Fort P

D 10-1-27		c.l.	DEA	THS	-0.	100	91
	County of	K,		Division of	Cryq	01	10. 9
Surname of Deceased	Sakachewaykey	ick .	- 1/	coo	+ '	030633	4
Full given Name	030631	Remark	030 Seine 1		ve in	Level Live	y Secure
	If in a Hospital or Institution give	we we	If in a Hospital or	Chiffman	Maria o	Temale , 3	Bian Man
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed	Male & Their	Il main one day,	80 vm	mos. dy	hrs. min.	70 yrs. mo	dys. brs. n
Age (a) Place of Birth	Seine Rines b	dys. hrs. min.	V. S. W			Seine Rever	1858
(b) Date of Birth	Trapper				i, -, -, -, -, -, -, -, -, -, -, -, -, -,		300
Kind of Industry	777						1
Date from which to	from	to	from	10	fr	70 440 7	0-40 704
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Name of Father	Wabeconwape	0	Maywel		V	6	ne Reserve
Birthplace of Father	Seine Rover 1	curve	Mustacu	/		not know	
Maiden Name of Mother	Stronegalowed	Roman	•	States			
Birthplace of Mother	Seine Kives	· learne					
Name of Physician						111-	1 .1 .
Name of Informant	Orishquacum	igoke	Odishqu	acumigo		1.	ekyikjuape
Address	Seine River			u Kina 1	eserve	Sune Me	eva Reserve
Relation to Deceased	Cousin		Course	0.		Seine Reve	w
Place of Burial	Seine River		Seine	Liver ng 12 × 1929		December	28 1928
Date of Burial	February 5th	927	1				947
Name of Undertaker							
Address Cause of Death if no Physician attended	Hu		Flee.	20014		Hu ,	*
Date of Death	February 5th		Janua	CA CERTIFICATE			28 1928 ERTIFICATE OF DEAT
Name of Deceased	MEDICAL CERTIF	ICATE OF DEATH	MEDIC	AL CERTIFICATE			
Date of Death							
Dates from which to which Medical		L		l to		from	to
Practitioner attended Deceased	from	l to	from				
Primary	yra.	mos.	dys.	yrs. mo	g. dys	yrs.	mos.
Contributory				- 1			
Duration	yrs.	mos.	dys.	yra. m	os. dys	. yrs.	mos.
(a) Did an operation precede death? (b) Was there an autor	nsy? a	b /	7.7	, b			
Name of Physician		w w		7 (A			
Address	y 0 = =			T.	ě		ν
Date of Return Date received by Division Registrar	3 2 X			£.		1	
DIAMOR SAR	I certify that the foregoing	are correct registrat	ions of Deaths ma	ade to me during t	he month of	Kely	19 49
	· Carrier III	eU. lian Agr		p 11	ddress U/1	Lian	CELL COW

,030546 PROVINCE OF ONTARIO FORM 6 t may be properly b what people or or " Canadian" CERTIFICATE OF REGISTRATION OF DEATH DEATH 94Proving Ontario PLACE COURT or Rainy River THE OF DEATH If in City, Town or Village Planto Person Indian Passer Street Land Change House No. WHICH = 8= If in hospital or institution, give name Sasakayahuske described by stating 1 2. NAME OF DECEASED Vanita Rypido Indian Reserve Z DIVISION REGISTRAR OF THE DIVISION II BURIAL PERMIT CAN BE ISSUED. NG INE. THIS IS A PERMANENT RECORD. MEDICAL CERTIFICATE OF DEATH 5. Single, Married, Widowed of Divosced (Write the word) 4. Recial origin Female Chippeus Indian 16. DATE OF DEATH formation abould be carefully supplied. abould STATE CAUSE OF DEATH in plimportant. RAGIAL ORIGIN will be delirish, Scotch, French, German, etc. Thota a race or people. I HEREBY CERTIFY that I attended decease 17. 7. DATE OF BIRTH (Day) (Year)
| If less than one day old and last saw h..... Monthe The CAUSE OF DEATH was as follows: 8. AGE OF DECEASED 321 hre. or min. 1.6. 9. OCCUPATION OF DECEASED-(Trade or occupation or kind of work) (duration of)..... THIS FORM MUST BE FYLED FORTHWITH WITH THE DIVISIG OCCURRED BEFORE A BURIAL WRITE PLAINLY WITH UNPADING INK.

AGE should be stated EXACILY. PHYSICIANS should STATE classified. Exact statement of OCCUPATION is very important. RA race the deceased person belonged, whether English, Irish, Scotch, Figured in the used, as they express clitzenship but not a race or peops K CONTRIBUTORY CAUSE (Kind of industry) 10. LENGTH OF RESIDENCE (in years and months) yrs.....mos..... (duration of)..... (a) At place of death 32 42 (b) In province 32 442 18. Where was disease contracted if not at place of death? (c) In Canada (if an immigrant), 11. Name of father Thomas (Province or country) Did an operation precede death?......Date of. Pesson for operation...... 13. Maiden name of mother Ctanequa doke 14. Birthplace of mother Outano (Signed)... (Province or country) 15. Name of Informant Goe Blue Sky (Month) (Day) (Year)

State the Disease causing death, or in death from Violent Causes, state (1) Means and Nature of Injury, (2) whether Accidental, Suicidal or Homicidal. In case of stillbirths write "born dead". Address Manita Rapids Sindian Reserve Relation to Deceased Brother Date of Burial May 22 nd 1930 19. Place of Burial Manuto Kapido Indian Reuse Address 20. Name of Undertaker For use Division Registrar only 1930 ...day of Division Registrer BURIAL PERMIT was issued by:-

Name

ope, marked "Dominion Statistics—Free, penalty for improper use, \$300," and properly addressed will pass through the Mail "FREE".

This form if placed in an envelope, marked "Dominton Statistics—Free, penalty for improper use, \$300," and properly addressed will pass through the Mail "FREE". PROVINCE OF ONTARIO FORM 6 may be properly what people or or "Canadian" DEATH CERTIFICATE OF REGISTRATION OF DEATH 029083 Township of Ontaxes Kamy Kwee THE DEATH If in City, Town or Village WHICH #8: If in hospital or institution, give na in plain terms, so that be described by stating The terms "American Show dagobeak 2. NAME OF DECEASED. Z RECORD. Meserve DIVISION (Usual place of abode) MEDICAL CERTIFICATE OF DEATH 5. Single, Married, Widowed 4. Racial origin WITH THE DIVISION REGISTRAR OF THE DIVIBERORE A BURIAL PERMIT CAN BE ISSUED.

H UNFADING INK. THIS IS A PERMANENT READ Information should be carefully supplied.

ANS should STATE CAUSE OF DEATH in plain terror important. RACIAL ORIGIN will be describe ish, Irish, Scotch, Prench, German, etc. The term at not a race or people. 3. Sex or Divorced (Write the word) 16. DATE OF DEATH SEALE 19.30 Mareud emale 6. BIRTHPLACE ONTERES I HEREBY CERTIFY that I attended deceased from 17. 7. DATE OF BIRTH (Day) If less than one day old Years Days 8. AGE OF Years The CAUSE OF DEATH was as follows: Typhon Ferrer 9. OCCUPATION OF DECEASED—
(a) Nome Maker (Trade or occupat WITH UNFADING INK. CONTRIBUTORY CAUSE. (Kind of industry) 10. LENGTH OF RESIDENCE (in years and months) WITH THE BEPORE A yrs. (b) In province 32 the 18. Where was disease contracted if not at place of death? (a) At place of death be stated EXACTLY. PHYSICIANS statement of OCCUPATION is very is person belonged, whether English, lied, as they express citizenship but not (c) In Canada (if an immigrant) item of i 11. Name of father Securibenace PORTHWITH Ontario 12. Birthplace of father. Reason for operation. PLAINLY Was there an autopay?... W.S. 4 Address PYLED WRITE State the Disease esusing d and Nature of Injury, (2) whether write "born dead". BE Relation to Deceased : MUST 19. Place of Burial Manuta Reserve Date of Burial. AGE should be classified. Exact st race the deceased p should not be used. 20. Name of Undertaker PORM For use Division Registrar only19...... ..m. thisday of ... Fyled at. (Month) THIS BURIAL PERMIT was issued by:-Date

DIVISION REGISTRAR BURIAL PERMIT CAN FORTHWITH FORM

THIS IS A PERMANENT RECORD PLAINLY WITH UNFADING INK. BEFORE A OCCURRED

₽8: should STATE CAUSE OF DEATH in plain terms, so that important. RACIAL ORIGIN will be described by stating Irish, Scotch, French, German, etc. The terms "American carefully supplied. Every item of information should be CUPATION is very im 1, whether English, Iris s citizenship but not a be stated EXACTLY.
statement of OCCUI
person belonged, wheel, as they express cit

FORM 6 PROVINCE OF ONTARIO CERTIFICATE OF REGISTRATION OF DEATH PLACE | County of .. DEATH If in City, Town or Village..... If in hospital or institution, give name. 2. NAME OF DECEASED. Residence (Usual place of abode) 3. Sex Single, Married, Widowed 4. Racial origin MEDICAL CERTIFICATE OF DEATH or Divorced (Write the word) manied 16. DATE OF DEATH (Month) (Year) I HEREBY CERTIFY that I attended deceased from 17. (Province or country) .19 to 7. DATE OF BIRTH (Month) If less than one day old 8. AGE OF The CAUSE OF DEATH was as follows: DECEASED 9. OCCUPATION OF DECEASED-(duration of)... (Kind of industry) CONTRIBUTORY CAUSE. (Secondary) 10. LENGTH OF RESIDENCE (in years and months) (duration of) _______yrs._____mos.____days(b) In province... (a) At place of death..... 18. Where was disease contracted if not at place of death? (c) In Canada (if an immigrant). 11. Name of father Salane Did an operation precede death?......Date of...... Ontario 12. Birthplace of father Reason for operation. (Province or country) Was there an autopsy?..... 13. Maiden name of mother. tano 15. Name of Informant. (Day) State the Disease causing death, or in death from Violent and Nature of Injury, (2) whether Accidental, Suicidal or Homic write "born dead". (Year) Date of Burial 19. Place of Burial. 20. Name of Undertaker... Address 14 day of. BURIAL PERMIT was issued by:albany

"Deminion Statistics—Free, penalty for improper use, \$390," and properly addressed will pass through the Mail "FREE". FORM PROVINCE OF ONTARIO may be property what people of CERTIFICATE OF REGISTRATION OF DEATH nes agency House No. ₹8: If in hospital or institution, give name stating t 2. NAME OF DECEASE THIS IS A PERMANENT RECORD. THE DIVISION n plain terms, e described by The terms "Ar (Usual place of abode) 5. Single, Married, Widowed or Diverced (Write the word) Sex 4. Racial origin MEDICAL CERTIFICATE OF DEATH (Month) (Day) 9,2 17. I HEREBY CERTIFY that I attended deceased from ORIGIN will be German, etc. 5 (Province or country) BURIAL PERMIT CAN BE 7. DATE OF BIRTH (Month) (Day) Years Months Days If less than one day old 8. AGE OF The CAUSE OF DEATH was as follows: DECEASED RACIAL O hre. or..... 9. OCCUPATION OF DECEASED-(Trade or occupation or kind of work) STATE PLAINLY WITH UNPADING INK. OCCUPATION is very important. Fled, whether English, Irish, Scotch, ress citizenship but not a race or peo (duration of)..... (Kind of industry) CONTRIBUTORY CAUSE. 10. LENGTH OF RESIDENCE (in years and months) (duration of) _____days BEFORE (a) At place of death. (b) In province... 18. Where was disease contracted if not at place of death? (c) In Canada (if an immigrant) 11. Name of father... ORTHWITH OCCURRED Did an operation precede death?..... Date of..... 12. Birthplace of father. Reason for operation..... Was there an autopsy? 13. Maiden name of mother. Ontario
(Province or country) 14. Birthplace of mother. WRITE EXAC 15. Name of Informant (Month) (Day) State the Disease causing death, or in death from Violent Causes, state (1) Means and Nature of Injury, (2) whether Accidental, Suicidal or Homicidal. In case of stillbirths write "born dead". Relation to Deceased 19. Place of Burial Date of Burial 20. Name of Undertaker classifie race the should CIA Division Registrar BURIAL PERMIT was issued by:-Name

SCHEDULE C.

DEATHS.

