISEASE CAUSING DEATH.	<i>drowning 169</i>		
Duration.	<i>—</i>		
Immediate Cause of Death.	<i>drowning</i>		
Duration.	<i>—</i>		
Physician's Name.	<i>Dr. R. Moore (Coroner)</i>		
Address.	<i>Fort Frances Out.</i>		
Date of Return.	<i>Aug. 10th 1919</i>		
Remarks.			

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending *Sept 30th* day of *October* 1919

Jes. M. Johnston

Division Registrar of *Chaple*

DEATHS

13

District
County of *Rainy River*

Division of *Chapelle*

	Surname First	Surname First	Surname First
SURNAME of Deceased.	<i>Black</i>	<i>Elliott</i>	
Christian Name.	<i>Catherine</i>	<i>Richard</i>	
Sex.	<i>Female</i>	<i>Male</i>	
Age.	<i>60 years 3 mos 10dys</i>	<i>71 years</i>	
Date of Death.	<i>Dec 6th 1919</i>	<i>Dec 30th 1919</i>	
Place of Birth.	<i>Nuesdorff Rhine prov. Germany</i>	<i>Ireland.</i>	
Place of Death, City, Town, Village, or Concession and Lot.	<i>Sheuston Township</i>	<i>Sut Township</i>	
Place of Burial.	<i>Barwick Cemetery</i>	<i>Sheuston Cemetery</i>	
Occupation.	<i>James wife</i> <small>027727</small>	<i>James</i> <small>027728</small>	
Single, Married or Widowed.	<i>Married</i>	<i>Widower</i>	
Name of Father.	<i>Hesse</i>	<i>Elliott</i>	
Maiden Name of Mother.	<i>Catherine Hesse</i>		
Cause of Death, if known.	<i>Heart Failure</i>	<i>Cancer</i>	
Name of Physician who attended Deceased.	<i>Dr Young</i>	<i>Dr Young</i>	
Name of Informant.	<i>George Black</i>	<i>William Elliott (son)</i>	
Address.	<i>Barwick</i>	<i>Shattore</i>	
Date of Return.	<i>Dec 6/19</i>	<i>Dec 31st 1919</i>	
	Physician's Return of Death	Physician's Return of Death	Physician's Return of Death
Surname of Deceased.	<i>Elliott</i> <i>Black</i> ✓	<i>Elliott</i> ✓	
Christian Name.	<i>Catherine</i> ✓	<i>Richard</i> ✓	
Date of Death.	<i>Dec. 6th 1919 35-</i>	<i>Dec 30th 1919 45</i>	
DISEASE CAUSING DEATH.	<i>General Tuberculosis</i>	<i>Cancer of pine glands etc</i>	
Duration.	<i>Two years</i>	<i>One year</i>	
Immediate Cause of Death.	<i>Tuberculosis</i>	<i>Cancer</i>	
Duration.	<i>Two years</i>	<i>one month</i>	
Physician's Name.	<i>Donald R. Young</i>	<i>Donald R. Young</i>	
Address.	<i>Emo, Ont</i>	<i>Emo</i>	
Date of Return.	<i>Dec 6th 1919</i>	<i>Dec 30th 1919</i>	
Remarks.		<i>Original return form & not forwarded yet. to me. J. M. J.</i>	

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending *Dec 31st* 1919
Given under my hand, this *8th* day of *Jan* A.D. 1920

John Johnston
Division Registrar of *Chapelle*
Barwick

DEATHS

County of *Rainy River* Division of *Dilke*

ink Page(s)

SURNAME of Deceased.	<i>Smart</i>		
Christian Name.	<i>Andree Isabell</i>		
Sex.	<i>Female</i>		
Age.	<i>1 month 17 days</i>		
Date of Death.	<i>Jan. 30th 1919</i>		
Place of Birth.	<i>Pinewood</i>		
Place of Death, City, Town, Village, or Concession and Lot.	<i>Pinewood</i>		
Place of Burial.	<i>Pinewood</i>		
Occupation.	<i>027729</i>		
Single, Married or Widowed	<i>Single</i>		
Name of Father.	<i>Thomas Smart</i>		
Maiden Name of Mother.	<i>Jessie B. Reid</i>		
Cause of Death, if known.	<i>Bronchitis & Croup</i>		
Name of Physician who attended Deceased.	<i>Dr. McBane</i>		
Name of Informant.	<i>Thos. A. Smart</i>		
Address.	<i>Pinewood</i>		
Date of Return.	<i>Jan 31st 1919</i>		

	Physician's Return of Death	Physician's Return of Death	Physician's Return of Death
Surname of Deceased.	<i>Smart</i>		
Christian Name.	<i>Andree Isabell</i>		
Date of Death.	<i>Jan. 30th 1919</i>		
DISEASE CAUSING DEATH.	<i>Bronchitis</i>		
Duration.	<i>three days 89</i>		
Immediate Cause of Death.	<i>Croup.</i>		
Duration.	<i>two days</i>		
Physician's Name.	<i>Dr. McBane</i>		
Address.	<i>Rainy River</i>		
Date of Return.	<i>Jan. 31st 1919</i>		
Remarks.			

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending *31. March 19*
 Given under my hand, this *fifteenth* day of *April* A.D. 19
A. A. Snider Division Registrar of *Dilke*

DEATHS

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County of Rainy River Division of Bellevue

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	Surname First	Surname First	Surname First
SURNAME of Deceased.	Asselin		
Christian Name.	Still Burn		
Sex.	Male		
Age.	—		
Date of Death.	2nd June 1919		
Place of Birth.	Pinewood		
Place of Death, City, Town, Village, or Concession and Lot.	Pinewood		
Place of Burial.	Pinewood		
Occupation.	—		
Single, Married or Widowed	Single 027730		
Name of Father.	David Asselin		
Maiden Name of Mother.	Albertine Larocque		
Cause of Death, if known.	Still Burn		
Name of Physician who attended Deceased.	Dr McKeane		
Name of Informant.	Mrs David Asselin		
Address.	Pinewood		
Date of Return.	13th June 1919		
	Physician's Return of Death	Physician's Return of Death	Physician's Return of Death
Surname of Deceased.	Asselin ✓		
Christian Name.	(Still Burn)		
Date of Death.	2nd June 1919 ¹⁹		
DISEASE CAUSING DEATH.	Still Burn		
Duration.	—		
Immediate Cause of Death.	—		
Duration.	—		
Physician's Name.	Dr McKeane		
Address.	Rainy River		
Date of Return.	2nd June 1919		
Remarks.	—		

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending 30th June 1919
 Given under my hand, this fifteenth day of July A.D. 1919
A. A. Shuter Division Registrar of Bellevue

DEATHS

County of West of Rainy River Division of Emo

Page(s)

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SURNAME of Deceased.	Surname First	Surname First	Surname First
Hilleary	Sutton		
Christian Name.	Margaret	Mary Alice	
Sex.	Female	Female	
Age.	70 years	2 years	
Date of Death.	Dec 24 th 1918	March 2 nd 1919	
Place of Birth.	Winterbourn	Kingsford Township	
Place of Death, City, Town, Village, or Concession and Lot.	Emo	Emo	
Place of Burial.	Emo	Emo	
Occupation.			
Single, Married or Widowed	Widowed	Widowed	
Name of Father.	Chris Hewitt	Geo. Sutton	
Maiden Name of Mother.		Rosal Dewall	
Cause of Death, if known.		Influenza	
Name of Physician who attended Deceased.	Dr. S. R. Young	Dr. S. R. Young	
Name of Informant.	Chas R. Hilleary	Geo Sutton	
Address.	Emo	Emo	
Date of Return.	January 6 th 1919	March 15 1919	
	Physician's Return of Death	Physician's Return of Death	Physician's Return of Death
Surname of Deceased.	Hilleary	Sutton	
Christian Name.	Margaret	Mary Alice	
Date of Death.	Dec 24 th 1918	March 2 nd 1919	
DISEASE CAUSING DEATH.	Plaque of arteries!	Influenza 10	
Duration.	Some years	Years weeks	
Immediate Cause of Death.	chronic nephritis		
Duration.	about 4 months		
Physician's Name.	Dr. S. R. Young	Dr. S. R. Young	
Address.	Emo	Emo	
Date of Return.	January 6 th 1919	March 15 th 1919	
Remarks.			

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending March 31 day of April 1919
 Given under my hand, this 7 day of April A.D. 1919
 Division Registrar of Emo
S. H. Honey

DEATHS

County of Lewis & Clark Division of Emms

	Surname First	Surname First	Surname First
SURNAME of Deceased.	Mayer	Crookshank	
Christian Name.	Annie	Amelia	
Sex.	Female	Female	
Age.	28 years	43 years 9 months	
Date of Death.	May 29 th 1919	Sept 10 th 1919	
Place of Birth.	—	Emms	
Place of Death, City, Town, Village, or Concession and Lot.	Emms	Emms	
Place of Burial.	Emms	Emms	
Occupation.	House Keeper	House W. 027731	
Single, Married or Widowed	Widowed 027733	Married	
Name of Father.	Isaac Mars	Henry Haldship	
Maiden Name of Mother.	—	Amelia Haldship	
Cause of Death, if known.	Influenza	Paratyphoid agutae	
Name of Physician who attended Deceased.	Dr. Young	Dr. Young	
Name of Informant.	Ruben Mayer	Fred Crookshank	
Address.	Emms	Emms	
Date of Return.	July 2 nd 1919	Sept 11 th 1919	
	Physician's Return of Death	Physician's Return of Death	Physician's Return of Death
Surname of Deceased.	Mayer ✓	Crookshank ✓	
Christian Name.	Annie	Amelia	
Date of Death.	May 29 th 1919	Sept 10 th 1919	
DISEASE CAUSING DEATH.	Influenza 10	Paratyphoid agutae	
Duration.	7 days	3 years	
Immediate Cause of Death.	—	—	
Duration.	—	—	
Physician's Name.	Dr. Young	Dr. Young	
Address.	Emms	Emms	
Date of Return.	July 2 nd 1919	Sept 11 th 1919	
Remarks.			