Division of Hall Paley

S. Mar. College College		Count	- 0	/				Division of	1 w vog	south materials		
NAME OF DECEASED.	SEX. (M. or F.)	DATE OF DRAFH.	Aas.	No. or House on Lor.	CONCESSION OR STREET,	OCCUPATION,	WHERE BORM.	CAUSE OF DEATH. LENGTH OF ILLNESS.	NAME OF PHYSICIAN IN ATTENDANCE.	Raligious Danomination.	NAME OF PERSON , MAKING REPURN.	DATE OF REGISTRATION,
Catherine Mary Cochrank	7	1897 ape 8	24		Rat Portage	rife of Imborehome	Ravertage	Zyphora Ferer	Majman	6 of 8.	Sohn-Cochone	Chr. 8
Samuel Gerry Till X	1000	9	1		, ,	1 10	1	reformation of Lon	of Charamel		Rott are	042230
ananda Anguala Max	-	1 10	11	5 5		4	1-22-57	Heart disease	S. frame	2	Grock Miere	042231
Malte Some Retwell		. 14	18	-	•			Typhoid Penneman		h	A. S. atriell	022232
Carlo Piete, Loraskix			7 ms				Red Porlage		of Scrile	RG	Re Latter Capill	0122339
Pane Bromer X		, Mich 9	45				a section of a	Least Failure	S: Chardmell		1	022234,
Best 6. Hollomax		· age si	40			Employment agent		Wend hominge	× 1	P	Ger. Barner	02223573
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Changerett Mugates	_	9	24			hope of Jule Mingalon &	(.	Consimption	2. Edmentson	6096	0 '	012238 //
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Realmon L	1.	1 1/2	45			Latome	Stredon	Franced	* -	2	Ger Dames	01224031
Jane Moram X	7	29	80		7	rip glatibles moren	Now york	Pelage	LA Scrill	698		022241
Catherine M Konziex		, James	18	1 ₈ .			Cape mela	Lest Farling	× ~ ′	RG	V	022242 022243
2. Benson +		1 , 2	18	*	,		Sneden	Typhoria Feren	I Famman	2		022244
derbet Hollomax	Ch	, , 3	49		7	black .		Angles disease	8 '	496		022244
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Sarah Starin X	2	1 . 7	27				. Greand	Chechot	Hanson	Copo	0 0 0	022247
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Jeogina Johnston Mihro	(3	· que so	2					, La Pripe	*		Romes to Ting	3 2250
Mande Johnston +	7	· June 27	4				Soronto	Dipthona	D- Jume	in	V 12-	1 28
doma to Learn +	In	1 1	50			miner .	. Ont.		*	P	Ger. Barno.	012252
Grantus Piller	ch	, July 3	39			Blacksmith		Typhrid Ferer	Fammeson	in	0 %	July o
Shy Mely +	.>	1.6	20					State Rom	*	Ch.	James Miller	7.
Thomas to Mahont	an	7	28					Syphoria Ferrer	fume	1	Ser Dame	42255
Grastin of Pullar +	Ch	, , 3	38			Blacksmith			* .	u	1. Comell	7 9
			- 55	38.0		- 5		46	- Land Control of the	- 120 July	1	

I hereby certify the foregoing to be the true and correct Given under my hand this.__

copy of entries of deaths returned to me

		1 .				RE	SIDENCE.	OCCUPATION.		CAUSE OF DEATH.	NAME OF PHYSICIAN	Religious	Name of Person	DATE OF
	NAME OF DECEASED.	SEX. (M. or F.)	DATE OF DE	BATH.	AGR.	No. of House or Lot.	CONCESSION OR STREET.	MARRIED OR SINGLE.	WHERE BORN.	LENGTH OF ILLNESS.	IN ATTENDANCE.	DENOMINATION.	MAKING RETURN.	REGISTRATION.
	(SURNAME FIRST) 02474	8	Month.	Year.	4500	Engle Sake	hisim	occ. Leffu L.	lage lete	Consumption V	N. S. Blair	Engelian	Alex Sinkthe	Out of the second
	Brignale Hary 1750	7	Man 16	٠	Las days	LX 4	Car Chow If	Mars. Cinc	Chri El	hot Rurum	Em	meth	F. J. Brignall	Kon 17 1.
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E SAIM	024751	0	0 -		. 1	Cyle Reson	husim	M. or S.	Engli fars	Consumttion V	Erne	page	James Fox	upil 5 1915
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I hereby certify the foregoing to be the true and correct

Given under my hand this Luclfle day of

copy of entries of deaths returned by me.

Signed, Chley Berth

DEATHS
Division

UNORGANIZED

-		and the second of the second of the	PERMIT	東大日本を なる。 (公司) 10	A STATE OF THE PARTY.	AND TRANSPORTED TO	Service Committees	TOWNER CONTROL	
	Surname of Deceased	Allen Ne. 14	#					No.	william wh
	Full given Name	Mary Agnes							The state of the s
	Place of Death, street and sumber or	6 miles north of Bear's If in a Hospital or Institution give name		If in a Hospital or	Institution give name				with first
	a) Sex, (b) Racial Origin, c) Single, Married, Widowed	Female Scotch Man	rried	W. L. 128 929		Control of	II in a Hospital or	Institution give name	12 - 10g 2003 (8) - 10 J 20 - 10 J
	Age	27	II sele see i		A. R. Seath and	10 10000	•	b	C
1	a) Place of Birth b) Date of Birth	Port Prences Of Tex	hrs. mi		mos.	dys. hrs. m	in. ym.	mos.	dys. brs. in
1			1. 109	D.C. John				e la	2 3 COK
1	THE STATE OF THE S	Housewife .				100		4 4 to	and who have
20.45	Kind of Industry	door					i e a e		
	Date from which to which employed	from 028238	FAX.	from			from	200	no linger
E VINA	Trade or Occupation								u Kay
200	Kind of Industry		-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
2	Date from which to which employed	from to		from	to		from		
L	ength of Residence	27 yrs	Canada	at place of death				1 30	T
		William Woods	Canada	at place of death	in Ontario	in Canada	at place of death	in Ontario	in Cana
2	Name of Father	Orkney Islands							-
AREN	Birthplace of Father Maiden Name of		-						
"	Mother	Elizabeth Smith	-		· ·				
-	Birthplace of Mother	Manitoba							
N	ume of Informant	Florence McKelvie	= :						-0 -
A	Idress	Fort Frances					Lega	- x	-
Re	lation to Deceased	Sister	-						l by-l
Pia	ce of Burial	Fort Frances	-					1-1-5	
Da	te of Burial	21 December 1921							5
Na	me of Undertaker	Wm. Floyd	2-						
Ad	dress	Fort Frances							
	me of Death o Physician attended								
Da	e of Death	15 December 1921 7	2017.2			-			
-		MEDICAL CERTIFICATE OF DEAT	н	MEDICAL O	CERTIFICATE OF	DEATH	MEDICAL CI	ERTIFICATE OF	DEATH
Na	ne of Deceased	Agnes Allan			C	*1-			
Da	e of Death	15 December 1921							7 .
Me	es from which to which tical Practitioner	from		from			from		
	ended Deceased	to	- 1			3)-T (D 1)	to		
H	Primary	A fall on Dec, 12th.					T 47.72		-
DEATH	Duration	,			71.7				
CAUSE OF	Contributory	Hemorrhage internal	dys.		- 731	dys.	, yn.	2006	dys.
-1				- Legap					en z
(4)	Duration Did an operation pre-		dys.			dys.	70.	•	
(P)	Was there an autopsy?	2 2 2 10 10 10 10 10 10 10 10 10 10 10 10 10		• [44.4	1	- 1-1-1 r	. 24		TO DAY POT
Nan	se of Physician	R.Moore, M.D. Coroner	173			21			- Total
Add	1.35	Bort Frances			V . 144	4			100
	of Return	17 December 1921	1	2. 路快场			The HOME O	Carlotte Commission	
Date	received by Division	17 December 1921		fac.		e de la companya de l	N. Property		Mar. 19
1			-	7.0/2.027			-	and the second	OWNER WAY

As

the foregoing are correct registrations of de

Men Frances

DEATHSAEG

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DISTRICT OF

RAINY RIVER

Division of FORT FRANCES INDIAN AGENCY

	Duranmo firet	market and the second	durame fret
i v			1185
RNAME of Deceased.	Morriseau	Jourdain	Jourdain
ristian Name.	Andrew	Archangle	Jean
	male	female	female
ro.	IO years	90 years	9 months
ste of Death.	19th Jany, 1919	Ist Feby. 1919	17th Feby, 1919
see of Birth.	Red Gut Reserve		Coucheching Reserve
ace of Death, City, Town, llage, or Concession and st.	Fort Frances Indian Boarding School	Coucheching Reserve	Do.
see of Burial.	Coucheching Reserve	Do.	Do.
cupation.	027801	02783	
agle, Marriedor Widowed	0.7 3. 4	Widow	027833
ame of Father.	Andrew Morriseau		Issac Jourdain
aiden Name of Mother.	Tachakay way		Mary Vincent
ause of Death, if known.	Flu,	old age	
ame of Physician who stended Deceased.	Dr.Robt Moore		
ame of Informant.			
.ddress.			
ate 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
urname of Deceased.	α	A	4
hristian Name.	16	154	1 2 - 1
ate of Death.			
ISEASE CAUSING EATH			
Ouration.			-
mmediate Cause of leath.			
Ouration.			
Physician's Name.		1X	
Address.		r i i	
Date of Return.			
		J1	1

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

AD. 19 / Queen under my hand, this

Division Registrar of

20 M-6-17.

Windian Agent

	County of	P.A. Division of	t frances had age			
Surname of Deceased	No. 7 Jourdain	No. 4	Sanderson Island			
Full given Name	Bruno	Bert	- 45 Car			
Place of Death, street an number or		Grychesting Regards.	u Cenghashing Reserve			
(a) Sex, (b) Racial Origin (c) Single, Married, Widowed						
	Truster ops 4	ing,				
(a) Place of Birth	yrs. toke. dys. hrs. mil		. 6577. mos. dys. lars.			
(a) Place of Birth (b) Date of Birth Trade or Occupation	* Coucheching	* Coucheching b Jany 1922	not known 1 b			
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Kind of Industry	029575	Home Williams Trans	029577			
Date from which to which employed	from to	Q29576				
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	Narcese Jourdain					
Birthplace of Father	Coucheching Reserve	John Land	not known			
Maiden Name of Mother		Lake of the Woods				
	Kesheahna qua took	Antéines Keet	not known			
Birthplace of Mother		Coucheching Reserve	July 107 C. No. 1 State of the			
ame of Physician						
ddress			The second second			
ame of Informant			THE RESERVE			
ldress						
elation to Deceased	the smaller little to the					
ace of Burial	Coucheching Reserve	Cougheching Reserve	Coucheching Reserve			
ate of Burial	August 1922		Isth March 1923			
ame of Undertaker						
dress	tradical in the Company Court		A CONTRACTOR OF THE PARTY OF TH			
use of Death no Physician attended	not known	net known				
te of Death	August 1922	100	Killed by train			
is and the same	MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH			
me of Deceased						
te of Death			SWOLLD AND AND AND AND AND AND AND AND AND AN			
Infant, Name of cents			TO THE MANY TO			
dress						
tes from which to which dical Practitioner ended Deceased						
Primary						
100	S. 17. (20.00)					
Duration		N. S. San	The second secon			
Contributory			Charles - Section			
Duration Did an operation pre-			The second secon			
Did an operation pre- e death? Was there an autopsy?	The State of		Section of the sectio			
ne of Physician			NOT THE RESIDENCE			
		The state of the s				
e of Return						

	DISTRICT CO.		AIHS	.501	
	County of RAIN	/ 4		FORT FRANCES INDIAN	AGENCY, Ont.
Surname of Deceased		X	No. 5	V No.	6
Full given Name	Assenewahbeek	Mary Bruyer	re	Bruno McPher	son
Place of Death, street a number or	If in a Hospital or Institution give name	Coucheching If in a Hospital or Ins	Reserve	,	
(a) Sex, (b) Racial Ori (c) Single, Married, Widowed	Female single		× ×	Coucheching Re	on give name
		Female b	married e	Male Mar	ried
Age (a) Place of Rieth	4 yrs. mos. dys.	hrs. min. 28 yrs.	mos. dys. hrs.		os. dys. hrs. mi
(a) Place of Birth (b) Date of Birth	Lake of Woods	Coucheching R	esexve	Coucheching Res	erve
Trade or Occupation		Household		Laboter	
Kind of Industry					
Date from which to which employed	from	from			1
Trade or Occupation			1 to	from	.
No con	02780	027801		066000	
Kind of Industry Date from which to				027302	
which employed	from	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	Nashakeepenase	Joseph Gimmor	nd	Rorry McPhers	
Birthplace of Father	Hungry Hall Reserve	Coucheching P	Reserve		, on
Maiden Name of Mother	EtawahComikook	Shawanaseke		York Factory	
Birthplace of Mother	Lake of the Woods	Couchechin	Parama	Mary Ann Jour	
		Oddirechi	ig Reserve	Coucheching Re	serve
Name of Informant					
Address					
Relation to Deceased			*		
Place of Burial	Buffalo Bay Reserve	Coucheching	Reserve	Coucheching Re	serve
Date of Burial				25th January	
Name of Undertaker					
Address		11 W	2		4
Cause of Death if no Physician attended	Not known				
	Tu3 7007	Flue		Appendicitis	
Date of Death	July 1921 MEDICAL CERTIFICATE OF DEAT	I2th Januar;		24th January Is	and the second s
Name of Deceased		MEDICAL CERTI	FICATE OF DEATH	MEDICAL CERTIFIC	ATE OF DEATH
Date of Death					<u> </u>
Dates from which to which					- ·
Medical Practitioner Attended Deceased	from	from		from	(€) <u>-</u>
	10	to		to	
Primary		1.00			
Duration	yrs. mos.	dys. yrs.	mos, dys,	yra.	mos. dva.
Contributory				, e	mos. dys.
Duration	yrs. mos.	dys. yrs.	more and a second		
) Did an operation pre- de death?) Was there an autopsy?		,	mos dys.	y m.	mos. dys.
nme of Physician	11.00	•	ь		191
				2	
ldress					6
te of Return					
te received by Division					

We get the made to me during the months ended the 30th June

D.R.