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending
 day of 10th September Oct 1919
 Division Registrar of Emms 1919

DEATHS

County of Westchester Division of Emus

Blank Page(s)

	No.	No.	No.
Surname of Deceased	<u>Morse</u>		
Full given Name	<u>Jane</u>		
Place of Death, street and number or If in a Hospital or Institution give name	<u>Emus</u>		
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed	<u>Female</u> <u>English</u>		
Age <u>72</u>	yrs. mos. dys. hrs. min.	yrs. mos. dys. hrs. min.	yrs. mos. dys. hrs. min.
(a) Place of Birth (b) Date of Birth	a - b -	a - b -	a - b -
Trade or Occupation	<u>lady</u>		
Kind of Industry			
Date from which to which employed	from - to <u>027735</u>	from - to -	from - to -
Trade or Occupation			
Kind of Industry			
Date from which to which employed	from <u>17</u> 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			
Birthplace of Father			
Maiden Name of Mother			
Birthplace of Mother			
Name of Informant	<u>James Allans</u>		
Address	<u>Emus</u>		
Relation to Deceased	<u>none</u>		
Place of Burial	<u>Emus Cemetery</u>		
Date of Burial	<u>June 5th 1919</u>		
Name of Undertaker	<u>L.H. Honey</u>		
Address	<u>Emus</u>		
Cause of Death if no Physician attended	<u>Bronchopneumonia</u>		
Date of Death	<u>June 3rd 1919</u>		
	MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH
Name of Deceased	<u>Jane Morse</u>		
Date of Death	<u>June 3rd 1919</u> ✓		
Dates from which to which Medical Practitioner Attended Deceased	from <u>400 weeks 91</u> to <u>June 3rd 1919</u>	from - to -	from - to -
CAUSE OF DEATH			
Primary			
Duration	yrs. mos. dys.	yrs. mos. dys.	yrs. mos. dys.
Contributory			
Duration	yrs. mos. dys.	yrs. mos. dys.	yrs. mos. dys.
(a) Did an operation precede death? (b) Was there an autopsy?	a <u>no</u> b <u>no</u>	a - b -	a - b -
Name of Physician	<u>L. d. R. Young</u>		
Address	<u>Emus</u>		
Date of Return	<u>June 17th 1919</u>		
Date received by Division Registrar	<u>June 17th 1919</u>		

I certify that the foregoing are correct registrations of deaths made to me during the month of June 1919

D.R. Address L.H. Honey

Fleming & Township of Kingsford
DEATHS

County of Lucas Division of Urry

Page(s)

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SURNAME of Deceased.	Cleveland		
Christian Name.	ETTA		
Sex.	Female		
Age.	Six weeks		
Date of Death.	January 26 th 1919		
Place of Birth.	Kingsford Township		
Place of Death, City, Town, Village, or Concession and Lot.	Kingsford Township		
Place of Burial.	Kingsford Township		
Occupation.	Child		
Single, Married or Widowed	— 027736		
Name of Father.	Murris Cleveland		
Maiden Name of Mother.	Armi S Young		
Cause of Death, if known.	Septicemia } ^{acute} } ^{intracere}		
Name of Physician who attended Deceased.	D. S. R. Young		
Name of Informant.	Murris Cleveland		
Address.	Barnhart		
Date of Return.	January 26 1919		
	Physician's Return of Death	Physician's Return of Death	Physician's Return of Death
Surname of Deceased.	Cleveland ✓		
Christian Name.	ETTA		
Date of Death.	January 26 th 1919		
DISEASE CAUSING DEATH.	Septicemia } ^{acute} } ^{intracere}		
Duration.	Several days		
Immediate Cause of Death.	Emboli		
Duration.	A few hours		
Physician's Name.	D. S. R. Young		
Address.	Urry		
Date of Return.	January 26 th 1919		
Remarks.			

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending March 31 1919
Given under my hand, this 7 day of April
Division Registrar of

D. H. Young

DEATHS ^{Blenny} Township of Kingstford

County of Quebec Division of Quebec

Page(s)

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SURNAME of Deceased.	Moyer		
Christian Name.	Annis		
Sex.	Female		
Age.	43 years 9 months		
Date of Death.	May 29 th 1919		
Place of Birth.	Prov Ontario		
Place of Death, City, Town, Village, or Concession and Lot.	Township of Kingstford		
Place of Burial.	Kingstford		
Occupation.	House Keeper 027737		
Single, Married or Widowed	Widowed		
Name of Father.	Isaac Mears		
Kaiden Name of Mother.	—		
Cause of Death, if known.	Influenza		
Name of Physician who attended Deceased.	Dr Young		
Name of Informant.	Ruben Moyer		
Address.	Essex St		
Date of Return.	May 30 th 1919		

	Physician's Return of Death	Physician's Return of Death	Physician's Return of Death
Surname of Deceased.	Moyer		
Christian Name.	Annis		
Date of Death.	May 29 th 1919		
DISEASE CAUSING DEATH.	Influenza 10		
Duration.	7 days		
Immediate Cause of Death.	—		
Duration.	—		
Physician's Name.	Dr Young		
Address.	Essex St		
Date of Return.	May 30 th 1919		
Remarks.			

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending June 30 day of July A.D. 1919
Given under my hand, this 10 day of July Division Registrar of Quebec

J.H. Young

DEATHS

29

County of RAINY RIVER Division of FORT FRANCES

	Surname first	Surname first	Surname first
SURNAME of Deceased.	McTaggart,	McCrack	Pszek
Christian Name.	Mary	Kathleen Nora	John
Sex.	Female	Female	Male
Age.	80 years	6 years 5 months 20 days	26 years
Date of Death.	16 February 1919	15 February 1919	19 March 1919
Place of Birth.	Euphemia Tp. Lambton Co.-Ont.	Fort Frances	Austria
Place of Death, City, Town, Village, or Concession and Lot.	707 Front St. E. Fort Frances, Ont.	327 Sinclair St. Fort Frances, Ont.	Pulp & Paper Co. Mill Fort Frances, Ont.
Place of Burial.	Fort Frances, Ont.	Fort Frances, Ont.	Fort Frances, Ont.
Occupation	Housewife		Paper maker
Single, Married or Widowed	Widow 027738	027739	Married 027710
Name of Father.	John McKellar ✓	John McCrack ✓	Tukian,
Maiden Name of Mother.	Belle Livingstone	Annie Cunningham	Annie
Cause of Death, if known.	-----	Diphtheria	Accident at Paper Mill
Name of Physician who attended Deceased.	D.C. McKenzie	Robt. Moore	D.C. McKenzie
Name of Informant.	Jos. McTaggart	J.W. Walker, D.R.	Mrs. Mary Pszek
Address.	Fort Frances, Ont.	Fort Frances, Ont.	Fort Frances, Ont.
Date of Return.	17 February 1919	18 February 1919	20 March 1919
	Physician's Return of Death	Physician's Return of Death	Physician's Return of Death
Surname of Deceased.	McTaggart	McCrack	Pszek
Christian Name.	Mary ✓	Nora ✓	Jan ✓
Date of Death.	16 February 1919	15 February 1919	19 March 1919
DISEASE CAUSING DEATH	Senile Decay 164	Diphtheria 9	Crushed in Paper Mill Rolls 175'
Duration.	2 years	1 week	instant
Immediate Cause of Death.	A Fall		
Duration.	2 weeks		
Physician's Name.	D.C. McKenzie	Robt. Moore	R. Moore, M.D. Coroner
Address.	Fort Frances, Ont.	Fort Frances, Ont.	Fort Frances, Ont.
Date of Return.	Feb. 17th. 1919	18 February 1919	22 March 1919
Remarks.			

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending **31 March 1919** AD 19
 Given under my hand, this **thirteenth** day of **April 1919**
 Division Registrar of **Fort Frances** *J. Walker*

DEATHS

County of **RAINY RIVER**

Division of **FORT FRANCES**

	Surname First	Surname First	Surname First
SURNAME of Deceased.	Rattigan	Schnell	
Christian Name.	Charles Joseph	Clara Doris	
Sex.	Male	Female	
Age.	30 years 1 mo. 10 days	3 days	
Date of Death.	29 March 1919	3 March 1919	
Place of Birth.	Alton, Stafford	Fort Frances	
Place of Death, City, Town, Village, or Concession and Lot.	415 Huffman Lane Fort Frances	464 Church Street Fort Frances	
Place of Burial.	Fort Frances,	Fort Frances	
Occupation.	Lumberman	-----	
Single, Married or Widowed	Married 027741	----- 027742	
Name of Father.	William John Rattigan ✓	Peter Schnell ✓	
Maiden Name of Mother.	Alice Mary Boniface	Ada Louise Knauff	
Cause of Death, if known.	Obstruction of Bowels	Prematurity	
Name of Physician who attended Deceased.	D.C. McKenzie	Robt. Moore	
Name of Informant.	Jos. T. Hebert	Peter Schnell	
Address.	Fort Frances, Ont.	Fort Frances, Ont.	
Date of Return.	29 March 1919	3 March 1919	
	Physician's Return of Death	Physician's Return of Death	Physician's Return of Death
Surname of Deceased.	Rattigan	Schnell	
Christian Name.	Charles Joseph ✓	Clara Doris ✓	
Date of Death.	29 March 1919	3 March 1919	
DISEASE CAUSING DEATH.	Spanish Influenza 10	Prematurity 101	
Duration.	1 week		
Immediate Cause of Death.	Obstruction of bowels	Weakness	
Duration.	1 week		
Physician's Name.	D.C. McKenzie	R. Moore, M.D.	
Address.	Fort Frances, Ont.	Fort Frances, Ont.	
Date of Return.	29 March 1919	3 March 1919	
Remarks.			

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending **31 March 1919**
 Given under my hand, this **nineteenth** day of **April 1919** A.D.
 Division Registrar of **Fort Frances**

Lowalker

DEATHS

County of **RAINY RIVER**

Division of **FORT FRANCES**

	Surname first 1	Surname first 2	Surname first 3
SURNAME of Deceased.	Armit	Bevan	Kelly
Christian Name.	John Oliphant	Frances	Thomas
Sex.	Male	Female	Male
Age.	73 years 1 mo. 28 days	82 years 3 mos. 23 days	Unknown
Date of Death.	3 April 1919	3 June 1919	27 April 1919
PLACE OF BIRTH	Orkney Scotland	Kefncoid, Llandssil, N. Wales	-----
Place of Death, City, Town, Village, or Concession and Lot.	616 Church St. Fort Frances	214 Nelson St. Fort Frances	Hospital 212 Third St. West
Occupation.	Farmer Frances	Post-Frances	Port-Frances
Single, Widowed or Divorced.	Married	Married	-----
Name of Father.	Robert Armit ✓ 027713	John Evans ✓ 027714	✓ 027715
Maiden Name of Mother.	Mary Pearson	Frances-----	-----
Cause of Death, if known.	Paralysis	Old Age	Apoplexy
Name of Physician who attended Deceased.	D.C. McKenzie	Robt. Moore-	D.C. McKenzie
Name of Informant.	Dave Armit	A. Galbraith	J.W. Walker, D.R.
Address.	Fort Frances, Ont.	Fort Frances, Ont.	Fort Frances, Ont.
Date of Return.	4 April 1919	4 June 1919	27 April 1919
Surname of Deceased.	Armit ✓	Bevan ✓	Kelly ✓
Christian Name.	John	Frances	Thomas
Date of Death.	3 April 1919	3 June 1919	27 April 1919
DISEASE CAUSING DEATH.	Apoplexy 64	Old Age 154	Apoplexy 64
Duration.	3 days		5 weeks
Immediate Cause of Death.	Apoplexy		Paralysis
Duration.	3 days		3 weeks
Physician's Name.	D.C. McKenzie	R. Moore	D.C. McKenzie
Address.	Fort Frances, Ont.	Fort Frances, Ont.	Fort Frances, Ont.
Date of Return.	5 April 1919	3 June 1919	27 April 1919
Remarks.			

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending **June 30th. 1919**
 Given under my hand, this **15th.** day of **July** A.D. 19 **19**
 Division Registrar of **Fort Frances**

J. Walker

DEATHS

County of **RAINY RIVER**

Division of **FORT FRANCES**

	Surname first 4	Surname first 5	Surname first 6
SURNAME of Deceased.	Leak	Sloboda	Strain
Christian Name.	Mary E.	Annie (Infant)	Charles David
Sex.	Female	Female	Female
Age.	69 years	-----	4 years 6 mos. 15 days
Date of Death.	27 April 1919	28 June 1919	21 June 1919
PLACE OF BIRTH	Kent Co. Ont.	Fort Frances, Ont.	418 Nelson St. Fort Frances
Place of Death, City, Town, Village, or Concession and Lot.	529 First St. East Fort Frances, Ont. Place of burial- Chatham, Ont.	613 Third St. East Fort Frances, Ont.	418 Nelson St. Fort Frances, Ont.
Occupation.			
Single, Widowed or Divorced.	Widowed	-----	027743
Name of Father.	Daniel Healy <i>027746</i>	Bill Sloboda <i>027747</i>	Frank J. Strain
Maiden Name of Mother.	Annie Murray	-----	Charlotte Elizabeth Walsh
Cause of Death, if known.	Pneumonia	Sarabain Stillborn	Bronchial Pneumonia
Name of Physician who attended Deceased.	D.C. McKenzie	R. Moore	R. Moore
Name of Informant.	Nettie Dear	J.W. Walker. D.R.	Frank J. Strain
Address.	Fort Frances, Ont.	Fort Frances, Ont.	Fort Frances, Ont.
Date of Return.	27 April 1919	28 July 1919 <i>SB</i>	7 April 1919
Physician's Return of Death	Leak <i>J</i>	Sloboda <i>SB</i>	Strain <i>J</i>
Surname of Deceased.	Leak	Sloboda	Strain
Christian Name.	Mary E.	Infant	Charles
Date of Death.	27 April 1919	21 June 1919	5 April 1919
DISEASE CAUSING DEATH.	Pneumonia <i>92</i>	Stillborn <i>10</i>	Influenza-Pneumonia <i>10</i>
Duration.	4 days		
Immediate Cause of Death.	Toxemia		Pneumonia
Duration.	4 days		
Physician's Name.	D.C. McKenzie	R. Moore,	R. Moore
Address.	Fort Frances, Ont.	Fort Frances, Ont.	Fort Frances, Ont.
Date of Return.	27 April 1919	23 June 1919	7 April 1919
Remarks.			

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending **June 30th. 1919** 29
 Given under my hand, this **28th** day of **July** A.D. 19 **19**
 Division Registrar of **Fort Frances**

J. Walker

DEATHS

FORT FRANCES EAST

County of RAINY RIVER

Division of RAINY RIVER UNORGANIZED

ink Page(s)

	Surname First	Surname First	Surname First
SURNAME of Deceased.	George	Lewicka	Young
Christian Name.	Hanna	Sandy	Letitia Anna Gamble
Sex.	Female	Female	Female
Age.	53 years	11 Months 21 days	24 years
Date of Death.	21 September 1919	17 September 1919	6 July 1919
Place of Birth.	Norway	Port Arthur	Paisley, Ont.
Place of Death, City, Town, Village, or Concession and Lot.	Northern Construction On Rainy Lake	Atikokan	La Vallee River Woodyatt Tp.
Place of Burial.	Northern Construction Plant Atikokan	Atikokan	Paisley, Ont.
Occupation	Housewife 027776	----- 027777	School Teacher 027778
Single, Married or Widowed	Married	-----	Single
Name of Father.	Stotlan ✓	Roman Lewicka ✓	----- ✓
Maiden Name of Mother.	-----	Mary Grisk	-----
Cause of Death, if known.	-----	Teething	Drowning
Name of Physician who attended Deceased.	Dr. H.W. Johnston	D.C. McKenzie	None
Name of Informant.	Tuffield George	Roman Lewicka	Robt. Dobie,
Address.	Fort Frances, Ont.	Atikokan, Ont.	Big Fork, Ont.
Date of Return.	21 September 1919	24 October 1919	8 July 1919
	Physician's Return of Death	Physician's Return of Death	Physician's Return of Death
Surname of Deceased.	George ✓	Lewicka ✓	Young ✓
Christian Name.	Hannah	Stanilaus	Letitia Anna Gamble
Date of Death.	21 September 1919 48	17 September 1919	6 July 1919
DISEASE CAUSING DEATH.	Muscular Atrophy (progressive)	Cholera Infantum 124	167
Duration.	3 years		
Immediate Cause of Death.			Drowning
Duration.			
Physician's Name.	H.W. Johnston	D.C. McKenzie	R. Moore, M.D. Coroner
Address.	Fort Frances	Fort Frances	Fort Frances
Date of Return.	22 September 1919	17 Septembe 1919	8 July 1919
Remarks.			The above return may have been sent in by Clerk of Woodyatt

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending 30 September 1919
 Given under my hand, this 27th day of October 1919
 Division Registrar of Fort Frances, Ont. AD 19

[Signature]

DEATHS

County of **RAINY RIVER**

Division of **FORT FRANCES EAST, Unorganized**

Blank Page(s)

	Surname first ①	Surname first ②	Surname first ③
SURNAME of Deceased.	Bottrell	Calder	Field
Christian Name.	Herman Victor	Alice	Thomas
Sex.	Male	Female	Male
Age.	22 years	10 days	51 years
Date of Death.	19 October 1919	9 November 1919	3 December 1919
Place of Birth.	Parry Sound, Ont.	North West Bay, Rainy Lake	Gatineau River
Place of Death, City, Town, Village, or Concession and Lot.	Rice Bay, Rainy Lake	North West Bay Rainy Lake	Shevlin-Clarke Co. Camp 25 miles from Flanders
Place of Burial.	Parry Sound, Ont.	Fort Frances, Ont. 027730	Farrelton, Que.
Occupation	Clerk in store 027779	xxxxx Lumberman	Lumberman 027781
Single, Married or Widowed	Single	-----	Single
Name of Father.	Daniel Bottrell ✓	-----	Thos. Field ✓
Maiden Name of Mother.	Mary Wilson	Jane Calder	Nora Hayes
Cause of Death, if known.	Drowning	Prematurity	Apoplexy
Name of Physician who attended Deceased.	(None)	None	No physician
Name of Informant.	Irene Bottrell (sister)	Peter Calder	Wm. Rooney
Address.	Port Arthur, Ont.	Fort Frances, Ont.	Virginia, Minn.
Date of Return.	20 October 1919	9 November 1919	5 December 1919
Physician's Return of Death	Physician's Return of Death	Physician's Return of Death	Physician's Return of Death
Surname of Deceased.	Bottrell ✓	Calder ✓	Field ✓
Christian Name.	Herman Victor	Alice	Thomas
Date of Death.	19 October 1919 169.	9 November 1919 151	3 December 1919 64
DISEASE CAUSING DEATH.	Drowning	Prematurity	Cerebral Hemorrhage
Duration.			
Immediate Cause of Death.	Drowning	Colic	Same
Duration.		3/4 day	
Physician's Name.	R. Moore, M.D. Coroner	R. Moore, M.D.	R. Moore, M.D. Coroner
Address.	Fort Frances, Ont.	Fort Frances, Ont.	Fort Frances, Ont.
Date of Return.	20 October 1919	9 November 1919	5 December 1919
Remarks.			

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending **31 December 1919** A.D. 19
 Given under my hand, this **18th.** day of **January 1920**
 Division Registrar of **Fort Frances East, Unorganized**

W. W. Mack

DEATHS

County of RAINY RIVER

Division of FORT FRANCES EAST, Unorganized

	Surname first ⁽⁴⁾	Surname first	Surname first
SURNAME of Deceased.	Thoresen		
Christian Name.	Axel John		
Sex.	Male		
Age.	about 45 years		
Date of Death.	2 November 1919		
Place of Birth	Norway		
Place of Death, City, Town, Village, or Concession and Lot.	Christie Creek, Northwest Bay, Rainy Lake		
Place of Burial	Fort Frances, Ont.		
Occupation.	Homesteader		
Single, Married or Widowed			
Name of Father.	✓	✓	✓
Maiden Name of Mother.			
Cause of Death, if known.	Drowning		
Name of Physician who attended Deceased.	No physician, R. Moore, M.D. - Coroner		
Name of Informant.	Niles Kennett		
Address.	Burriss, Ont.		
Date of Return.	15 November 1919		
	Physician's Return of Death	Physician's Return of Death	Physician's Return of Death
Surname of Deceased.	Thoresen, ✓		
Christian Name.	Axel John ✓		
Date of Death.	2 November 1919 169		
DISEASE CAUSING DEATH.	Drowning		
Duration.	inst.		
Immediate Cause of Death.	Drowning		
Duration.			
Physician's Name.	R. Moore, M.D. Coroner		
Address.	Fort Frances, Ont.		
Date of Return.	15 November 1919		
Remarks.			

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending 31 December 1919, Given under my hand, this 15th day of January 1920 A.D. 19
 Division Registrar of Fort Frances, East Unorganized

DEATHS

DISTRICT **RAINY RIVER** Division of **FORT FRANCES INDIAN AGENCY**

	Surname First	Surname First	Surname First
SURNAME of Deceased.	Namapook	Nanahabesk	Mamahkowash
Christian Name.	Joseph		
Sex.	male	female	male
Age.	13 years	9 years	43 years
Date of Death.	19th Jany, 1919	19th March, 1919	30th May 1919
Place of Birth.	Manitou Rapids Reserve	Manitou Rapids Reserve	Manitou Rapids Reserve
Place of Death, City, Town, Village, or Concession and Lot.	Manitou Rapids Reserve	Do.	Do.
Place of Burial.	Do.	Do.	Do.
Occupation.	027783		Farmer
Single, Married or Widowed		027784	married 027785
Name of Father.	Charles Namapook	Mamenequonape	Kabagabo
Maiden Name of Mother.	Sahponse ✓	Tapwaywayasheke ✓	Petanahquatook
Cause of Death, if known.	Tuberculozes	Tuberculozes	Tuberculozes
Name of Physician who attended Deceased.			
Name of Informant.			
Address.			
Date of Return.	30th June, 1919	30th June 1919	30th June, 1919
	Physician's Return of Death ✓	Physician's Return of Death ✓	Physician's Return of Death ✓
Surname of Deceased.	✓	✓	✓
Christian Name.	28	28	28
Date of Death.			
DISEASE CAUSING DEATH.			
Duration.			
Immediate Cause of Death.			
Duration.			
Physician's Name.			
Address.			
Date of Return.			
Remarks.			