Indian Agent.

Address Fort Frances, Ont.

DISTRICT Cossessy of RAINY RIBER

Division of FORT FRANCES INDIAN AGENCY

this space for binding

	Burnamo firet	Surnamo first	6
SURNAME of Deceased	Jourdain	Bruyere	Surname fires
Christian Name,	Cecelia	Alvine	Pewahahcotoose
Sec	female	female	male
Ago.	I4 months	2 years	6 years
Date of Death.	19th March 1919	20th January 1919	19th March 1919
Place of Birth. Place of Death, City, Town, Village, or Concession and	Coucheching Reserve	Coucheching Reserve	Little Forks Reserve
Lot.	Do.	Do.	Manitou Rapids Reserve
Place of Burial.	Do. 027792	Do.	Do.
Occupation.	027732	027793	
Single, Married or Widowed			027794
Name of Father.	Deume Jourdain	Gabrial Bruyere	Shanawenah
Maiden Name of Mother. Cause of Death, if known.	Susan Gimmond	Vernuc Morriseau	Keshepabaahweek
Name of Physician who attended Deceased.		Flu	
Name of Informant.			
Address.			
Date of Return.	30th June 1919	30th June 1919	704)
	Physician's Return of Death	Physician's Return of Death	30th June 1919
Surname of Deceased.	4		Physician's Return of Death
Christian Name.			
Date of Death.	189	10	
DISEASE CAUSING DEATH.			1.65
Duration.	-		
Immediate Cause of Death.	.,		
Duration.			
Physician's Name.			
Address.	A .		= = = = = = = = = = = = = = = = = = =
Date of Return.			
Remarks.			

		No.		A ryumagango acco	The second secon	Kany River
No.	No.			X No. /	No. 2	No. 3
Name and Surname of Deceased.			Name and Surname of Deceased.	Hugh Kerr	James Calder	11:00
When Died.			When Died.	July 22 1896	Left 25th 1501	Selina amelia Griffis
Bex-Male or Female. Age.			lex.—Male or Female.	male	Sept 25th 1896	Female
Rank or Profession.			Rank or Profession.	66 years.	75 years	3/2 years
Where Born.			Where Born.	tarmer	Carpenter	
Certified Cause of Death and duration of Illness.				Duragal Treland	manitota	76. Frances Out
	Ex		ertified Cause of Death and ration of Illness.	Softamation Y week	Heart Disease to day	Preumanik. In oday
Name of Physician (if any).	like		Name of Physician (if any).	have &		home
Signature, Description and Residence of Informant.		4	Signature, Sescription and Residence of Informant.	Charles Kerr	Geo. G. allan 7t Francis. Out.	huro Grijgetho
When Registered.			2020x 30	Brg. Forks. Rainy River	A STATE OF THE PARTY OF THE PAR	It Frances Onl
Religious Denomination of Deceased.	lotai		When Registered. Religious Denomination of Deceased.	July 26 1896	Oct 200 1896	how 16th 1896
Signature of Registrar.			Deceased. Signature of Registrar.	Roman Catholic	Church of England	Church of England
			Registrar,	Wom Floyd	West floyd	west loyd
REMARKS.			REMARKS.			
		CV Bong St. Sand	100	001164	- 001165	001166
No.	No.	No.		No.	No.	No.
Name and Surname of Deceased.			Name and			
When Died.			Name and Surname of Deceased.			
Sex—Male or Female.			When Died.			
Age.	2		Female.			
Rank or Profession.	t		Rank or Profession.			
Where Born.		*	Where Born.			
Certified Caure of Death and duration of Illness.			Certified Cause of Death and uration of Illness.			
Name of Physician (if any).			ar years			
	3		Name of Physician (if any).			
Signature, Description and Residence of Informant.			Signature, Description and Residence of Informant.			
When Begistered.			When Registered.			
Raligious Denomination of Deceased.	•	100	Religious Denomination of Deceased.			
Signature of Registrar.		7,	Signature of Registrar.			
REMARKS			REMARKS.			
C. 200 AST 200 STATE		THE RESERVE OF THE PROPERTY OF THE PARTY OF				CHARLES CONTRACTOR OF THE PARTY OF THE PARTY.

SCHEDULE C.

DEATHS.

Division of Hall Paley

S. Mar. College College		Count	- 0	/				Division of	1 w vog	south materials		
NAME OF DECEASED.	SEX. (M. or F.)	DATE OF DRAFH.	Aas.	No. or House on Lor.	CONCESSION OR STREET,	OCCUPATION,	WHERE BORM.	CAUSE OF DEATH. LENGTH OF ILLNESS.	NAME OF PHYSICIAN IN ATTENDANCE.	Raligious Danomination.	NAME OF PERSON , MAKING REPURN.	DATE OF REGISTRATION,
Catherine Mary Cochrank	7	1897 ape 8	24		Rat Portage	rife of Imborehome	Ravertage	Zyphora Ferer	Majman	6 of 8.	Sohn-Cochone	Chr. 8
Samuel Gerry Till X	1000	9	1		, ,	1 10	1	reformation of Lon	of Charamel		Rott are	042230
ananda Anguala Max	-	1 10	//	5 5		4	1-22-57	Heart disease	S. frame	2	Grock Miere	042231
Malte Some Retwell		. 14	18	-	•			Typhoid Penneman		h	A. S. atriell	022232
Carlo Piete, Loraskix			7 ms				Red Porlage		of Scrile	RG	Re Latter Capill	0122339
Pane Bromer X		, Mich 9	45				a section of a	Least Failure	S: Chardmell		1	022234,
Best 6. Hollomax		· age si	40			Employment agent		Wend hominge	× 1	P	Ger. Barner	02223573
Muja wher frahand		. May 1	18 mo				Ral Portage	Convulsion	D. Jume	•	D- Jume	May 1
Fraklen Telnamy	•	, , 3	24		•	Mije of M. Schnam		onglamation of Pame	×	O.	Jes. Barnes	0222374
Changerett Mugates	_	9	24			hope of Jule Mingalon &	(.	Consimption	2. Edmentson	6096	0 '	012238 //
to har bochome for &		ر الحا	1200			1 10 0 7		Neaknoss.	& Chapman	717	The lockson	012239 3
Realmon L	1.	1 1/2	45			Latome	Stredon	Franced	* -	2	Ger Dames	01224031
Jane Moram X	7	29	80		7	mis glatibles moren	Now york	Pelage	LA Scrill	698		022241
Catherine M Konziex		, James	18	1 ₈ .			Cape mela	Lest Farling	× ~ ′	RG	V	022242 022243
2. Benson +		1 , 2	18	*	,		Sneden	Typhoria Feren	I Famman	2		022244
derbet Hollomax	Ch	, , 3	49		7	black .		Angles disease	8 '	496		022244
ofher boughlan 1	Gh	1 . 6	38		1	Brakeman !	Now thumom	ik Blood poisming	De Jume	P	and the second second	022246 7
Sarah Starin X	2	1 . 7	27				. Greand	Chechot	Hanson	Copo	0 0 0	022247
Reanderson X		· May 12	45	1		Merchant	Treden	Somed	x -	2	Ren fer Pors	042248
Treta delentrook			15		1			An Consimplion	Harrow	Copo	_	, 14
Jeogina Johnston Mihro	(3	· que so	2					, La Pripe	*		Romes to Ting	3 2250
Mande Johnston +	7	· June 27	4				Soronto	Dipthona	D- Jume	in	V 12-	1 28
doma to Learn +	In	1 1	50			miner .	. Ont.		*	P	Ger. Barno.	012252
Grantus Piller	ch	, July 3	39			Blacksmith		Typhrid Ferer	Fammeson	in	0 %	July o
Shy Mely +	.>	1.6	20					State Rom	*	Ch.	James Miller	7.
Thomas to Mahont	an	7	28					Syphoria Ferrer	fume	1	Ser Dame	42255
Grastin of Pullar +	Ch	, , 3	38			Blacksmith			* .	u	1. Comell	7 9
			- 55	38.0		- 5		46	- Land Control of the	- 120 July	1	

I hereby certify the foregoing to be the true and correct Given under my hand this.__

copy of entries of deaths returned to me

SCHEDULE C.

DEATHS.

Division of Hall Paley

S. Mar. College College		Count	- 0	/				Division of	1 w vog	south materials		
NAME OF DECEASED.	SEX. (M. or F.)	DATE OF DRAFH.	Aas.	No. or House on Lor.	CONCESSION OR STREET,	OCCUPATION,	WHERE BORM.	CAUSE OF DEATH. LENGTH OF ILLNESS.	NAME OF PHYSICIAN IN ATTENDANCE.	Raligious Danomination.	NAME OF PERSON , MAKING REPURN.	DATE OF REGISTRATION,
Catherine Mary Cochrank	7	1897 ape 8	24		Rat Portage	rife of Imborehome	Ravertage	Zyphora Ferer	Majman	6 of 8.	Sohn-Cochone	Chr. 8
Samuel Gerry Till X	1000	9	1		, ,	1 10	1	reformation of Lon	of Charamel		Rott are	042230
ananda Anguala Max	-	1 10	11	5 5		4	1-22-57	Heart disease	S. frame	2	Grock Miere	042231
Malte Some Retwell		. 14	18	-	•			Typhoid Penneman		h	A. S. atriell	022232
Carlo Piete, Loraskix			7 ms				Red Porlage		of Scrile	RG	Re Latter Capill	0122339
Pane Bromer X		, Mich 9	45				a section of a	Least Failure	S: Chardmell		1	022234,
Best 6. Hollomax		· age si	40			Employment agent		Wend hominge	× 1	P	Ger. Barner	02223573
Muja wher frahand		. May 1	18 mo				Ral Portage	Convulsion	D. Jume	•	D- Jume	May 1
Fraklen Telnamy	•	, , 3	24		•	Mije of M. Schnam		onglamation of Pame	×	O.	Jes. Barnes	0222374
Chargenetty Mugates	_	9	24			hope of Jule Mingalon &	(.	Consimption	2. Edmentson	6096	0 '	012238 //
to har bochome for &		ر الحا	1200			1 10 0 7		Neaknoss.	& Chapman	717	The lockson	012239 3
Realmon L	1.	1 1/2	45			Latome	Stredon	Franced	* -	2	Ger Dames	01224031
Jane Moram X	7	29	80		7	rip glatibles moren	Now york	Pelage	LA Scrill	698		022241
Catherine M Konziex		, James	18	1 ₈ .			Cape mela	Lest Farling	× ~ ′	RG	V	022242 022243
2. Benson +		1 , 2	18	*	,		Sneden	Typhoria Feren	I Famman	2		022244
derbet Hollomax	Ch	, , 3	49		7	black .		Angles disease	8 '	496		022244
ofher boughlan 1	Gh	1 . 6	38		1	Brakeman !	Now thumom	ik Blood poisming	De Jume	P	and the second second	022246 7
Sarah Starin X	2	1 . 7	27				. Greand	Chechot	Hanson	Copo	0 0 0	022247
Reanderson X		· May 12	45	1		Merchant	Treden	Somed	x -	2	Ren fer Pors	042248
Treta delentrook			15		1			An Consimplion	Harrow	Copo	_	, 14
Jeogina Johnston Mihro	(3	· que so	2					, La Pripe	*		Romes to Ting	3 2250
Mande Johnston +	7	· June 27	4				Soronto	Dipthona	D- Jume	in	V 12-	1 28
doma to Learn +	In	1 1	50			miner .	. Ont.		*	P	Ger. Barno.	012252
Grantus Piller	ch	, July 3	39			Blacksmith		Typhrid Ferer	Fammeson	in	0 %	July o
Shy Mely +	.>	1.6	20					State Rom	*	Ch.	James Miller	7.
Thomas to Mahont	an	7	28					Syphoria Ferrer	fume	1	Ser Dame	42255
Grastin of Pullar +	Ch	, , 3	38			Blacksmith			* .	u	1. Comell	7 9
			- 55	38.0		- 5		46	- Land Control of the	- 120 July	1	

I hereby certify the foregoing to be the true and correct Given under my hand this.__

copy of entries of deaths returned to me

Fort Frances, Ont.