Leave this space for binding

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending 30th June 1919
 Given under my hand, this 23rd day of July A.D. 1919
 Division Registrar of Indian Agency

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DEATHS

DISTRICT of RAINY RIVER, Ont Division of PORT FRANCES INDIAN AGENCY

SURNAME of Deceased.	Surname first	Surname first	Surname first
	Mameskoahgesick	Bone	Kabaybeek
Christian Name.		John	
Sex.	male	male	female
Age.	5 years	35 years	30 years
Date of Death.	19th March, 1919	23rd Feby, 1919	1st March 1919
Place of Birth.	Manitou Rapids Reserve	York Factory	Manitou Rapids Reserve
Place of Death, City, Town, Village, or Concession and Lot.	Do.	Manitou Rapids Reserve	Do.
Place of Burial.	Do.	Do.	Do.
Occupation.	027786	Farmer	027733
Single, Married or Widowed.		married 027787	married
Name of Father.	Kakapanaquot	not known	Kakekakejick
Maiden Name of Mother.	Agennickquabeek	Do.	Mayahchowahahmook
Cause of Death, if known.	not known	Tuberculoses	Tuberculoses
Name of Physician who attended Deceased.			
Name of Informant.			
Address.			
Date of Return.	30th June, 1919	30th June 1919	30th June, 1919
	Physician's Return of Death	Physician's Return of Death	Physician's Return of Death
Surname of Deceased.			
Christian Name.	189	28	28
Date of Death.			
DISEASE CAUSING DEATH.			
Duration.			
Immediate Cause of Death.			
Duration.			
Physician's Name.			
Address.			
Date of Return.			
Remarks.			

Leave this space for binding

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending 30th June 1919 A.D. 1919
 Given under my hand, this 23rd day of July
 Division Registrar of Port Frances Indian Agency
John R. Wright

DEATHS

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DISTRICT of RAINY RIVER

Division of PORT FRANCES INDIAN AGENCY

	Surname First	Surname First	Surname First
SURNAME of Deceased.	Shoneahgesick	Shemagansence	# Jourdain
Christian Name.		Sam Howell	Pierre
Sex.	male	male	male
Age.	53 years	46 years	21 years
Date of Death.	24th March, 1919	15th May, 1919	6th May 1919
Place of Birth.	Little Forks Reserve		Coucheching Reserve
Place of Death, City, Town, Village, or Concession and Lot.	Atikokan	Manitou Rapids Reserve	International Falls, Minn.
Place of Burial.	Manitou Rapids Reserve	Do.	Coucheching Reserve
Occupation.	farmer & hunter	farmer	labourer
Single, Married or Widowed	married	married	single
Name of Father.	027730 ✓	027730 ✓	027731 ✓ Simon Jourdain
Maiden Name of Mother.			Nanappagesikook
Cause of Death, if known.	Killed by train	Tuberculoses	Run over by train
Name of Physician who attended Deceased.			
Name of Informant.			
Address.	30th June 1919	30th June 1919	
Date of Return.			30th June 1919
	Physician's Return of Death ✓	Physician's Return of Death ✓	Physician's Return of Death ✓
Surname of Deceased.			
Christian Name.	175	28	175
Date of Death.			
DISEASE CAUSING DEATH.			
Duration.			
Immediate Cause of Death.			
Duration.			
Physician's Name.			
Address.			
Date of Return.			
Remarks.			

Leave this space for binding

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending 30th July 1919
 Given under my hand, this 23rd day of July A.D. 1919
 Division Registrar of

Joseph Wright
Indian Agent

DEATHS

DISTRICT ~~of~~ RAINY RIVER

Division of FORT FRANCES INDIAN AGENCY

	Surname first	Surname first	Surname first
SURNAME of Deceased.	Jourdain	Bruyere	Pewahahcotoose
Christian Name.	Cecelia	Alvine	
Sex.	female	female	male
Age.	14 months	2 years	6 years
Date of Death.	19th March 1919	20th January 1919	19th March 1919
Place of Birth.	Coucheching Reserve	Coucheching Reserve	Little Forks Reserve
Place of Death, City, Town, Village, or Concession and Lot.	Do.	Do.	Manitou Rapids Reserve
Place of Burial.	Do.	Do.	Do.
Occupation.	027792	027793	027794
Single, Married or Widowed			
Name of Father.	Deume Jourdain	Gabrial Bruyere	Shanawenah
Maiden Name of Mother.	Susan Gimmond	Vernuc Morriseau	Keshpabaahweek
Cause of Death, if known.		Flu	
Name of Physician who attended Deceased.			
Name of Informant.			
Address.			
Date of Return.	30th June 1919	30th June 1919	30th June 1919
	Physician's Return of Death	Physician's Return of Death	Physician's Return of Death
Surname of Deceased.			
Christian Name.			
Date of Death.	189	10	18
DISEASE CAUSING DEATH.			
Duration.			
Immediate Cause of Death.			
Duration.			
Physician's Name.			
Address.			
Date of Return.			
Remarks.			

Leave this space for binding

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending 30th June 1919 day of July Given under my hand this 23rd day of July 1919

Division Registrar of *Prof. W. Wright*
Indian Agent

DEATHS

DISTRICT RAINY RIVER Division of FORT FRANCES INDIAN AGENCY

	Surname First	Surname First	Surname First
SURNAME of Deceased.	Shebahquonayash	Wagemawapence	Wahbahoomikook
Christian Name.			
Sex.	male	male	female
Age.	6 years	25 years	18 years
Date of Death.	5th March 1919	28th November 1919	16th October 1918
Place of Birth.	Stangecoming Reserve	Coucheching Reserve	North West Bay Reserve
Place of Death, City, Town, Village, or Concession and Lot.	Do.	Do.	Do.
Place of Burial.	Do.	Do.	Do.
Occupation.	027735	027736 Labourer	027797
Single, Married or Widowed		Single	Single
Name of Father.	Kawetawaywetung ✓	Moshegesick ✓	Kewayconyash ✓
Maiden Name of Mother.	Shawaycomekoke	Saysekequay	Mamascowaypetung
Cause of Death, if known.	Consumption	Flu,	Consumption
Name of Physician who attended Deceased.			
Name of Informant.			
Address.			
Date of Return.	30th June 1919	30th June 1919	30th June, 1919
	Physician's Return of Death ✓	Physician's Return of Death ✓	Physician's Return of Death ✓
Surname of Deceased.			
Christian Name.	28	10	28
Date of Death.			
DISEASE CAUSING DEATH.			
Duration.			
Immediate Cause of Death.			
Duration.			
Physician's Name.			
Address.			
Date of Return.			
Remarks.			

Leave this space for binding

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending 30th June 1919
 Given under my hand, this 23rd day of July
 Division Registrar of Indian Agency

DEATHS

DISTRICT **RAINY RIVER**

Division of **FORT FRANCES INDIAN AGENCY**

	Surname first	Surname first	Surname first
SURNAME of Deceased.	Nanakahwasheke	Naappekecappo	Mesewaypenase
Christian Name.			
Sex.	female	male	male
Age.	16 years	2 years	38 years
Date of Death.	20th November 1918	2nd April 1919	15th August 1918
Place of Birth.	North West Bay Reserve	North West Bay Reserve	North West Bay Reserve
Place of Death, City, Town, Village, or Concession and Lot.	Do.	Do.	Do.
Place of Burial.	Do.	Do.	Do.
Occupation.	027798	027799	hunter
Single, Married or Widowed	single		027820 married
Name of Father.	Kewayconayash	Neecanewaypenase	Quachew
Maiden Name of Mother.	Mamascowaypetung	Kapagesekoke	Mataahcomekook
Cause of Death, if known.	Consumption		Consumption
Name of Physician who attended Deceased.			
Name of Informant			
Address.			
Date of Return.	30th June 1919	30th June 1919	30th June 1919
	Physician's Return of Death	Physician's Return of Death	Physician's Return of Death
Surname of Deceased.			
Christian Name.	58	189	28
Date of Death.			
DISEASE CAUSING DEATH.			
Duration.			
Immediate Cause of Death.			
Duration.			
Physician's Name.			
Address.			
Date of Return.			
Remarks.			

Leave this space for binding

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending 30th June 1919 day of July 1919 Given under my hand, this 23rd day of July 1919 Division Registrar of

John P. ...
Indian Agent

DEATHS

DISTRICT ~~of~~ RAINY RIVER Division of FORT FRANCES INDIAN AGENCY

	Surname first	Surname first	Surname first
SURNAME of Deceased.	Morriseau	Jourdain	Jourdain
Christian Name.	Andrew	Archangle	Jean
Sex.	male	female	female
Age.	10 years	90 years	9 months
Date of Death.	19th Jany, 1919	1st Feby. 1919	17th Feby, 1919
Place of Birth.	Red Gut Reserve Fort Frances		Coucheching Reserve
Place of Death, City, Town, Village, or Concession and Lot.	Indian Boarding School	Coucheching Reserve	Do.
Place of Burial.	Coucheching Reserve	Do.	Do.
Occupation.	027801	027802	027803
Single, Married or Widowed	✓	Widow	✓
Name of Father.	Andrew Morriseau	✓	Issac Jourdain
Maiden Name of Mother.	Tachakay way		Mary Vincent
Cause of Death, if known.	Flu,	old age	
Name of Physician who attended Deceased.	Dr. Robt Moore		
Name of Informant.			
Address.			
Date of Return.	30th June 1919	30th June	30th June, 1919
	Physician's Return of Death	Physician's Return of Death	Physician's Return of Death
Surname of Deceased.	A	J	J
Christian Name.	10	154	157
Date of Death.			
DISEASE CAUSING DEATH.			
Duration.			
Immediate Cause of Death.			
Duration.			
Physician's Name.			
Address.			
Date of Return.			
Remarks.			

Leave this space for binding

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending 30th June 1919
 Given under my hand, this 23rd day of July
 Division Registrar of Indian Agency

DEATHS

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DISTRICT of **RAINY RIVER** Division of **FORT FRANCES INDIAN AGENCY**

	Surname first	Surname first	Surname first
SURNAME of Deceased.	Kawaypanahweek	Mangodia	Andicomikoke
Christian Name.			
Sex.	female	male	female
Age.	2 years	73 years	71 years
Date of Death.	15th April 1919	4th May 1919	15th Jany. 1919
Place of Birth.	Seine River Reserve		
Place of Death, City, Town, Village, or Concession and Lot.	Pipestone lake	Redwood Lake	Redwood Lake
Place of Burial.	Do.	Do.	Do.
Occupation.	027807	hunter 027838	027839
Single, Married or Widowed		married	married
Name of Father.	Asheway ✓	✓	✓
Maiden Name of Mother.	Anemecomickoke		
Cause of Death, if known.	Flu,	old age	old age
Name of Physician who attended Deceased.			
Name of Informant.			
Address.			
Date of Return.	30th June, 1919	30th June 1919	30th June 1919
	Physician's Return of Death	Physician's Return of Death	Physician's Return of Death
Surname of Deceased.	✓	✓	✓
Christian Name.	10	154	154
Date of Death.			
DISEASE CAUSING DEATH.			
Duration.			
Immediate Cause of Death.			
Duration.			
Physician's Name.			
Address.			
Date of Return.			
Remarks.			

Leave this space for binding

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending 30th June 1919
 Given under my hand, this 23rd day of July
 Division Registrar of Indian Agency

DEATHS

DISTRICT of RAINY RIVER Division of FORT FRANCES INDIAN AGENCY

SURNAME of Deceased.	Surname first	Surname first	Surname first
	Nesogesquap	Meshakecanaquot	Father refused to give name
Christian Name.			
Sex.	male	male	female
Age.	20 years	70 years	6 years
Date of Death.	28th December 1918	10th April 1919	16th May 1919
Place of Birth.	Lac la Croix Reserve		Lac la Croix Reserve
Place of Death, City, Town, Village, or Concession and Lot.	Tower, Minn.	Buffalo Bay Reserve	Do.
Place of Burial.	Do. 027810	Do. 027811	Do.
Occupation.	hunter	hunter	027812
Single, Married or Widowed	single	Widower	
Name of Father.	Kewaykejick ✓	✓	Wawaskomekeejickquape
Maiden Name of Mother.	Okeymowabeke		Pequotahcomekook
Cause of Death, if known.	Flu,	old age	not known
Name of Physician who attended Deceased.			
Name of Informant.			
Address.			
Date of Return.	30th June 1919	30th June 1919	30th June 1919
	Physician's Return of Death	Physician's Return of Death	Physician's Return of Death
Surname of Deceased.	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
Christian Name.	10	154	189
Date of Death.			
DISEASE CAUSING DEATH.			
Duration.			
Immediate Cause of Death.			
Duration.			
Physician's Name.			
Address.			
Date of Return.			
Remarks.			

Leave this space binding

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending 30th June 1919
 Given under my hand, this 23rd day of July
 Division Registrar of

[Signature]
 Indian Agent



DEATHS

DISTRICT of RAINY RIVER Ont. Division of FORT FRANCES INDIAN AGENCY

	Surname first	Surname first	Surname first
SURNAME of Deceased.	Manville		
Christian Name.	Elise		
Sex.	female		
Age.	One day		
Date of Death.	10th April 1919		
Place of Birth.	Coucheching Reserve		
Place of Death, City, Town, Village, or Concession and Lot.	Do.		
Place of Burial.	Do.		
Occupation.			
Single, Married or Widowed			
Name of Father.	Xavier Manville		
Maiden Name of Mother.	Philomene Kahkekaassek		
Cause of Death, if known.			
Name of Physician who attended Deceased.			
Name of Informant.			
Address.			
Date of Return.	30th June 1919		
	Physician's Return of Death	Physician's Return of Death	Physician's Return of Death
Surname of Deceased.	✓		
Christian Name.	151		
Date of Death.			
DISEASE CAUSING DEATH.			
Duration.			
Immediate Cause of Death.			
Duration.			
Physician's Name.			
Address.			
Date of Return.			
Remarks.			

Leave this space for binding

027816

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending 30th June 1919
Given under my hand, this 23rd day of July Division Registrar of Fort Frances

W. P. Knight

DEATHS

County of *Rainy River*

Division of *Lavallee Municipality*

	Surname First	Surname First	Surname First
SURNAME of Deceased.	<i>Heward</i>		
Christian Name.	<i>Samuel</i>		
Sex.	<i>Male</i>		
Age.	<i>63 years 4 mo. 22 days</i>		
Date of Death.	<i>Feb 23^d 1919</i>		
Place of Birth.	<i>Port-Alma, Ont</i>		
Place of Death, City, Town, Village, or Concession and Lot.	<i>Residence of C. B. Heward</i>		
Place of Burial.	<i>Lavallee Cemetery</i>		
Occupation.	<i>Farmer 027817</i>		
Single, Married or Widowed	<i>Divorced</i>		
Name of Father.	<i>Charles Heward</i>		
Maiden Name of Mother.	<i>- Lott</i>		
Cause of Death, if known.	<i>Cystitis nephritis</i>		
Name of Physician who attended Deceased.	<i>D^r Young</i>		
Name of Informant.	<i>C. B. Heward</i>		
Address	<i>Lavallee</i>		
Date of Return.	<i>Feb 27th 1919</i>		
	Physician's Return of Death	Physician's Return of Death	Physician's Return of Death
Surname of Deceased.	<i>Heward</i>		
Christian Name.	<i>Samuel</i>		
Date of Death.	<i>Feb 23. 1919</i>		
DISEASE CAUSING DEATH.	<i>Cystitis nephritis -124</i>		
Duration.	<i>years</i>		
Immediate Cause of Death.			
Duration.			
Physician's Name.	<i>D^r Young</i>		
Address.	<i>Omo</i>		
Date of Return	<i>Feb 24. 1919</i>		
Remarks.			

Leave this space for Binding

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending *March 31.* 1919
 Given under my hand, this *fifth* day of *April* A.D. 1919
Arthur Cooke Division Registrar of *Lavallee Municipality*
Devlin, P.C.

DEATHS

51

DISTRICT

of RAINY RIVER

Division of FORT FRANCES INDIAN AGENCY

	Surname First	Surname First	Surname First
SURNAME of Deceased.	Namapook	Nanahabesk	Mamahkowash
Christian Name.	Joseph		
Sex.	male	female	male
Age.	13 years	9 years	43 years
Date of Death.	19th Jany, 1919	19th March, 1919	30th May 1919
Place of Birth.	Manitou Rapids Reserve	Manitou Rapids Reserve	Manitou Rapids Reserve
Place of Death, City, Town, Village, or Concession and Lot.	Manitou Rapids Reserve	Do.	Do.
Place of Burial.	Do.	Do.	Do.
Occupation.	027783	027784	Farmer
Single, Married or Widowed			married 027785
Name of Father.	Charles Namapook	Mamenequonape	Kabagabo
Maiden Name of Mother.	Sahponse ✓	Tapwaywayasheke ✓	Petanahquatook
Cause of Death, if known.	Tuberculozes	Tuberculozes	Tuberculozes
Name of Physician who attended Deceased.			
Name of Informant.			
Address.			
Date of Return.	30th June, 1919	30th June 1919	30th June, 1919
	Physician's Return of Death ✓	Physician's Return of Death ✓	Physician's Return of Death ✓
Surname of Deceased.	28 ✓	28 ✓	28 ✓
Christian Name.			
Date of Death.			
DISEASE CAUSING DEATH.			
Duration.			
Immediate Cause of Death.			
Duration.			
Physician's Name.			
Address.			
Date of Return.			
Remarks.			

Leave this space for binding

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending 30th June 1919
 Given under my hand, this 23rd day of July
 Division Registrar of Indian Agency

DEATHS

County of R.R. Division of St. Francis Ind. Agency

		No. 7			No. 8			No. 9		
Surname of Deceased		Jourdain			Land			Sanderson		
Full given Name		Bruno			Bert			Marie		
Place of Death, street and number or <small>If in a Hospital or Institution give name</small>		Coucheching Reserve			Coucheching Reserve			Coucheching Reserve		
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed		a male	b Indian	c single	a male	b Indian	c single	a female	b Indian	c Widow
Age		I yrs.	mos.	dys. hrs. min.	9 yrs.	9 mos.	dys. hrs. min.	65 yrs.	mos.	dys. hrs. min.
(a) Place of Birth (b) Date of Birth		Coucheching			Coucheching			Jany 1922		
LAST OCCUPATION	Trade or Occupation									
	Kind of Industry									
	Date from which to which employed	029575			029576			029577		
	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
PARENTS	Name of Father	Narcisse Jourdain			John Land			not known		
	Birthplace of Father	Coucheching Reserve			Lake of the Woods					
	Maiden Name of Mother	Mesheahnaquatook			Antoinette Keet			not known		
	Birthplace of Mother				Coucheching Reserve					
Name of Physician										
Address										
Name of Informant										
Address										
Relation to Deceased										
Place of Burial		Coucheching Reserve			Coucheching Reserve			Coucheching Reserve		
Date of Burial		August 1922			4th October 1922			16th March 1923		
Name of Undertaker										
Address										
Cause of Death if no Physician attended		not known			not known			Killed by train		
Date of Death		August 1922			3rd October 1922			16th March 1923		
Name of Deceased		MEDICAL CERTIFICATE OF DEATH			MEDICAL CERTIFICATE OF DEATH			MEDICAL CERTIFICATE OF DEATH		
Date of Death										
If Infant, Name of Parents										
Address										
Dates from which to which Medical Practitioner Attended Deceased		from	to		from	to		from	to	
CAUSE OF DEATH	Primary									
	Duration	yrs.	mos.	dys.	yrs.	mos.	dys.	yrs.	mos.	dys.
Contributory	Duration	yrs.	mos.	dys.	yrs.	mos.	dys.	yrs.	mos.	dys.
	(a) Did an operation precede death? (b) Was there an autopsy?	a	b		a	b		a	b	
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 ended the 30th June 1923
 D. R. Address: Fort Frances, Ont.

DEATHS

Dist. County of Kenora.

Division of Mackin.

No. 3 016777

Surname of Deceased *Moore*

Full given Name *Mathilda*

Place of Death, street and number or
If in a Hospital or Institution give name *Eagle River Ont.*

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

Age *82* yrs. - mos. - dys. hrs. - min.

(a) Place of Birth (b) Date of Birth
Fort Alexander, Manitoba

LAST OCCUPATION
Trade or Occupation
Kind of Industry
Date from which to which employed

FORMER OCCUPATION
Trade or Occupation
Kind of Industry
Date from which to which employed

Length of Residence
at place of death in Ontario in Canada

PARENTS
Name of Father *Mathilde Morriveau*
Birthplace of Father
Maiden Name of Mother
Birthplace of Mother

Name of Informant *Charles Moore*
Address *Eagle River Ont.*
Relation to Deceased *Son.*
Place of Burial *Eagle River Ont.*
Date of Burial *June 27th 1924.*
Name of Undertaker *Horn*
Address *Kenora. Ont.*
Cause of Death if no Physician attended

Date of Death *June 25th 1924.*

MEDICAL CERTIFICATE OF DEATH

Name of Deceased *Mrs John Moore.*

Date of Death *June 25th 1924.*

Dates from which to which Medical Practitioner Attended Deceased
from *June 21st 1924* to *June 25th 1924.*

CAUSE OF DEATH
Primary *Senility*
Duration
Contributory *Electric Disturbances & vomiting*
Duration *3* mos. 3 dys.