Address

D. R. or Sub-Registrar.

10M-11-22

wwalker

Division of_ . male bunsung married 2 9 dys. hrs. min. greatment June 13 Y'armer Trade or Occupation General Kind of Industry Date from which to which employed Kind of Industry Date from which to which employed 4 9 Miles 73 Miles Length of Residence Jahn Kenny Name of Father Luland Birthplace of Father Maiden Name of Mother Margaret Kenny Ireland Birthplace of Mother Gardow W Kenny Name of Informant R. R. 5- Punhage Son Relation to Deceased Punhase lemetry Place of Burial april 14 1924 M B Maleolm Name of Undertaker Peubrake Cause of Death if no Physician attended april 11 1924 Date of Death MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH James Kenny april 11 1924 Date of Death april 6 1924 Medical Practitione Attended Deceased " 8 p. m. april . 6 Arg " General Debitity Primary Englipalas Eabjesser Duration (a) Did an operation pre-cede death? (b) Was there an autopsy a & Sporting M. D.

I certify that the foregoing are correct registrations of deaths made to me during the month of March and april 1924

J. W. Kennedy D.R. Address R. R. & Pundance

Punbrake

Date of Return

Date received by Divisi Registrar

Division of North Bay County of Bipleeing

County of Pipissing Division of

North Bay

BIRNAM	Surname first	No Padden	Patriama Brill	34 74 P			
SURNAME of Deceased.		No Fadden	MoGazify 1	JRNAME of Deceased.	MoPherson -	Paquette &	Patterson X
Christian Name,	Yary	James .		ristian Name.	John .	Louis Roses	Deniel
Sex.	. Fomale	Male	Male		Yel.	Yale "	Na.1e
Age.	58 years	58 years	January 4th, 1916,	50.	65 years	1 Wth 14 days	17 years
Date of Death.	February 2nd, 1916,	Warch 19th, 1916,		Date of Death.	Pebruary 7th, 1916.	January 2nd, 1916.	January 3rd, 1916,
Place of Birth.	Scotland,	Township Essay, Sêmcoe Co.	North Bay			For th Bay	Windsor Wills, Ont.
Place of Death, City, Town, Village, or Concession and Lot.	Morth Bay	North Bay	North Bay	Place of Beath, City. Town, Village, or Concession and		North Bay	Windsor Mills, Ont.
Place of Burial.	For th Bay	Alliston	North Bay	Lot		North Bay	North Bay
Occupation	* * * * * * * * * * * * * * * * * * * *			Place of Burial.	Forth Bay		
	023234	Labourer 0:33325	022233	Occupation.	Labourer 027287	* * * * * * * * * * * * * * * * * * * *	Boldier
ingle, Married or Widowed		Single		Single, Married or Widowed		023283	CSSESO elgnis
	Patrick Doughtry	Richard McFadden	Joseph James McGay	Name of Father.		Xavier Paquette	Daniel Patterson
	Grace Galagher	Margaret McFadden	Alice Loretto Quinn	Maiden Name of Mother.		Clementine Brunette	Margaret Thomas
ause of Death, if known.							Measles & Pneumonia
-	Dr.G.W.Smith	Dr .A.E.Ranney	Dr.W.J.Bell	Cause of Death, if known. Name of Physician who attended Deceased.		Dr.G.W. Smith	Dr. A. E. Ranney
	Mrs. John Houston	George McPadden	J. J. McGary	attended Deceased. Name of Informant.	Dr.A.E.Ranney W.J. Bailey	Xavier Paquette	Walter Patterson
	St. Catherines, Ont	Toronto, Ont.	North Bay	Name of Informant. Address.	W.J. Bailey Worth Bay	North Bay	North Bay
	February 5th, 1916,	March 21st , 1916,		-5.3-	February 9th, 1916.	January 2nd 1916.	
	Physician's Return of Death	Physician's Return of Death	January 4th, 1916, Physician's Return of Death	Date of Return.	Physician's Return of Death	January 2nd 1916. Physician's Return of Death	January 4th, 19 6. Physician's Return of Death
ame of Deceased.	Moore	MoFadden	MoGary	A CONTRACTOR A	Alaman and a second		Patterson
ian Name.	Mary	James	F - V	Surname of Deceased.	MoPherson	Paquette	
Death.	February 2nd, 1916,	Warch 19th, 1916.		Christian Name.	John	Louis Romeo	Daniel
SE CAUSING	Septic Peritonities	Heart Polluma 79	January 4th, 1916,	Date of Death.	February 7 th, 1916.	January 2nd, 1916.	January 3rd, 1916
	One week		Premature Birth	DISEASE CAUSING DEATH.	Arterio Selerésia	Spina Bifida	Broncho-Pneumonia
ste Cause of	- x			Duration.	1 year		One week
		Heart Disease		Immediate Cause of Death.		Exhaustion	Auto-infection
s Name.	.W. Smi th			Duration.		One week	***
		A.E.Ranney	W.J.Bell	Physician's Name.	A.McMurchy Coroner	0. W. Smith	A.B.Ramey
		Worth Bay, Ont,	North Bay		North Bay	Worth Bay	Forth Bay
" Jo	ebruary 7 th, 1916,	March 21st, 1916.		Address		January 2nd, 1916.	January 5th, 1916.
F. 1			January 4th, 1916,	Date of Return-	February Sth, 1916.	January 2nd, 1916.	June 1916.
	ortify the foregoing to be the trip of correct entries of			Remarks.			

SCHEDULE C. Sistement of Rainy River

DEATHS.
Division of Fort Frances

		PROTOFICE					3.4			
	SEX. DATE OF DEATH. AGE.	No. of House or Lot. RESIDENCE. Concession or Street.	OCCUPATION. MARRIED OR SINGLE.	WHERE BORN.	CAUSE OF DEATH. LENGTH OF ILLNESS.	NAME OF PHYSICIAN IN ATTENDANCE.	RELIGIOUS DENOMINATION.	NAME OF PERSON MAKING RETURN.	DATE OF REGISTRATION.	7
Xilles Thomas 024634	Month. Year. Mang g 05. 43	Low Frances	M. or S. M	Encland	Drowned		Rabi-	Toman	and who	
Crama marcelle		1. In Frances	OCC		100	198061 moore mo	-	Pew & Crossing		
Fordeau Marie anni 924636	7 ang 10 05 29		M. or S. 20	Trany Loke	Consumplion. 1 cfs	1 Ross mon ma	12 C.	RivE Crossis po		Ý
Randolph Lucia Edward	- ang 25 05 60	Larry rake	M. or S. S OCC M. or S. Widow	0 1	Cholera Infontim 15 day		0	Res Chas Wood		
	m Sepis so	Low Francis	OCC		Still Birth	1	1. 1.1	Rus Chas Wood		
Farlin Edith agnis!		h For Francis	OCC		I control in the second control in the secon	Rost mone h.		allartin		
Willister teles 19	n. Oct 1) 00 1mo	L'on Frances	M. or S. S			Sometingis mi		Pelis mellister		1
Fulrick michael 02464	m. 18N28 15 45	ori - varies	M. or S. M	1	found frozen with ic			Athames		
a auser from	11. 200 24 05 71.	~ m Trancis	M. or S. Pr	Slasgin Seit	Hart failure	Trobs mon m.d.	This	Sie Selman	Dre 24/15	al g
			OCC							
			M. or S.		ā -				12	
	v.		M. or S.							
		- V	M. or S. OCC							
			OCC							
			OCC							
			M. or S.					-		
			M. or S.	e.			-			
			M. or S. OCC							
			OCC M. or S.			The state of the s	-,			
			OCC	No. of the last of	15					
			M. or \$.						L Spi Ox	
			M. or S. OCC	y *						
								4	13.52°	
	I hamba c'C .	ha farreri		V.				170	Charles St. A. St. Market St. Co.	100

I hereby certify the foregoing to be the true and correct

Siven under my hand this 3/ day of

copy of entries of deaths returned by me.

A.D. 1900

Signed, St. Warner

Div Registrar

Fort Frances, Ont.

DEATHSAEG

--- 57

DISTRICT OF

RAINY RIVER

Division of FORT FRANCES INDIAN AGENCY

	Duranmo firet	market and the second	durame fret
i v			1185
RNAME of Deceased.	Morriseau	Jourdain	Jourdain
ristian Name.	Andrew	Archangle	Jean
	male	female	female
ro.	IO years	90 years	9 months
ste of Death.	19th Jany, 1919	Ist Feby. 1919	17th Feby, 1919
see of Birth.	Red Gut Reserve		Coucheching Reserve
ace of Death, City, Town, llage, or Concession and st.	Fort Frances Indian Boarding School	Coucheching Reserve	Do.
see of Burial.	Coucheching Reserve	Do.	Do.
cupation.	027801	02783	
agle, Marriedor Widowed	0.7 3. 4	Widow	027833
ame of Father.	Andrew Morriseau		Issac Jourdain
aiden Name of Mother.	Tachakay way		Mary Vincent
ause of Death, if known.	Flu,	old age	
ame of Physician who stended Deceased.	Dr.Robt Moore		
ame of Informant.			
.ddress.			
ate 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
urname of Deceased.	α	A	4
hristian Name.	16	154	1 2 - 1
ate of Death.			
ISEASE CAUSING EATH			
Ouration.			-
mmediate Cause of leath.			
Ouration.			
Physician's Name.		1X	
Address.		r i i	
Date of Return.			
		J1	1

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

AD. 19 / Queen under my hand, this

Division Registrar of

20 M-6-17.

Windian Agent

	Charact of Fort Frances,	No. //	rances, Indian gency,	
urname of Deceased	Pom be kugick wape	Jourdain	Ashawaycomegoke	
urname of Deceased	0291	Philip. 029173	Do. 0291 14	
ull given Name	Do. Manitou Rapid Reserve	Couchicking Aeserve,	Couchiching Reserve	
ace of death, street and imber or	If in a Hospital or Institution give name	If in a Hospital or Institution give name	If in a Hospital or Institution give name	
) Sex, (b) Racial Origin,) Single, Married, Widowed	Female blindian Wido	w Male bindian Single	a Female bIndian Marrie	
Age	87 yrs. mos. dys. hrs.	min. yrs. mos. dys. hrs. m	in. 70 yrs. mos. ys. hrs.	
) Place of Birth) Date of Birth	aN.W.Bay, b 1837	aCouchiching b 1918	aWabigoon b 1855	
Trade or Occupation				
Trade or Occupation Kind of Industry				
Date from which to which employed	from	from	from 1 7 to	
ength of Residence	at place of death in Ontario in O	Canada at place of death Life in Ontario in Cana	Life in Ontario in Ca	
Name of Father	Not "nown,	J,B,Jourdain	Cobewayash	
Birthplace of Father Maiden Name of	Do.	Couchichimg Reserve	Wabigoon	
Maiden Name of Mother	Do.	Perring Jourdain,	Naphequan	
Birthplace of Mother	Do.	Couchiching Reserve,	Wabigoon	
ame of Physician		Dr O'Donnell		
ddress		Ft Frances, Ont,		
ame of Informant	Wm. Hayes,	Father,	Father Perrault,	
sddress	Emo, Ont,	Ft Frances, Ont,	"t Frances, Ont,	
elation to Deceased	None,	Father,	None,	
Place of Burial	Manitou Rapid Reserve,	Couchiching Reserve,	Couchiching Reserve,	
Date of Burial	April 5th ,1926,	July ¹ 8th ¹ 925	Aug 25th1925	
ame of Undertaker	7 7 7 25 7	J.B. Tiffenbacher,		
Address		Ft Frances,		
Cause of Death no Physician attended	∪ld Age,	hilled By Auto,	Old Age,	
Date of Death	MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH	
Name of Deceased	MEDICAL CERTIFICATE OF DEATH			
Date of Death			e 3	
f Infant, Name of Parents		2) A	*	
Address		1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Dates from which to which Medical Practitioner Attended Deceased	from	from to	from	
Primary				
Primary Duration	yrs mos.	dys. yrs. mos.	dys. yrs. mos.	
Contributory				
Duration	yrs. mos.	dys. yrs. mos.	dys. yrs. mos.	
(a) Did an operation pre- cede death? (b) Was there an autopsy?			, b	
Name of Physician			A. J. S	
Address			· ·	
Date of Return			and a grant of the state of the	
Date received by Division Registrar		aday, in the		
Io	ertify that the foregoing are correct registr	rations of deaths made to me during the month of	Spenose.	