(a) Did an operation precede death?
(b) Was there an autopsy?

Name of Physician *Dr. D. G. Dingwall*
Address *Dryden, Ontario.*
Date of Return *June 25th 1924.*
Date received by Division Registrar

RECEIVED

JUL 7th 1924

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

George Ruete. D.R. Address *Eagle River Ont.*

DEATHS

County of **ATLANTA**

Division of **SAULT STE. MARIE, Ont.**

No. 18		No. 19		No. 20	
Surname of Deceased		Garfo Carfo		Spadoni	
Full given Name		Luigi		Ivo	
Place of death, street and number or		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		M Italian		M Italian	
Age		89 yrs. 6 mos. 4 dya. 1 hr. 15 min.		75 yrs. 8 mos. 4 dya. 1 hr. 15 min.	
(a) Place of Birth (b) Date of Birth		Italy		S.S. Marie, Apr 22/84	
Trade or Occupation					
Kind of Industry					
Date from which to which employed		from to		from to	
Length of Residence		at place of death In Ontario In Canada		at place of death In Ontario In Canada	
Name of Father		Alfonse Garfo		Adolphus Spadoni	
Birthplace of Father		Italy		Italy	
Maiden Name of Mother		Mama Garfo		Adolins Francolini	
Birthplace of Mother		Italy		Italy	
Name of Physician		Dr. Leahy		Dr. Leahy	
Address		Sault Ste. Marie,		Sault Ste. Marie,	
Name of Informant		Mary Gishetti		A. Spadoni	
Address		Albert Street W.		180 James Street	
Relation to Deceased		Wife		Father	
Place of Burial		Sacred Heart Cemetery		St. Ignatius Cemetery	
Date of Burial		June 12th, 1924.		June 12th, 1924.	
Name of Undertaker		M.J. Mahon,		M.J. Mahon,	
Address		Sault Ste. Marie,		Sault Ste. Marie,	
Cause of Death if no Physician attended					
Date of Death		June 10th, 1924.		June 11th, 1924.	
Name of Deceased		Luigi Garfo		Ivo Spadoni	
Date of Death		June 10th, 1924.		June 11th, 1924.	
If Infant, Name of Parents					
Address					
Dates from which to which Medical Practitioner Attended Deceased		from Nov. 29 to		from Apr. 29 to June 11	
Primary		Right Emphysema and inter lobular abscess		Inanition	
Duration		yrs. 6 mos. 4 dya.		yrs. 1 mos. 4 dya.	
Contributory		Left lobar pneumonia		Malnutrition	
Duration		yrs. 6 mos. 4 dya.		yrs. 7 mos. 4 dya.	
(a) Did an operation precede death? (b) Was there an autopsy?		Therostomy No		No No	
Name of Physician		W.H. Leahy		R.T. Lane,	
Address		Sault Ste. Marie,		Sault Ste. Marie,	
Date of Return		June 14th, 1924.		June 12th, 1924.	
Date received by Division Registrar					

I certify that the foregoing are correct registrations of deaths made to me during the month of **JUNE** 1924.

R.C. CAMPBELL

D. R. or Sub-Registrar.

Address **SAULT STE. MARIE, Ont.**

DEATHS

District County of Rainy River, Ont. Division of _____

	No. <u>027802</u>	No. <u>027803</u>	No. <u>027804</u>
Surname of Deceased	Moore,	Laneville	Jourdain,
Full given Name	Nancy,	Barria,	Kathlean,
Place of death, street and number or If in a Hospital or Institution give name	Couchiching Reserve	Couchiching Reserve	Couchiching Reserve,
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed	a Female b Indian c Married	a Female b Indian c Widow	a Female b Indian c Single
Age	28 yrs. mos. dys. hrs. min.	90 yrs. mos. dys. hrs. min.	6 yrs. mos. dys. hrs. min.
(a) Place of Birth (b) Date of Birth	a Kenora b September 1897	Couchiching b Year 1835	a Couchiching b 12th 1924
Trade or Occupation			
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	Alex Moore	Peter Jourdain	Isaac Jourdain
Birthplace of Father	Kenora, Ont,	Couchiching Res,	Couchiching Reserve,
Maiden Name of Mother	Not known	Not known	Larrie Benson,
Birthplace of Mother	Do.	Do.	Couchiching Reserve
Name of Physician	Dr Moore,		
Address	Ft Frances, Ont,		
Name of Informant	Chief of Band		Isaac Jourdain
Address			Ft Frances, Ont,
Relation to Deceased			Father,
Place of Burial	Couchiching Reserve	Couchiching Reserve	Couchiching Reserve,
Date of Burial	Sept 1924	March 24th 1925	Oct 12th 1925
Name of Undertaker			
Address			
Cause of Death if no Physician attended	T. B.	Old Age,	Pneumonia
Date of Death	Sept 1924,	March 24th 1925	Oct 12th 1925,

	MEDICAL CERTIFICATE OF DEATH			MEDICAL CERTIFICATE OF DEATH			MEDICAL CERTIFICATE OF DEATH			
Name of Deceased										
Date of Death										
If Infant, Name of Parents										
Address										
Dates from which to which Medical Practitioner Attended Deceased	from	to		from	to		from	to		
CAUSE OF DEATH	Primary									
	Duration	yrs.	mos.	dys.	yrs.	mos.	dys.	yrs.	mos.	dys.
Contributory	Duration	yrs.	mos.	dys.	yrs.	mos.	dys.	yrs.	mos.	dys.
	(a) Did an operation precede death?	a	b		a	b		a	b	
(b) Was there an autopsy?	a	b		a	b		a	b		
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 year ending June 1st 1925

B. Bruce, D. R. or Sub-Registrar. Address *Ft Frances*

DEATHS

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District
County of Rainy River

Division of FORT FRANCES INDIAN AGENCY

		No. 7	No. 8	No. 9
Surname of Deceased		Cochrane	Jourdain	Adams
Full given Name		Alice	Bella	Theresa
Place of Death, street and number or If in a Hospital or Institution give name		Manitou Rapids Reserve	Coucheching Reserve	Coucheching Reserve
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed		a Female b Indian c Married	a Female b Indian c single	a Female b Indian c single
Age		27 yrs. mos. dys. hrs. min.	12 yrs. mos. dys. hrs. min.	17 yrs. mos. dys. hrs. min.
(a) Place of Birth (b) Date of Birth		Long Sault Res, b	a Coucheching Res, b	a Coucheching b
LAST OCCUPATION	Trade or Occupation	none		
	Kind of Industry	housework		
	Date from which to which employed	from to	from to	from to
	Trade or Occupation			
FORMER OCCUPATION	Kind of Industry			
	Date from which to which employed	from to	from to	from to
	Trade or Occupation			
	Kind of Industry			
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
PARENTS	Name of Father	John Cochrane	Xavier Manville	Robert Adams
	Birthplace of Father	Long Sault Reserve	Coucheching Reserve	Coucheching Reserve
	Maiden Name of Mother	Ogibbinasunoke	Kakekaasheke	Wapeshquaconabeek
	Birthplace of Mother	Loke of the Woods	Coucheching Reserve	Coucheching Res,
Name of Informant				
Address				
Relation to Deceased				
Place of Burial		Manitou Rapids Reserve	Coucheching Reserve	Coucheching Reserve
Date of Burial		22nd December 1923	29th Feby, 1924	11th October 1923
Name of Undertaker				
Address				
Cause of Death if no Physician attended		Consumption	Consumption	Consumption
Date of Death		21st Dec, 1923 MEDICAL CERTIFICATE OF DEATH	28th Feby 1924 MEDICAL CERTIFICATE OF DEATH	10th Oct, 1923 MEDICAL CERTIFICATE OF DEATH
Name of Deceased				
Date of Death				
Dates from which to which Medical Practitioner Attended Deceased		from to	from to	from to
CAUSE OF DEATH	Primary			
	Duration	yrs. mos. dys.	yrs. mos. dys.	yrs. mos. dys.
	Contributory			
	Duration	yrs. mos. dys.	yrs. mos. dys.	yrs. mos. dys.
(a) Did an operation precede death? (b) Was there an autopsy?		a b	a b	a b
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 June ended the 30th June 1923

John Wright

D.R.

Address Fort Frances Ont.

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DEATHS

Ind. Res.

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DISTRICT *Boundary of Rainy River.*

Division of FORT FRANCES, AGENCY.

		No. 4			No. 5			No. 6		
Surname of Deceased		Jourdain			Bruyer			Adams,		
Full given Name		Rosana			Paul,			Donald,		
Place of Death, street and number or		Couchiching Reserve,			Couchiching Reserve,			Couchiching Reserve,		
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed		F. Indian Married			M. Indian Single			M. Indian Single		
Age		20 yrs. mos. dys. hrs. min.			7 yrs. mos. dys. hrs. min.			8 mos. dys. hrs. min.		
(a) Place of Birth (b) Date of Birth		Couchiching May, 1907			Couchiching May, 1920			Couchiching Sept, 1926		
Trade or Occupation										
Kind of Industry										
Date from which to which employed		from to			from to			from to		
Length of Residence		at place of death Life in Ontario in Canada			at place of death Life in Ontario in Canada			at place of death Life in Ontario in Canada		
Name of Father		Paul Jourdain			Alexander Bruyer			Joe Adams,		
Birthplace of Father		Couchiching Reserve,			Couchiching, Reserve,			Couchiching Reserve,		
Maiden Name of Mother		Mary Bebobageasogoke			Maggie,			Shobowaycumigoke		
Birthplace of Mother		Sein River, Reserve,			Sein River, Reserve,			Kettle Falls,		
Name of Physician										
Address										
Name of Informant		Paul Jourdain			Alexander Bruyer,			Joe Adams,		
Address		Fort Frances, Ont,			Ft Frances, Ont,			Ft Frances, Ont,		
Relation to Deceased		Father,			Father,			Father,		
Place of Burial		Couchiching Reserve,			Couchiching Reserve,			Couchiching Reserve,		
Date of Burial		May, 9th, 1927,			March 28th, 1927,			March 4th, 1927,		
Name of Undertaker										
Address										
Cause of Death if no Physician attended		Tub.			Tub,			not known,		
Date of Death		May 7th, 1927			March, 20th, 1927,			March, 2nd, 1927,		
Name of Deceased		MEDICAL CERTIFICATE OF DEATH			MEDICAL CERTIFICATE OF DEATH			MEDICAL CERTIFICATE OF DEATH		
Date of Death										
Dates from which to which Medical Practitioner attended Deceased		from to			from to			from to		
Primary		yrs. mos. dys.			yrs. mos. dys.			yrs. mos. dys.		
Contributory		yrs. mos. dys.			yrs. mos. dys.			yrs. mos. dys.		
(a) Did an operation precede death? (b) Was there an autopsy?		a b			a b			a b		
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 June 1927
 D.R. or Sub-Registrar. Address Fort Frances

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DEATHS

District of Rainy River Division of Indian Reserves, Ft Frances, Agency,
 County of No. 1 No. 2 028706 No. 3 028707

Surname of Deceased Blackburde 028705 Name Konkegasick
 Full given Name Wilford
 Place of Death, street and number or Couchiching Reserve Manitou Rapid Reserve Antikokan, Ont.
 (a) Sex, (b) Racial Origin, (c) Single, Married, Widowed M, Indian, Single F, Indian, Single M, Indian, Single
 Age 2 yrs. 10 mos. 2 yrs. 2 mos. 2 yrs. 2 mos.