Addition to the state of the World Countries	CLAN COLUMN	County of Rainy River	- Company of the Comp	RT FRANCES INDIAN AGENCY
And down Many of State, many of State and State Country of State Country o	burname of Deceased	Cochrane No. 7	Jourdoin H	Adams No. 9
Send of Parish of Parish Send of Parish Send of Parish Send of Parish Send of		Alice		UZGIII.
Ap 27 m mm on the same of the	amper or	If in a Hospital or Institution give name	Coucheching Reserve	
AP 27 37 am am day 12 27 am am 12 27 am am 12 37 am am	Single, Married, Widowed	a remare p -noisu cmarried	Female bIndian c single	
Shower of the bound and bo	Age		TO If under on	II II
That we Compute the County to) Place of Birth) Date of Birth			
Note of Incidence of Section 1 to Constitute of Section 2 to Constitute of	Trade or Occupation	none	The state of the s	•Couckeching b
These Competitions Name of Factors 10 10 10 10 10 10 10 1		are an area of the same of		- 22
The or Compassion Kind of Scalary Date from which is desired Long Squit Reserve Coucheching Reserve In Manitou December Lost Reserve Lost Reserve Lost Reserve Lost Reserve Coucheching Reserve Coucheching Reserve Coucheching Reserve Lost Rese	Date from which as			1°
Note of Residence Name of Fester John Cochrane Long Sault Reserve Ggibbinasunoke Make Name of Sault Long Sault Reserve Ggibbinasunoke Make of the Wooda Coucheching Reserve Goucheching Reserve Goucheching Reserve Coucheching Reserve Inth October 1925 and Donate The Media Consumption ABDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH As operation pre- Transaction To the Oct. 1923 MEDICAL CERTIFICATE OF DEATH		from to	from to	from to
Date from which to be to				
suphed Residence at place of death is Obsario to Casada at Cas	Date from which to			
Name of Future Name of Future John Cochrane Xarier Hanville Robert Adams Coucheching Reserve Coucheching Reserve Matter Name of Ogdbinasunoke Ogdbinasunoke Loke of the Woods Coucheching Reserve Inthe October 1923 29th Feby, 1924 IIth October 1923 and Understate The Adams Adams Consumption Consumptio	which employed	from to	from	from
Midden Name of Ogibbinaeunoke Kakekuasheke Wapeshquaconabeek Kakekuasheke Loke of the Woods Coucheching Reserve Coucheching Reserve Goucheching Reserve Goucheching Reserve Goucheching Reserve Coucheching Reserve Coucheching Reserve Interest to December 1923 and Information to December 1923 and Information Consumption	agth of Residence	at place of death in Ontario in Canada	at place of death in Ontario in Canada	at place of death in Ontario
Madern Name of Ogibbina sunoke Kakekansheke Wapeshquaconabeek Mentales of Manher Loke of the Woods Coucheching Reserve Coucheching Reserve Coucheching Reserve red Information to Deceand and Manifout Rapids Reserve Coucheching Reserve Coucheching Reserve and Burial 22nd Fedember 1923 29th Feby, 1924 IIth October 1923 and Deceand Consumption	Name of Father	John Cochrane	Xavier Manville	Robert Adams
Made Mander Ogibbinasunoke Kakekaasheke Wapeanquaconabeek Loke of the Woods Coucheching Reserve Coucheching Reserve Coucheching Reserve Into the Deceased and the state of Burial Manitou Rapids Reserve Coucheching Reserve Coucheching Reserve and Burial Manitou Rapids Reserve Coucheching Reserve Into the Deceased and Provided Action of Deceased and Deceased Consumption Consumpt	Birthplace of Father	Long Sault Reserve	Coucheching Reserve	Coucheching Reserve
Binispiace of Mother Loke of the Woods Coucheching Reserve IIth October 1923 29th Feby, 1924 IIth October 1923 and Details Consumption	Maiden Name of Mother	Ogibbinasunoke		14 74 T
me of Informant from f	Birthplace of Mother	Loke of the Woods		MO HI SAME ACADOMACTER I
and Popular and Popular Processed and Popular	ne of Informant			Coucheching Res,
So of Burial Manitou Rapids Reserve Coucheching Reserve Coucheching Reserve related Periods 22nd Federal 1923 29th Feby, 1924 11th October 1923 red Undertaker research and the state of Death Physician attended Consumption Consumption Consumption Consumption and Death 21st Dec, 1923 AMEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF	ress			
So of Burial Manitou Rapids Reserve Coucheching Reserve Coucheching Reserve related Periods 22nd Federal 1923 29th Feby, 1924 11th October 1923 red Undertaker research and the state of Death Physician attended Consumption Consumption Consumption Consumption and Death 21st Dec, 1923 AMEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF	tion to Deceard			
rol Burial 22nd Fecember 1923 29th Feby, 1924 IIth October 1923 sof Undertaker ress so of Death Physician attended Consumption Consumption Consumption of Death 21st Dec, 1923 MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH sof Decaded of Death of Death Ito		Monday Ports P	The second row or	, es
e of Undertaker ress e of Death Physician attended Consumption From MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH From From From From From From From Consumption From Consumption Cons	of Burial	Att and a second		
of Death Physician attended Consumption Consumption Consumption Consumption Medical Certificate of Death Medical Certificate of Death from from from from from from from from ded Decrared to to to from fro	e of Undertaker	Sand recember 1923	29th -eoy, 1924	IIth October 1923
of Death Physician attended Consumption Con				
Consumption In Oct. 1923 MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH from from from from from to to to to to to to to from fro	e of Death			
MEDICAL CERTIFICATE OF DEATH s of Deceased of Death a from which to which cal Practitioner ided Deceased to to to to to to to yra. mos. dys. yra. mos. dys. yra. mos. dys. yra. mos. dys. yra. mos. did as operation pre- teath? as there an autopay? a tof Physician		Consumption	Consumption	Consumption
of Decaased of Detath a from which to which call Practitioner from from to	of Death	21st Dec, 1923		IOth Oct, 1923
from which to which cal Practitioner from from from to	of Deceased		MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH
to imary uration ym, mos. dys. yrs. yrs. mos. dys. yrs. yrs. mos. dys. yrs. yrs. mos. dys. yrs. yrs. yrs. yrs. yrs. yrs. yrs. y	of Death			
to t		from		
uration ym, mos. dys. yrs. dys. dys. dys. yrs. dys. dys. dys. dys. dys. dys. dys. dy	ded Deceased			from
uration ym. mos. dys. ym. dys. dys. dys. ym. dys. dys. dys. ym. dys. dys. dys. dys. dys. dys. dys. dys	imary			
ontributory uration yrs., mos., dys., dys., yrs., mos., dys., dys., yrs., dys., dy				
uration yrs. mos. dys. yrs. mos. dys. yrs. mos. dys. yrs. mos. icant? Vasthere an autopsy? of Physician		yn. mos. dys.	yrs. mos. dys.	yrs. soot.
of Physician.				
Vas there an autopsy? b b b	id an operation pre-	yrs. mos. dys.	, yrs. mos. dys.	yrs. mos.
	as there an autopsy?	•		
	of Physician			
AT The state of th	•			

T certify that the foregoing are correct registrations of deaths made to me during the month of ended the 30th June

D.R. Address Fort, Frances Ont.

	County of	P.A. Division of	t frances had age		
Surname of Deceased	No. 7 Jourdain	No. 4	X		
Full given Name	Bruno	Bert	Sanderson		
Place of Death, street an number or		Grychesting Regerie.	u Congha shing Rengre		
(a) Sex, (b) Racial Origin (c) Single, Married, Widowed					
	Truster ops 4	ing,			
(a) Place of Birth	yrs. toke. dys. hrs. mil		. 6577. mos. dys. lars.		
(a) Place of Birth (b) Date of Birth Trade or Occupation	* Coucheching	* Coucheching b Jany 1922	not known 1 b		
	TOP IT THE TOP IT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Kind of Industry	029575	Home Williams Trans	029577		
Date from which to which employed	from to	Q29576			
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	Narcese Jourdain				
Birthplace of Father	Coucheching Reserve	John Land	not known		
Maiden Name of Mother		Lake of the Woods			
	Kesheahna qua took	Antéines Keet	not known		
Birthplace of Mother		Coucheching Reserve	July 107 C. No. 1 Add and the		
ame of Physician					
ddress			The second second		
ame of Informant			THE RESERVE		
ldress					
elation to Deceased	the smaller little to the				
ace of Burial	Coucheching Reserve	Cougheching Reserve	Coucheching Reserve		
ate of Burial	August 1922		Isth March 1923		
ame of Undertaker					
dress	to de la companya de		A CONTRACTOR OF THE PARTY OF TH		
use of Death no Physician attended	not known	net known			
te of Death	August 1922	100	Killed by train		
is and the same	MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH		
me of Deceased					
te of Death			SWOLLD AND AND AND AND AND AND AND AND AND AN		
Infant, Name of cents			TO THE PROPERTY.		
dress					
tes from which to which dical Practitioner ended Deceased					
Primary					
100	S. 17. (20.00)				
Duration		N. S. San	The second secon		
Contributory			Charles - Section		
Duration Did an operation pre-			The second secon		
Did an operation pre- e death? Was there an autopsy?	The State of		Section of the sectio		
ne of Physician			NOT THE RESIDENCE		
		The state of the s			
e of Return					

DISTRICT Cossessy of RAINY RIBER

Division of FORT FRANCES INDIAN AGENCY

this space for binding

	Burnamo firet	Surnamo first	6
SURNAME of Deceased	Jourdain	Bruyere	Surname fires
Christian Name,	Cecelia	Alvine	Pewahahcotoose
Sec	female	female	male
Ago.	I4 months	2 years	6 years
Date of Death.	19th March 1919	20th January 1919	19th March 1919
Place of Birth. Place of Death, City, Town, Village, or Concession and	Coucheching Reserve	Coucheching Reserve	Little Forks Reserve
Lot.	Do.	Do.	Manitou Rapids Reserve
Place of Burial.	Do. 027792	Do.	Do.
Occupation.	027732	027793	
Single, Married or Widowed			027794
Name of Father.	Deume Jourdain	Gabrial Bruyere	Shanawenah
Maiden Name of Mother. Cause of Death, if known.	Susan Gimmond	Vernuc Morriseau	Keshepabaahweek
Name of Physician who attended Deceased.		Flu	
Name of Informant.			
Address.			
Date of Return.	30th June 1919	30th June 1919	704)
	Physician's Return of Death	Physician's Return of Death	30th June 1919
Surname of Deceased.	4		Physician's Return of Death
Christian Name.			
Date of Death.	189	10	
DISEASE CAUSING DEATH.			1.65
Duration.	-		
Immediate Cause of Death.	.,		
Duration.			
Physician's Name.			
Address.	A .		= = = = = = = = = = = = = = = = = = =
Date of Return.			
Remarks.			

400	County of DISTRICT of RAINY		080423
	J No. 4	Jourdaine 000454	1000132 No. 6
7.64	Maggie Meragum (125150	Hora foundary	Elmer Jourdaine
	Contable Line Receive	To a Hospital or Institution give name	Line Hospital of Institution give home
cial	Acmale & Judian Married	선보자를 위한다면 하다 모든데 보다할까요?	mele Judian Single
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ocupation	029960		029962
iustry which to		029961 from to	irem to
	from to	Makes of Australia Lands	at place of death in Ontario in Canad
idenca	at place of death in Ontario in Canada	Pat landing	Pat famidie
	Maraguon	Pat Jamedaine Sounteheching Reserve	Coutcherhing Resurs
of Father	Hacatchewonin Reserve	Marie Marian	
ime of	unknown	Maggie Maragion	Maggie Maraguon Nacatchewein General
of Mother	g 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Macatelewonin Roune	Nacatchewenin Gueroe
nician			2000
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ormant	Pat Jaurdaine	Pat Jamain	0
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sceased	Heuband	. Father	Father hand Reserve
4	Contchecking Course	Coutchecking Kours	Cantchecking Reserve
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ertaker	West Control of the C		
	NATE OF THE PARTY		
sertaker ath if no tended	thu.	18. V	Brand From
uth if no	April 16t . 928	October 16th , 927	Brand Force August 15th 1927 MEDICAL CERTIFICATE OF DEATH
th if no ended		October 16th , 927	August 15th 727
th if no	April 16t . 928	October 16th , 927	August 15th 727
th if no ended	April 16t . 928	October 16th , 927	August 15th 727
th if no mided	April 16t . 928	October 16th , 927	August 15th 727
h if no nded	April 16t . 928	October 16th , 927	August 15th 727
h if no nded	April 16t . 9a8 MEDICAL CERTIFICATE OF DEATH	October 16 M. 927 MEDICAL CERTIFICATE OF DEATH	August 152 1927 MEDICAL CERTIFICATE OF DEATH
h if no inded	April 16t . 9a8 MEDICAL CERTIFICATE OF DEATH	October 16 M. 927 MEDICAL CERTIFICATE OF DEATH	August 152 1927 MEDICAL CERTIFICATE OF DEATH
h if no inded	April 16t . 9a8 MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH	Requet 15th 1927 MEDICAL CERTIFICATE OF DEATH from 10
h if no nded	April 16t . 9a8 MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH	Requet 15th 1927 MEDICAL CERTIFICATE OF DEATH from 10
h if no mded	MEDICAL CERTIFICATE OF DEATH from to yrs. mos.	MEDICAL CERTIFICATE OF DEATH from to	MEDICAL CERTIFICATE OF DEATH from to
h if no nded	MEDICAL CERTIFICATE OF DEATH from to yrs. mos.	MEDICAL CERTIFICATE OF DEATH from to	MEDICAL CERTIFICATE OF DEATH from to
h if no nded	MEDICAL CERTIFICATE OF DEATH from to yrs. mos.	MEDICAL CERTIFICATE OF DEATH from to	MEDICAL CERTIFICATE OF DEATH from to
h if no nded	MEDICAL CERTIFICATE OF DEATH from to yrs. mos.	MEDICAL CERTIFICATE OF DEATH from to	MEDICAL CERTIFICATE OF DEATH from to
hich to Ittended exty peration eath? ean autopa	MEDICAL CERTIFICATE OF DEATH from to yrs. mos.	MEDICAL CERTIFICATE OF DEATH from to	Requet 15-1 19-27 MEDICAL CERTIFICATE OF DEATH from 100
if no ded	MEDICAL CERTIFICATE OF DEATH Trom 10 YTS. mos.	MEDICAL CERTIFICATE OF DEATH from to dys. yes mon.	from to mos.