(a) Place of Birth Rocky Inlet Manitou Res. Manitou Res.
 (b) Date of Birth Aug. 1925 May 15th, April 28th,
 Trade or Occupation None None None
 Kind of Industry None None None
 Date from which to which employed from to from to from to
 Length of Residence at place of death Life in Ontario in Canada at place of death Life in Ontario in Canada at place of death Life in Ontario in Canada

Name of Father Gilbert Blackburde Henry Hawk, Jack McGinnis,
 Birthplace of Father Long Sault Reserve Manitou Rapid Reserve, Little Fork, Reserve,
 Maiden Name of Mother Nanagobonasesick Petwaybeak Shongobonaseak
 Birthplace of Mother Sein River, Reserve, North West bay, Manitou Reserve,
 Name of Physician No. None Dr Bethune,

Address Emo, Ont. Emo, Ont. Emo, Ont.
 Name of Informant Gilbert Blackburde Henry Hawk, Father,
 Address Emo, Ont. Emo, Ont. Emo, Ont.
 Relation to Deceased Father, in reserve, Father, Father,
 Place of Burial Couchiching, Reserve. Manitou Rapid Reserve, Antikokan, Ont.
 Date of Burial Aug. 29th, 1926 May, 15th, 1927. April 30th, 1927.

Name of Undertaker Not known, Not known Not known,
 Cause of Death if no Physician attended Not known, Not known Not known,
 Date of Death Aug. 27th, 1926. May, 15th, 1927. April, 28th, 1927.
 Name of Deceased MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH

Dates from which to which Medical Practitioner attended Deceased from to from to from to
 CAUSE OF DEATH
 Primary Duration yrs. mos. dys. yrs. mos. dys. yrs. mos. dys.
 Contributory Duration yrs. mos. dys. yrs. mos. dys. yrs. mos. dys.
 (a) Did an operation precede death? a b a b a b
 (b) Was there an autopsy? a b a b a b
 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 June 19 27
 D.R. or Sub-Registrar. Address Emo, Ont.

DEATHS

District of Rainy River.		Division of FORT FRANCES, AGENCY.	
No. 10	No. II	No. 12	
Surname of Deceased	Washegwanash	Kenenanaquots	Nanabeak
	028708	028709	028710
Full given Name			
Place of Death, street and number or If in a Hospital or Institution give name	Manitou Reserve	Stangecoming Reserve,	Red Gut Reserve,
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed	F. Indian	M. Indian	F. Indian
Age	70 yrs.	4 mos.	35 yrs.
(a) Place of Birth (b) Date of Birth	Stangecoming 1857,	Nickle Lake, April 1926	Sein River 1892
Trade or Occupation			
Kind of Industry			
Date from which to which employed	from to	from to	from to
Length of Residence	at place of death Life in Ontario in Canada	at place of death Life in Ontario in Canada	at place of death Life in Ontario in Canada
Name of Father	Esquanash	Peekochnace	Sheshbewates
Birthplace of Father	Stangecoming, Reserve,	Little York, Reserve,	Sein River Reserve,
Maiden Name of Mother	Not Known	Awaygobowack	Not Known,
Birthplace of Mother	Not Known,	North west Bay	Sein River Reserve,
Name of Physician			
Address			
Name of Informant	Chief of Stangecoming,	Peekochnace	Chief of Red Gut,
Address	Ft Frances, Ont,	Fort Frances, Ont,	Bears Pass, Ont,
Relation to Deceased	None,	Father,	None,
Place of Burial	Stangecoming, Reserve,	North west bay Reserve,	Red Gut,
Date of Burial	March 12th, 1927,	July 14th, 1926,	Nov 10th, 1926
Name of Undertaker			
Address			
Cause of Death if no Physician attended	Old Age,	Not Known,	Killed by Train,
Date of Death	March 10th, 1927,	April 12th 1926,	Nov 10th, 1926
Name of Deceased	MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH
Date of Death			
Dates from which to which Medical Practitioner attended Deceased	from to	from to	from to
Primary			
Duration	yrs. mos. dys.	yrs. mos. dys.	yrs. mos. dys.
Contributory			
Duration	yrs. mos. dys.	yrs. mos. dys.	yrs. mos. dys.
(a) Did an operation precede death? (b) Was there an autopsy?	a b	a b	a b
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 June 1927
 D.R. or Sub-Registrar. Address R. Bruce

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DEATHS

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District of Rainy River

Division of FORT FRANCES, AGENCY

No. 7

028712 No. 8

028713 No. 9

Surname of Deceased

Jourdain 028711

Abetansquote

Hawtakeek

Full given Name

Mrs John,

Not known
If in a Hospital or Institution give name

North West Bay Reserve,
If in a Hospital or Institution give name

Place of Death, street and number or

Couchiching Reserve,
If in a Hospital or Institution give name

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

F. Indian Widow M Indian Widowed F. Indian S.

Age

101 yrs. mos. yrs. mos. yrs. mos. 85 yrs. mos. yrs. mos. 7 yrs. mos. yrs. mos.

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

Not Known 1826 Not known About 1840 North West Bay July 21st.

LAST OCCUPATION
Trade or Occupation
Kind of Industry
Date from which to which employed

Length of Residence

at place of death in Ontario in Canada at place of death in Ontario in Canada at place of death Life in Ontario in Canada

PARENTS
Name of Father
Birthplace of Father
Maiden Name of Mother
Birthplace of Mother

Shorty, Not known, Not known, Not known, Not known,
Not known, Not known, Not known,
Necanwaypayness
North West Bay, Reserve,
Kabageasegoke
Manitou Reserve,

Name of Physician

Address

Name of Informant

Chief, of Couchiching, Res. Chief of Couchiching Reserve Necanwaypayness

Address

Ft Frances, Ont. Ft Frances, Ont. Bears Pass, Ont.

Relation to Deceased

None, None, Father,

Place of Burial

Couchiching Reserve, Couchiching Reserve, North west Bay, Reserve,

Date of Burial

June, 1926, Jan. 15 th, 1927, July 23rd 1926.

Name of Undertaker

Address

Cause of Death if no Physician attended

Old Age, Old Age, Tub.

Date of Death

June, 1926, ? Jan, 14th, 1927, July 21st, 1926,
MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH

Name of Deceased

Date of Death

Dates from which to which Medical Practitioner attended Deceased

from to from to from to

Primary

Duration

yrs. mos. yrs. mos. yrs. mos. yrs. mos. yrs. mos. yrs. mos.

Contributory

Duration

yrs. mos. yrs. mos. yrs. mos. yrs. mos. yrs. mos.

(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 June 1927
D.R. or Sub-Registrar. Address Ft Frances

DEATHS

DISTRICT of RAINY RIVER

Division of FORT FRANCES, Indian Agency,

No. 13		No. 14		No. 15	
Surname of Deceased	Pagekeyickoke 028714	No Name, 028715	Petwaywaycomugok 028716		
Full given Name					
Place of death, street and number or If in a Hospital or Institution give name	Red Gut, Reserve,	Red Gut, Reserve, If in a Hospital or Institution give name	Sein River, Reserve, If in a Hospital or Institution give name		
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed	a Female b Indian c Single	a Female b Indian c Single	a Female b Indian c Single		
Age	12 yrs. mos. dys. hrs. min.	7 yrs. mos. dys. hrs. min.	1 yrs. mos. yrs. hrs. min.		
(a) Place of Birth (b) Date of Birth	Red Gut, b 1914	a Red Gut, b 1920	Sein River, b 1926		
Trade or Occupation					
Kind of Industry					
Date from which to which employed	from to	from to	from to		
Length of Residence	at place of death Life in Ontario in Canada	at place of death Life in Ontario in Canada	at place of death Life in Ontario in Canada		
Name of Father	Nootinacapo	Nootinacapo	Fred Black,		
Birthplace of Father	Red Gut Reserve	Red Gut, Reserve,	Little Fork, Reserve,		
Maiden Name of Mother	Nanabeak	Nanabeak,	Maymaushquabenseake		
Birthplace of Mother	Sein River, Reserve	Sein River, Reserve,	Sein River, Reserve,		
Name of Physician					
Address					
Name of Informant	Chief,	Chief,	Fred Black,		
Address	Bears Pass, Ont,	Bears Pass, Ont,	Mine Center, Ont,		
Relation to Deceased	None,	None,	Father,		
Place of Burial	Red Gut, Reserve,	Red Gut, Reserve,	Sein River, Reserve,		
Date of Burial	Dec, 21st, 1926,	March, 30th, 1927,	March, 25th, 1927		
Name of Undertaker					
Address					
Cause of Death If no Physician attended	Tub.	Tub.	Not Known,		
Date of Death	Dec, 20th, 1926,	March, 29th, 1927,	March 23rd, 1927,		
	MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH		
Name of Deceased					
Date of Death					
If Infant, Name of Parents					
Address					
Dates from which to which Medical Practitioner Attended Deceased	from to	from to	from to		
Primary					
Duration	yrs. mos. dys.	yrs. mos. dys.	yrs. mos. dys.		
Contributory					
Duration	yrs. mos. dys.	yrs. mos. dys.	yrs. mos. dys.		
(a) Did an operation precede death? (b) Was there an autopsy?	a b	a b	a b		
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

J. J. Jones 1927

D. R. or Sub-Registrar. Address

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DEATHS

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District of Rainy River, No. 22