19.00	County of Rainy Ri	iver Division of	FORT FRANCES INDIAN AGENCY	" Te
Surname of Deceased	No. 10	028017 II	028018 _{Jourdain}	T
Full given Name	Washegesegoo 028016	James	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
Place of Death, street and number or	Coucheching Reserve If in a Hospital or Institution give name		Florence	-
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed		Lougheching Reserve	Coucheching Reserve If in a Hospital or Institution give name	
Widowed	I - cherre P - maran c wrach	der one day.	Female Indian	
Age	80 yrs. mos. dys. hrs.	min. 4 yrs.	If under one day,	
(a) Place of Birth (b) Date of Birth	• Coucheching	dys. hrs.	min. 8 yrs. mos. dys. hrs. min	mi
	, ,	* Coucheching b	. Coucheching b	-
Trade or Occupation Kind of Industry	none			
Kind of Industry		**************************************		
Date from which to which employed	from			-
	trom to	from to	from to	
Trade or Occupation	a .			ľ
Kind of Industry	ij.			
Date from which to which employed				
winch employee	from	from to	from	
Length of Residence	at place of death in Ontario in Canac	ada at place of death in Ontario in Canada	a at place of death in Optario in Canada	
Name of Father	Not known	in Canada	at place of death in Ontario in Canada	
- 7	not known	Patrick Jourdain	Patrick Jourdain	
Birthplace of Father	ell a	Coucheching Reserve	Coucheching Reserve	
Maiden Name of Mother	Not known	Taypashaseek		
Birthplace of Mother	E. RATE STATISTICALES	10 E	Taypashaseel.	
j.		Coucheching Reserve	Coucheching Reserve	
Name of Informant		347	· · · · · · · · · · · · · · · · · · ·	
Address		*	. *	
Relation to Deceased	20 E	¥	.ea = = = = = = = = = = = = = = = = = = =	
	ž ž	* 9	ă.	
Place of Burial	Coucheching Reserve	Coucheching Reserve	Coucheching Reserve	
Date of Burial	4th March 1924	19th December 1923		
Name of Undertaker			9th September 1923	
i was		× × × il		3
Address	was ay			
Cause of Death no Physician attended	Old age	Consumption	u 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Pate of Denth			Consumption	2
ate of Denth	3rd March 1924 MEDICAL CERTIFICATE OF DEATH	I8th Dec.1923	8th Sept. 1923	
ame of Deceased	manifest survey or business	MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH	
ate of Death				
leuteat Fractitioner	from	from		
ttended Deceased			from	
1.	to	to	•	
Primary				
Duration	yrs. mos. de		The same of the same of	
4.000.0 <u>0000000000000000000000000000000</u>		dys. yrs. mos. dys.	ym. mos. dys.	
Primary Duration Contributory				•
Duration	yn. maa. dy	dys. yrs. mos dys.		.5
Did an operation pre- le death? Was there an autopsy?			yrs. mos. dys.	
			• • • • • • • • • • • • • • • • • • • •	
me of Physician				
Idress				
is at Dames				
ate of Return tte received by Division				

DISTRICT OF

Division of FORT FRANCES INDIAN AGENCY

	Personal Bret	Action and	Parantos fires
SURNAME of Deceased.	Jourdain	no name	Mi sekaa seek
Christian Name.	Florence Cecily		
Sex.	female	female	female
	I4 months	3 years	23 years
Age.			, , , , , , , , , , , , , , , , , , ,
Date of Death.	21st March 1919	15th March 1919	I5th August 1918
Place of Birth.	Coucheching Reserve	Lac la Croix Reserve	Lac la Croix Reserve
Place of Death, City, Town, Village, or Concession and Lot.	Do .	Do.	Do.
Place of Burial.	Do.	Do. 11 /	Do.
Occupation.	027813	027814	
			027815
ingle, Marriedor Widowed	/		Kabayassin /
Name of Father.	Deume Jourdain	Ashewe	K#特殊特力分析有深分析的
Maiden Name of Mother.	Susan Gimmond	Pewequan	Nacowahcomekook
Cause of Death, if known.	not known	not known	not known
Name of Physician who attended Deceased.			T -
Name of Informant.			
Address.			
Date of Return.	30th June 1919	30th June 1919	30th June 1919
F	Physician's Return of Death	Physician's Return of Death	Physician's Return of Death
Surname of Deceased.	\mathcal{Y}		4
Christian Name.	166	189	1. 1.09
Date of Death.	189		. , , , , , , , , , , , , , , , , , , ,
OISEASE CAUSING			
EATH	92	±	
juration.			
Immediate Cause of Death.			
uration.			
Physician's Name.	,		
Address.			
a of Return.			1
Remarks.	L agent a		

Fort Frances, Ont.

Distric	t Gounty of Rainy River. Por	Division of	
	027802 No.	027803 No.	027804 No.
Surname of Deceased	Moore,	Maneville	/ Jourdain,
Full given Name	Nancy,	larria,	Kathlean,
Place of death, street and number or	If in a Hospital or Institution give name	Couchiching Reserve If in a Hospital or Institution give name	Couchiching Reserve, If in a Hospital or Institution give name
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed	a Female bIndian clarrie		Female Indian Single
Age		min. 90 yrs. mos. dys. hrs. min.	yra. 6 mos. dys. hrs. min.
(a) Place of Birth (b) Date of Birth	. Kenora b September		Couchiching App 12th 1924
Trade or Occupation Kind of Industry			
	all at the second of the secon		
Date from which to	from to	from to	from
Length of Residence	at place of death in Ontario in Canada	a at place of death in Ontario in Canada	at place of death in Ontario in Canada
Name of Father	Alex Moore	Peter Jourdain	Isac Jourdain
SING Birthplace of Father	Menora, Cnt,	Couchiching hes,	Couchighing Reserve,
Maiden Name of	Fet Lnown	lot known	Larrie Benson,
Birthplace of Mother	Do.	Do.	Couchiching Leserve
Name of Physician	Dr Loore,		
Address	It Frances, ent,		and the same of th
Name of Informant	hief of Band		lesac Jourdain
Address			t Frences, Cnt,
Relation to Deceased		¥	rether,
Place of Burial	· Couchichineserve	Couchiching Leserve	Couchiching Accerve.
Date of Burial		larch 24th Ic25	cct 12th 1°25
	Sept IC24	ratch 24th, 1-29	cet 12th 1 25
Name of Undertaker			
Address Cause of Death			
if no Physician attended	T 3 .	Old /fe,	Phuemonia
Date of Death	Clept 1924,	terch 24th I.25	cet 12th 1925.
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 I to	from to
HI Primary			
Primary Duration Contributory	yrs. mos.	dys. yrs. mos. dys.	yra, mos. dys,
Contributory			
Duration		dys. yrs. mos. dys.	yrs. mos. dys.
(a) Did an operation pre- cede death? (b) Was there an autopsy?		,	. ,
Name of Physician			
Address			
Date of Return			
Date received by Division Registrar			

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

20M-11-22

19.00	County of Rainy Ri	iver Division of	FORT FRANCES INDIAN AGENCY	" Te
Surname of Deceased	No. 10	028017 II	028018 _{Jourdain}	T
Full given Name	Washegesegoo 028016	James	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
Place of Death, street and number or	Coucheching Reserve If in a Hospital or Institution give name		Florence	-
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed		Lougheching Reserve	Coucheching Reserve If in a Hospital or Institution give name	
Widowed	I - cherre P - maran c wrach	der one day.	Female Indian	
Age	80 yrs. mos. dys. hrs.	min. 4 yrs.	If under one day,	
(a) Place of Birth (b) Date of Birth	• Coucheching	dys. hrs.	min. 8 yrs. mos. dys. hrs. min	mi
	, ,	* Coucheching b	. Coucheching b	-
Trade or Occupation Kind of Industry	none			
Kind of Industry		**************************************		
Date from which to which employed	from			-
	trom to	from to	from to	
Trade or Occupation	a .			ľ
Kind of Industry	ų.			
Date from which to which employed				
winch employee	from	from to	from	
Length of Residence	at place of death in Ontario in Canac	ada at place of death in Ontario in Canada	a at place of death in Optario in Canada	
Name of Father	Not known	in Canada	at place of death in Ontario in Canada	
- 7	not known	Patrick Jourdain	Patrick Jourdain	
Birthplace of Father	ell a	Coucheching Reserve	Coucheching Reserve	
Maiden Name of Mother	Not known	Taypashaseek		
Birthplace of Mother	E RATE PERMISE	10 E	Taypashaseel.	
j.		Coucheching Reserve	Coucheching Reserve	
Name of Informant		347	· · · · · · · · · · · · · · · · · · ·	
Address		*	. *	
Relation to Deceased	20 E	¥	.ea = = = = = = = = = = = = = = = = = = =	
	ž ž	* 9	ă.	
Place of Burial	Coucheching Reserve	Coucheching Reserve	Coucheching Reserve	
Date of Burial	4th March 1924	19th December 1923		
Name of Undertaker			9th September 1923	
i was		× × × il		3
Address	was ay			
Cause of Death no Physician attended	Old age	Consumption	u 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Pate of Denth			Consumption	2
ate of Denth	3rd March 1924 MEDICAL CERTIFICATE OF DEATH	I8th Dec.1923	8th Sept. 1923	
ame of Deceased	manifest survey or business	MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH	
ate of Death				
leuteat Fractitioner	from	from		
ttended Deceased			from	
1.	to	to	•	
Primary				
Duration	yrs. mos. de		The same of the same of	
4.000.0 <u>0000000000000000000000000000000</u>		dys. yrs. mos. dys.	ym. mos. dys.	
Primary Duration Contributory				•
Duration	yn. maa. dy	dys. yrs. mos dys.		.5
Did an operation pre- le death? Was there an autopsy?			yrs. mos. dys.	
			• • • • • • • • • • • • • • • • • • • •	
me of Physician				
Idress				
is at Dames				
ate of Return tte received by Division				

THEATHS

Surname of Deceased	Jourda	No. 7	1	Jour Jour	No. 8 rdain		tétno.	No. 0	
Pull given Name	Joseph	A 3500	1	John				4	
lace of Death, street an umber or	If in a Hospital or l	ng Reser			Reserve	The state of		phen Rese	
a) Sex, (b) Racial Original Single, Married, Widowed	A VEN	b India	an c Single		a M b Indian c single			b India	The state
Age	1 7	mos.	dys. hrs. mi	mia. 8 ym.	3 a mos.	dys. hrs. mis	45	9 mos.	dys. hrs.
) Place of Birth) Date of Birth	. Reserve		ь 1920	Reserv		1913	. Reser	2012	b 1929
Trade or Occupation					St	1 156			1101
Kind of Industry .	T. Wist	1	12 45 20-57			- Marie Carlo	W 1/2		NAME OF THE PERSON OF THE PERS
Date from which to which employed	from		to	from		4			72.164
		107		4rom			from		to
Trade or Occupation		-			-				
Kind of Industry Date from which to	8		028239		028240	b		0282	241
Date from which to which employed	from		6	from	to		from	- Late 1	to
mgth of Residence	at place of death	in Ontario	io in Canada	at place of death	in Ontario	in Canada	at place of deatl	th in Ontar	srio in
Name of Father	Charles Jou	urdain		Patrick	Jourdain			t Adams	2
Birthplace of Father	Reserv	76		R	•serve		. Res		
Maiden Name of Mother	Annie Jou	urdain			Jourdain			1.75	
Birthplace of Mother	Lake of th				st Bay, Ra	Taba	Nancy .	*	9
me of Informant				All a	t buy,	iny lake	Red U	ut Reserve	
				,					29
dress	(4)							-	
ation to Deceased	1	E	-	3					
ce of Burial	Coucheching				ing Reserve		Couch	eching Res	erve
e of Burial	I8th	Feby, 192	21	25 th	May 1921		. 25 t)	h June 192	ю.
ne of Undertaker				****					
iress	al.			3 60	=				
se of Death Physician attended	Con	nsumption	Δ .	Spinal			not kn	nown	
e of Death	17th	Feby, 192	21	24th May	v 1921		,	June 1920	
The second	MEDICAL (CERTIFICAT	TE OF DEATH		CERTIFICATE (OF DEATH		L CERTIFICATE	E OF DEATH
ne of Deceased									
e of Death				2		100			
es from which to which fical Practitioner anded Deceased	from			from			from	5.37	
	10			•			to		
Primary					+ 15.1			500 30	
Duration	773.		mos. dys.	ym.	poi.	i, dys,	yes.		008.
Contributory									
Duration	27%		mos, dys.	- P-		dys.	,m.		P.T.
Did an operation pre- death? Was there an autopsy?	321.4			\$					- 特
se of Physician			ELD	1 1 1 1 1 1 1	78/4		19245	546.	
	المركبات	المالية	Sec. 10' A	Two to the	1	40	· Control	45.42.1	200
ress		1	OF THE PARTY OF TH		ALC: NOTE:				1.4
of Return	1-27-6	Vier de L		William - La					NAME OF