Division of Fort Frances, Indian Agency, No. 23

No. 24

Surname of Deceased		028720		Dewage		028721		Keonkegess		028722	
Full given Name		James									
Place of death, street and number or If in a Hospital or Institution give name		Buckety Island		Buffalo Point, Reserve,		Buffalo Point, Reserve,		Buffalo Point, Reserve,		Buffalo Point, Reserve,	
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed		Male Indian Single		Male Indian Single		Male Indian Single		Male Indian Single		Male Indian Single	
Age		17 yrs. mo. dys. hrs. min.		3 yrs. mo. dys. hrs. min.		6 yrs. mo. dys. hrs. min.		6 yrs. mo. dys. hrs. min.		6 yrs. mo. dys. hrs. min.	
(a) Place of Birth (b) Date of Birth		Buckety Island 1910		Buffalo Point 1924		Buffalo Point 1924		Buffalo Point 1921		Buffalo Point 1921	
Trade or Occupation											
Kind of Industry											
Date from which to which employed		from to		from to		from to		from to		from to	
Length of Residence		at place of death Life in Ontario in Canada		at place of death Life in Ontario in Canada		at place of death Life in Ontario in Canada		at place of death Life in Ontario in Canada		at place of death Life in Ontario in Canada	
Name of Father		Kakekacopow		Mesenawaypenase		Mesenawaypenase		Mamaskowekacopow		Mamaskowekacopow	
Birthplace of Father		Buckety Island,		Buffalo Point, Reserve,		Buffalo Point, Reserve,		Buffalo Point, Reserve,		Buffalo Point, Reserve,	
Maiden Name of Mother		Paywaycomegoke		Shacowape		Shacowape		Debiskocumigoke		Debiskocumigoke	
Birthplace of Mother		Buffalo Point,		Buffalo Point, Reserve,		Buffalo Point, Reserve,		Buffalo Point, Reserve,		Buffalo Point, Reserve,	
Name of Physician											
Address											
Name of Informant		Kakekacopow		Mesenawaypenase,		Mesenawaypenase,		Mamaskowekacopow		Mamaskowekacopow	
Address		Warroad, Minn.,		Warroad, Minn.,		Warroad, Minn.,		Warroad, Minn.,		Warroad, Minn.,	
Relation to Deceased		Father,		Father,		Father,		Father,		Father,	
Place of Burial		Buckety Island,		Buffalo Point,		Buffalo Point,		Buffalo Point, Minn.,		Buffalo Point, Minn.,	
Date of Burial		Nov, 1926,		March 15th, 1927,		March 15th, 1927,		April 7th, 1927,		April 7th, 1927,	
Name of Undertaker											
Address											
Cause of Death if no Physician attended		Tub.		Not Known,		Not Known,		Tub.		Tub.	
Date of Death		Nov, 1926,		March, 13th, 1927,		March, 13th, 1927,		April 5th, 1927,		April 5th, 1927,	
Name of Deceased		MEDICAL CERTIFICATE OF DEATH		MEDICAL CERTIFICATE OF DEATH		MEDICAL CERTIFICATE OF DEATH		MEDICAL CERTIFICATE OF DEATH		MEDICAL CERTIFICATE OF DEATH	
Date of Death											
If Infant, Name of Parents											
Address											
Dates from which to which Medical Practitioner Attended Deceased		from to		from to		from to		from to		from to	
Primary											
Duration		yrs. mo. dys.		yrs. mo. dys.		yrs. mo. dys.		yrs. mo. dys.		yrs. mo. dys.	
Contributory											
Duration		yrs. mo. dys.		yrs. mo. dys.		yrs. mo. dys.		yrs. mo. dys.		yrs. mo. dys.	
(a) Did an operation precede death? (b) Was there an autopsy?		a b		a b		a b		a b		a b	
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 June 1927

D. R. or Sub-Registrar.

Address

[Signature]

DEATHS

District of Rainy River, No. 19

Division of FORT FRANCES, Indian Agency, No. 20

028723 Meakhehois

028724 Papambeasheke

028725 Nahbanaquakeyick

Surname of Deceased	028723 Meakhehois	028724 Papambeasheke	028725 Nahbanaquakeyick
Full given Name			
Place of death, street and number or If in a Hospital or Institution give name	Lac La Croix, Reserve,	Lac La Croix, Reserve,	Lac La Croix, Reserve,
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed	Male Indian Single	Female Indian Single	Male Indian Widow
Age	2 yrs 6 mos	20 yrs	60 yrs
(a) Place of Birth (b) Date of Birth	Lac La Croix 1924	Lac La Croix 1906	Lac La Croix 1867
Trade or Occupation			
Kind of Industry			
Date from which to which employed			
Length of Residence at place of death	Life, in Ontario	Life, in Ontario	Life, in Ontario
Name of Father	Shepayanamat	Shepayanamat	Not Known
Birthplace of Father	Lac La Croix, Reserve,	Lac La Croix, Reserve,	Do,
Maiden Name of Mother	Quahasheke	Quahasheke	Not Known,
Birthplace of Mother	Lac La Croix,	Lac La Croix, Reserve,	Do,
Name of Physician			
Address			
Name of Informant	Shepayanamat	Shepayanamat,	Chief,
Address	Fort Frances, Ont,	Fort Frances, Ont,	Fort Frances, Ont,
Relation to Deceased	Father,	Father,	None,
Place of Burial	Lac La Croix, Reserve,	Lac La Croix, Reserve,	Lac La Croix,
Date of Burial	Nov, 17th, 1926	Dec, 25th, 1926,	Jan, 27th, 1927,
Name of Undertaker			
Address			
Cause of Death if no Physician attended	Not known,	Tub.	Old Age,
Date of Death	Nov, 15th, 1926	Dec, 23rd, 1926,	Jan, 25th, 1927,
Name of Deceased	MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH
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 Divisor Registrar			

I certify that the foregoing are correct registrations of deaths made to me during the month of June 1927

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

DEATHS

District of Rainy River, No. 25

Division of FORT FRANCES, INDIAN AGENCY, No. 26

Surname of Deceased		Shawan		028726		Nawacomickeskung		028727	
Full given Name									
Place of death, street and number or		Buffalo Point, Reserve,		Manitou Reserve,		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 Indian c Single		a Female b Indian c Widow					
Age		38 yrs. mos. dys. hrs. min.		73 yrs. mos. dys. hrs. min.					
(a) Place of Birth (b) Date of Birth		a Buffalo Point b 1889.		a Manitou b 1854.					
Trade or Occupation									
Kind of Industry									
Date from which to which employed		from to		from to		from to		from to	
Length of Residence		at place of death life, in Ontario in Canada		at place of death life, in Ontario in Canada		at place of death in Ontario in Canada		at place of death in Ontario in Canada	
Name of Father		Wametokoose		Not known					
Birthplace of Father		Buffalo Point, Reserve,		Do.					
Maiden Name of Mother		Meskeyhasmock,		Do.					
Birthplace of Mother		Buffalo Point, Reserve,		Do.					
Name of Physician									
Address									
Name of Informant		Chief,		Chief,					
Address		Warroad, Minn.		Emo, Ont.					
Relation to Deceased		None,		None,					
Place of Burial		Buffalo Point, Reserve,		Manitou Rapid Reserve,					
Date of Burial		May, 27th, 1927		Aug, 1926					
Name of Undertaker									
Address									
Cause of Death if no Physician attended		Tub.		Old Age,					
Date of Death		May, 25th, 1927.		Aug, 1926					
		MEDICAL CERTIFICATE OF DEATH		MEDICAL CERTIFICATE OF DEATH				MEDICAL CERTIFICATE OF DEATH	
Name of Deceased									
Date of Death									
If Infant, Name of Parents									
Address									
Dates from which to which Medical Practitioner Attended Deceased		from to		from to		from to		from to	
Primary									
Duration		yrs. mos. dys.		yrs. mos. dys.		yrs. mos. dys.		yrs. mos. dys.	
Contributory									
Duration		yrs. mos. dys.		yrs. mos. dys.		yrs. mos. dys.		yrs. mos. dys.	
(a) Did an operation precede death? (b) Was there an autopsy?		a b		a b		a b		a b	
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 June 1927

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

DEATHS

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County of DISTRICT OF RAINY RIVER Division of Indian Res.

		No. 7	No. 8	No. 9
Surname of Deceased		<u>Jourdain</u>	<u>Penson</u>	<u>Jourdain</u>
Full given Name		<u>Zaac Jourdain</u> 029453	<u>Mary Penson</u> 029454	<u>Zaac Jourdain</u> 029455
Place of Death, street and number or <small>If in a Hospital or Institution give name</small>		<u>Rainy Lake Ontario</u>	<u>Sautheching Indian Reserve</u>	<u>Sautheching Indian Reserve</u>
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed		<u>Male</u> <u>Indian</u> <u>Married</u>	<u>Female</u> <u>Indian</u> <u>Married</u>	<u>Male</u> <u>Indian</u> <u>Single</u>
Age		<u>30</u> yrs. <u>00</u> mos. <u>00</u> dys. <u>00</u> hrs. <u>00</u> min.	<u>32</u> yrs. <u>00</u> mos. <u>00</u> dys. <u>00</u> hrs. <u>00</u> min.	<u>—</u> yrs. <u>6</u> mos. <u>00</u> dys. <u>00</u> hrs. <u>00</u> min.
(a) Place of Birth (b) Date of Birth		<u>Sautheching</u>	<u>Sautheching</u>	<u>Sautheching</u>
Trade or Occupation		<u>Trapper</u> 029963		
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		<u>Paul Jourdain Sr</u>	<u>Chas Penson</u>	<u>Zaac Jourdain</u>
Birthplace of Father		<u>Sautheching Reserve</u>	<u>Sautheching Reserve</u>	<u>Sautheching Reserve</u>
Maiden Name of Mother		<u>Mary Jourdain</u>	<u>Papamekyichoke</u>	<u>Mary Penson</u>
Birthplace of Mother		<u>Sautheching Reserve</u>	<u>Seine River Reserve</u>	<u>Sautheching Reserve</u>
Name of Physician				
Address				
Name of Informant		<u>Paul Jourdain Sr</u>	<u>Papamekyichoke</u>	<u>Paul Jourdain Sr</u>
Address		<u>Sautheching Reserve</u>	<u>Sautheching Reserve</u>	<u>Sautheching Reserve</u>
Relation to Deceased		<u>Father</u>	<u>Mother</u>	<u>Grand-father</u>
Place of Burial		<u>Sautheching Reserve</u>	<u>Sautheching Reserve</u>	<u>Sautheching Reserve</u>
Date of Burial				
Name of Undertaker				
Address				
Cause of Death if no Physician attended		<u>Drowned</u>	<u>I.B.</u>	<u>I.B.</u>
Date of Death		<u>October 5th, 1927</u>	<u>July 5th, 1927</u>	<u>July 5th, 1927</u>
		MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH

		from	to	from	to	from	to
CAUSE OF DEATH	Primary						
	Duration	yr. mos. dys.	yr. mos. dys.	yr. mos. dys.	yr. mos. dys.	yr. mos. dys.	yr. mos. dys.
	Contributory						
	Duration	yr. mos. dys.	yr. mos. dys.	yr. mos. dys.	yr. mos. dys.	yr. mos. dys.	yr. mos. dys.
(a) Did an operation precede death?		a	b	a	b	a	b
(b) Was there an autopsy?		a	b	a	b	a	b
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 AUGUST, 1927.

Refusers, Indian Act D.R. or Sub-Registrar. Address Fort Frances, Ont.