I certify that the foregoing are correct registrations of deaths made to me during the Million South June 19 of 19

THEATHS

Surname of Deceased	Jourda	No. 7	1	Jou	No. 8 Femin		stein a land	No.		
Pull given Name	Joseph	A	- 1	John				AL .		
Place of Death, street an number or	If in a Hospital or	ng Reser	TO	Geuchechin If in a Hospital or				Stephen Coucheching Reserve		
a) Sex, (b) Racial Origin c) Single, Married, Widowed	. I	b India	ian c Single	S	b India	an c single		L'en Proprier de la Caraction		
Age	1 yn.	mos.	dys. hrs. m	mia. 8 ym.	mos.	dys. hrs. mir	447		dys. hrs.	
) Place of Birth) Date of Birth	. Reserve	•	ь 1920	Reserv		1913	a Reser		b 1929	
Trade or Occupation			200.0			1 1 2 2 2	1 3	4	1	
Kind of Industry .	T. Wist	7	1- 1- 1-			-10 ml 1417	ar Tra		4	
Date from which to which employed	from			from		aa	-1,702		- 1-12-1	
Trade or Occupation		100		1			from	L	to	
					-					
Kind of Industry Date from which to	8 1		028239		02824	6	-	028	241	
Date from which to which employed	from			from	to		from	- LE 1	to	
ngth of Residence	at place of death	in Ontari	rio in Canada	at place of death	in Ontario	in Canada	at place of deat	in Ontar	ario io	
Name of Father	Charles Jou	urdain	-	Patrick	Jourdain	1 10		t Adams	2	
Birthplace of Father	Reserv	70		R	eserve		. Res	*****		
Maiden Name of Mother	Annie Jou	urdain			Jourdain			1.7		
Birthplace of Mother	Lake of th				st Bay, Ra		Nancy .	*		
me of Informant				AVA	it bay,	iny lake	Rea u	Gut Reserve		
				,					29	
dress	(42)							-	7	
ation to Deceased		E								
e of Burial	Coucheching			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ing Reserv	/0	Couch	eching Res	erve	
e of Burial	I8th	Feby, 192	2I	25th	May 1921		. 25 t	h June 192	10	
ne of Undertaker							(1)			
iress	a [†]				A =					
se of Death Physician attended	Con	nsumption	n	Spinal	<u> </u>		not kn	nown		
e of Death	17th	Feby, 192	21	24th Ma	v 1921		,	June 1920	1.5	
ne of Deceased	MEDICAL,	CERTIFICAT	TE OF DEATH		CERTIFICATE	OF DEATH		L CERTIFICATI	E OF DEATH	
e of Death							7		-	
e of Death						1000		4		
es from which to which lical Practitioner anded Deceased	from		(- b - c - m b)	from			from	3-3		
	•	44					to			
Primary					4 J. P	7.5		1 P		
Duration	yn.		mos. dys	ym.		si. dys.	yes.		1008.	
Contributory										
Ouration Children and Children	311.		mos, dys.	227	8608.	u. dys.	,m.		DOR.	
Did an operation pre- death? Was there an autopsy?	36.5	- I		- A			HIM			
e of Physician					TX-3	1,2	100	5 20 E	-17	
	16,23			Car Dark		140	· Contraction	A		
	7	-	-	14 S. W. A.	5 7 7 7 7	7 10	1			
of Return	· · · · · · · · · · · · · · · · · · ·	THE PARTY	A STATE OF THE STA	CONTRACTOR OF THE PROPERTY OF	The second second	4 (1)	100		- A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

I certify that the foregoing are correct registrations of deaths made to me during the Million South June 19 of 19

Fort P

CHDEATHS

	County of Bainy River	Division of your ra	ANCES TROTAL AGENCY
Burname of Dectared	N-y 20	S No. II	Icannot be poor at
Full given Name	Beshapetung	Louis.	Penasacapoveke
Place of Death, street and number or	Manitou Lake If in a Hospital or Institution give name	Ganchashing Respecta.	
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed	male Indian cingle	· female - Indian - single	Tomale Indian widow
six was		in. 23 ym. mor. dys. hrs. mir	
(a) Place of Birth (b) Date of Birth	Manitou Rapids	· Couchedning · b	not known
Trade or Occupation	ALL TORRESON TOUR		A Straight Bright A
400			1 1 20
Kind of Industry Date from which to which employed	029572	029573	029574
which employed	from to	from to	from the to the state of the st
Length of Residence	at place of death in Outario in Canada	at place of death in Ontario in Canada	at place of death in Ontario in Canada
Name of Father	Peekochence	Laurence Jourdain	not known
Birthplace of Father	Little Forks Reserve	Coucheching Reserve	- Charles and - Charles and -
Maiden Name of Mother	Cabage	Margaret Cook	net known
Birthplace of Mother	Little Ferks Res,	Lake Winnipeg	Les ten a la ten a la contraction
Name of Physician			
Address			
Name of Informant			Early ACC
Address			
Relation to Deceased			
Place of Burial	Manitou Lake	Coucheching Reserve	Seine River Reserve
Date of Burial	November 1922	September 1922	February 1923
Name of Undertaker			100
Address			The Control of the Control
Cause of Death if no Physician attended	Wacoping Cough	consumption	Old age
Date of Death	November 1922	September 1922	February 1923
And to the other	MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH
Name of Deceased	Contract of the New York	A CONTRACTOR OF THE	er Suskingers er her 1997.
Date of Death If Infant, Name of			
If Infant, Name of Parents		Man Man	2004 (d. 1)
Address			The state of the s
Dates from which to which Medical Practitioner Attended Deceased	•		White the second of the second
p Primary			
Duration	ym		
60	Company of the	Company of the Company of the	
Contributory			
Duration (a) Did an operation pre- code death ? (b) Was there an autopsy?			The second secon
(b) Was there an autopay?			• • • • • • • • • • • • • • • • • • •
Name of Physician			No. Character State Control of the Character State Control of
Address			
Date of Reigin			and the same of th
Date received by Division Registrar			and the ball and all a

consty that the foresting one comply milespine of the made to me during the month/feet ended the 30th June 10 mg

A WAR TO A	District	DEATHS	
	County of Rainy River		FRANCES INDIAN AGENCY O
Surname of Deceased	No. 13	028023	028024 5
Full given Name	Jourdain Lillian 028022	Nauchtakecomekeok	Obitchegook
Place of Death, street and	Coucheching Reserve If in a Hospital or Institution give name	Naicatchewenin Reserve	Naicatchewenin Reserve
a) Sex, (b) Racial Origin, c) Single, Married, Widowed	Female	Female Indian Single	
	If ander one day,	If under one day	If under one day
Age a) Place of Birth b) Date of Birth	3 yrs. mos. dys. hrs. min.	West and alternation	95 yrs. mos. dys. hrs. mivs. h
	• Coucheching b	Malcatchewenin b	a Not known
Trade or Occupation	- 4		+
Kind of Industry Date from which to			
which employed	from to	from	from to
Trade or Occupation		a second	
Kind of Industry			
Date from which to which employed	from to	from to	from
ength 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	Isaac Jourdain	Kewaykonayash	not known
Birthplace of Father	Coucheching Reserve	Naicatchewenin Reserve	
Maiden Name of Mother	Mary Vincent	Mameskquatamook	not known
Birthplace of Mother	Coucheching Reserve	Maicatchewenin Reserve	** * * ** **
Name of Informant	will		
Address			z.
Relation to Deceased	* * * *		10 2 2 2 7
Place of Burial	Coucheching Reserve	Naicatchewenin Reserve	Naicatchewenin Reserve
Date of Burial	IIth Feby 1924	15th July 1923	I2th October 1923
Name of Undertaker		•	
Address	1 100	*	
Cause of Death	Consistent to	Consumption	014 ngs
no Physician attended	Consumption		Old age
Date of Death	10th Feby, 1924 MEDICAL CERTIFICATE OF DEATH	14th July 1923 MEDICAL CERTIFICATE OF DEATH	IIth Oct, 1923 MEDICAL CERTIFICATE OF DEATH
Name of Deceased			
Date of Death			
Dates from which to which Medical Practitioner	from	from	from
Attended Deceased	to	to .	to .
Primary			
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 pre- ede death? b) Was there an autopsy?			
Name of Physician			
Address			
Date of Return	the state of the s		

I certify that the foregoing are correct registrations of deaths made to me during the months ended the 30th June

D.R. Address Fort Frances, Ont. Fort Frances, Ont.

& DEATHS

Surname of Deceased	County of Bainy Bir	No. 20 Jeurdain	No. 21	
Full given Name	Joseph	tell r teute	Qahawa skopena se	
Place of Death, street and	Coucheching Reserve	Coucheching Reserve	Menitan Janias Beaste	J.
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed	a male b Indian c married	. male b Indian c Widower	· male Indian · married	-
And	56 yrs. mos. dys, hrs. min.	97 yrs. mos. dys. hrs. min.	64 yrs. mos. dys. hrs. min.	-
(a) Place of Birth (b) Date of Birth	• Ceucheching b	*Goucheching Res,b	Little Potks b	1
Trade or Occupation	7(cherman 020500	Hunting & fishing	Trapper file.	1
Kind of Industry Date from which to	029563	029564	029565	100
which employed	from to	at place of death in Ontario in Canada	at place of death in Ontario in Canada	100
Length of Residence	at place of death in Ontario in Canada	John Baptiste Jourdain	not known	
g	Frank Adams St Regis	not known	do do	1
Birthplace of Father Maiden Name of	Susan Adams	de de la	do do	
Mother Birthplace of Mother	Coucheshing Reserve		do do	1
Name of Physician				
Address				
Name of Informant				
Address				-
Relation to Deceased				-
Place of Burial	Coucheching Reserve	Coucheching Reserve	Manitou Rapids Reserve	1
Date of Burial	7th December 1922	26th March 1923	March 1923	1
Name of Undertaker				1
Address Cause of Death				+
if no Physician attended	Accidently shot himself	Old Age	not known	1
Date of Death	5th December 1922 MEDICAL CERTIFICATE OF DEATH	25th Warch 1923 MEDICAL CERTIFICATE OF DEATH	Merch 1923 MEDICAL CERTIFICATE OF DEATH	1
Name of Deceased	F	CARROLISTATION CONTRACTOR		1
Date of Death If Infant, Name of Parents	3 +	more was your or		
Address				
Dates from which to which Medical Practitioner Attended Deceased	from to	to to	TO ALCOHOLOGY AND	
Primary Duration	ym. — dys.	yn. ************************************	70 mm	
Contributory				1
Durstion		POWER AND THE PARTY NAMED IN		
(a) Did an operation pre- cede death? (b) Was there an autopsy?		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	• State of a selection	Hite Section
Name of Physician			and the same of	6.0
Address				
Date of Return			mits, i. st-)	
Date received by Division Registrar		1 10 10 10 10 10 10 10 10 10 10 10 10 10	Olici v Diversión	

I certify that the foregoing are corner registrations of design made to me during the month of Feart Frances, Ont

DEATHS

Distric	t Gounty of Rainy River. Por	Division of	
	027802 No.	027803 No.	027804 No.
Surname of Deceased	Moore,	Maneville	/ Jourdain,
Full given Name	Nancy,	larria,	Kathlean,
Place of death, street and number or	If in a Hospital or Institution give name	Couchiching Reserve If in a Hospital or Institution give name	Couchiching Reserve, If in a Hospital or Institution give name
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed	a Female bIndian clarrie		Female Indian Single
Age		min. 90 yrs. mos. dys. hrs. min.	yra. 6 mos. dys. hrs. min.
(a) Place of Birth (b) Date of Birth	. Kenora b September		Couchiching App 12th 1924
Trade or Occupation Kind of Industry			
	all at the second of the secon		
Date from which to which employed	from to	from to	from
Length of Residence	at place of death in Ontario in Canada	a at place of death in Ontario in Canada	at place of death in Ontario in Canada
Name of Father	Alex Moore	Peter Jourdain	Isac Jourdain
SING Birthplace of Father	Menora, Cnt,	Couchiching hes,	Couchighing Reserve,
Maiden Name of	Fet Lnown	lot known	Larrie Benson,
Birthplace of Mother	Do.	Do.	Couchiching Leserve
Name of Physician	Dr Loore,		
Address	It Frances, ent,		and the first of the second
Name of Informant	hief of Band		lesac Jourdain
Address			t Frences, Cnt,
Relation to Deceased		¥	rether,
Place of Burial	· Couchichineserve	Couchiching Leserve	Couchiching Accerve.
Date of Burial		larch 24th Ic25	cct 12th 1°25
	Sept IC24	ratch 24th, 1-29	cet 12th 1 25
Name of Undertaker			
Address Cause of Death			
if no Physician attended	T 3 .	Old /fe,	Phuemonia
Date of Death	Clept 1924,	terch 24th I.25	cet 12th 1925.
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 I to	from to
HI Primary			
Primary Duration Contributory	yrs. mos.	dys. yrs. mos. dys.	yra, mos. dys,
Contributory			
Duration		dys. yrs. mos. dys.	yrs. mos. dys.
(a) Did an operation pre- cede death? (b) Was there an autopsy?		,	. ,
Name of Physician			
Address			
Date of Return			
Date received by Division Registrar			

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

20M-11-22

DEATHS

Surname of Deceased	Bruyer,	27799	Jourdain	Nº 027800		027801		
	Thomas Alex, Coucheching Reself in a Hospital or Institution g	erve	Larry, Coucheching Res	serve	Mesisomennobe Couchichi If in a Hospital or Instit			
number or (a) Sex, (b) Racial Origin, (c) Single, Married, Widowed				Z				
Widowed	ale bIndian	n single	Femmied Indi	ian Farried	a liale Ib I	Indian c Sing		
Age 2	7 yrs. 4 mos.	dys. hrs. min.	57 yrs. mor	s. dys. hrs. n	nin. 2 yrs. , r	mos. ys. hrs.		
(a) Place of Birth (b) Date of Birth	Couchiching	Dec 10th 1697	aCouchiching	ь 1868	Couchiching	b Jan 1923		
Trade or Occupation	Labor					er 16 .		
Kind of Industry								
Date from which to which employed								
which employed	from	to	from	l to	from	to -		
Length of Residence	at place of death in O	ntario in Canada	at place of death i	n Ontario in Can	ada at place of death	in Ontario in Ca		
Name of Father	ouis Bruyer		Not known		Wapapences			
Birthplace of Father	Coucheching Res	erve	Couchichin	g		Couchiching Re		
Maiden Name of				No.	Service Co.			
Mother	Linnie Cochran		Linegesogoke	E. T.	l.el.osquakek			
Birthplace of Mother	lenitou Repid Re	Lerve	U. S. A.		u.s.	Α.		
Name of Physician	Dr 1 core		Dr loore,		Dr loore,	· · · · · · · · · · · · · · · · ·		
Address	Fort Fr nce	s, ent,	Ft France	s, ont,	Ft Frer	nces, Unt.		
Name of Informant	louis Bruje	r	. Cr.icf	end	.spaeno	es		
Address					Ft.	Frances, Unt.		
	Pt reneas, ent,							
Relation to Deceased	r's ther				⊮e t	Fether,		
Place of Burial	Coucheching	SEGTY 6	Coucheching	Leserve	Couchi	lching		
Date of Burial	rel oth	. 25	lerch 1925	61-214	Jen 192	£5		
Name of Undertaker								
Address		-	1		2 p q	3 .		
Cause of Death if no Physician attended			т.в.	in a second	Phuer onis	EL.		
	г.в.	n 80		·)1				
Date of Death	Lerch 16th - 25		Larch, 1 25	TIFICATE OF DEATH	MEDICAL CE	RTIFICATE OF DEATH		
Name of Deceased	MEDICAL CERTIFI	GATE OF DEATH	MEDICAE CERT					
Date of Death					12.			
If Infant, Name of Parents			The second second					
A arenta								
Address Dates from which to which								
Dates from which to which Medical Practitioner Attended Deceased	from	to	from	to	from	l to		
E Primary								
Primary Duration	A				dvs. yrs.	mos.		
F 0 F	yrs	mos. dy	ys. yrs.	mos.	dys. yrs.			
Contributory								
Duration (a) Did an operation precede death? (b) Was there an autopsy?	yrs.	mos. dy	ys. yrs.	mos,	dys. yrs.	mos,		
Name of Physician								
78						1		
Address				1				
Date of Return								
Date received by Division Registrar								
	and the second	and America Sec.	s of deaths made to me d	· · · Hour So	die la la	10.25		

की क	District	DEATHS	RT PRANCES, AGENCY,	0
88	Districe Rainy River	028712 No. 8	√ 028713 No. 9 >	
Sim St. Lines	- Committee of the Comm	Lo Abesanaquote Part SQ		
l given Name	Wrs John,		North West Bay Reserve,	
ce of Death, street	Couchi ching Reserve	Kot known If in a Hospital or Institution give name		
Sex, (b) Racial	P. sIndian & Widow	M b Indian Widow	red F. Indian S.	più
		mis. 85 yrs. mos. dys. hrs.	min. 7 yrs. mos. dys. brs. min	1
	Not Known b 1826	Not known b About 184	40 . North West Bay , July 21st,	V
Date of Birth				-
Trade or Occupation		1	- Para taun t	
		from to	from to	
Date from which to which employed	from to		at place of death in Onthrio in Canada	
ength of Residence	at place of death in Ontario in Cana	da at place of death 12 control	Necanwaypayness	10
Name of Father	Shorty.	Not Known,	North West Bay, Reserve,	0
Birthplace of Father	Not Known	Lot "nown,		
Maiden Name of Mother	Not Known,	Not Anown,	Kabageasegoke	- 1
Birthplace of Mother	Not Known,	Not bnown,	Manitou Reserve,	
			Annual and the second s	
Name of Physician				
Address		. Chief of Couchiching Rese	rve Necanwaypayness	
Name of Informant	Chief, of Couchiching, Res	The state of the s	Bears Pass, Ont,	
Address	Ft Frances, Ont,	Ft Frances, Ont,	Father,	
Relation to Deceased	None,	None,		
Place of Burial	Couchiching Reserve,	Couchiching Reserve,	North west Bay, Reserve,	
Date of Burial	June, 1926,	Jan, 15 th, 1927.	July 23rdI928,	
Name of Undertaker				÷.
Address				
Cause of Death if no Physician attended	Dan Ar-	Old Age,	Tub.	
	01d Age,	Jan, 14th, 1927.	July 21st, 1926,	
Date of Death	Sune , 1926, MEDICAL CERTIFICATE OF DEAT	THE PERSON OF THE PERSON OF THE	THE PERSON OF DEATH	
Name of Deceased				
Date of Death	The state of the s	77.50/8		3/12
2.				
		War Viller Brown		
Dates from which to which Medical Practitioner attended	from to	from to	from to	
Deceased				1/2
Primary		dys. yrs. mos.	dys. yrs. mos.	dys
G. Duration	yn			100
Contributory		Roy College Man and College	dys. Yfs. mes.	4-
Duration	yrs			
(a) Did an operation proceed death? (b) Was there an autop	y? . l b			
Name of Physician	Sign Contraction			
Address		40		
Date of Return		Crost F. Jan B.		200
Date received by Division Registrar				
the state of the s		ALCOHOL STATE OF THE STATE OF T	10 Jahren 1017	7
100	I certify that the foregoing are correct regis	strations of Deaths made to me during the month	Muca.	7

400	County of DISTRICT of RAINY		080423
	J No. 4	Jourdaine 000454	1000132 No. 6
7.64	Maggie Meragum (125150	Hora foundary	Elmer Jourdaine
	Contable Line Receive	To a Hospital or Institution give name	Line Hospital of Institution give home
cial	Acmale & Judian Married	선보자를 위한다면 하다 모든데 보다받아요~	mele Judian Single
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idenca	at place of death in Ontario in Canada	Pat landing	Pat famidie
	Maraguon	Pat Jamedaine Sounteheching Reserve	Coutcherhing Resurs
of Father	Hacatchewonin Reserve	Marie Marian	
ime of	unknown	Maggie Maragion	Maggie Maraguon Nacatchewein General
of Mother	g 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Macatelewonin Roune	Nacatchewenin Gueroe
nician			2000
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ormant	Pat Jaurdaine	Pat Jamain	0
× .	Contributing Rouwe	Coutebecking Kourse	Lacutoleching Rouse
sceased	Heuband	. Father	Father hand Reserve
4	Contchecking Course	Coutchecking Kours	Cantchecking Reserve
4			J 27
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ertaker	West Control of the C		
	NATE OF THE PARTY		
sertaker ath if no tended	thu.	18. V	Brand From
uth if no	April 16t . 928	October 16th , 927	Brand Force August 15th 1927 MEDICAL CERTIFICATE OF DEATH
th if no ended		October 16th , 927	August 15th 727
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hich to Ittended exty peration eath? ean autopa	MEDICAL CERTIFICATE OF DEATH from to yrs. mos.	MEDICAL CERTIFICATE OF DEATH from to	Requet 15-1 19-27 MEDICAL CERTIFICATE OF DEATH from 100
if no ded	MEDICAL CERTIFICATE OF DEATH Trom 10 YTS. mos.	MEDICAL CERTIFICATE OF DEATH from to dys. yes mon.	from to mos.

108 DEATHS RAINY RIVER DICERRY of Division of 027810 027808 027809 Buckshot, Geasick, Jourdain, Pete, Ashaway, Patrick, Full given Name North West Bay, North west Bay, Couchiching Reserve Place of death, street and number or If in a Hospital or Institution give name If in a Hospital or Institution give nam (a) Sex, (b) Racial Origin, (c) Single, Married, Widowed b Indian b Indian Single Lale b Indian Larried Single a Male Male 30 (a) Place of Birth (b) Date of Birth Lay 1895 ь Feb 1921 N. W. Bay. Couchiching Dec 1911 a N.W. Bay, Trade or Occupation Trapper Kind of Industry Date from which to Length of Residence Fete Buckshot Chief Buckshot, Patrick Jourdain, Name of Father Birthplace of Father North .est Day, North Lest Bay, Couchiching Reserve Maiden Name of Mother Kamashawasook Tapashasheak Poskin, Couchicking .eserve horth west Bay, lanitou hapid ..eserve, Birthplace of Mother Dr Moore, Et Bonifece Hospital r Loore, Name of Physician Et Frances, int, Ut Boniface, Lan, wort - renees, ent, Address Lother of child, Chief -uckshot, Patrick Lourdein, Name of Informant Fort Frances, Ont, Address in ther, Father, Relation to Deceased Lorth west -ey, Couchicking . serve, t somifice . Place of Burial 1 ay 1, 25 Teb 1725. .ec 27th 1024 Date of Burial Name of Undertaker Address Cause of Death if no Physician attended biptheria, T . B . T . B . ley 1'15, . eb 1025 Dec 27th 1924 Date of Death 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 to from Primary Duration Duration dys. dys. Contributory Duration (a) Did an operation precede death?(b) Was there an autopsy? Name of Physician Address

I certify that the presoing are correct registrations of deaths made to me during the same less than 1925

20M—11—22

Date of Return

Date received by Division

400	County of DISTRICT of RAINY		080423
	J No. 4	Jourdaine 000454	1000132 No. 6
7.64	Maggie Meragum (125150	Hora foundary	Elmer purdaine
	Contable Line Receive	To a Hospital or Institution give name	Line Hospital of Institution give home
cial	Acmale & Judian Married	선보자를 위한다면 하다 모든데 보다받아요~	mele Judian Single
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of Father	Hacatchewonin Reserve	Marie Marian	
ime of	unknown	Maggie Maragion	Maggie Maraguon Nacatchewein General
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nician			2000
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ormant	Pat Jaurdaine	Pat Jamain	0
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ertaker	West Control of the C		
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uth if no	April 16t . 928	October 16th , 927	Brand Force August 15th 1927 MEDICAL CERTIFICATE OF DEATH
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h if no nded	April 16t . 928	October 16th , 927	August 15th 727
h if no nded	April 16t . 9a8 MEDICAL CERTIFICATE OF DEATH	October 16 M. 927 MEDICAL CERTIFICATE OF DEATH	August 152 1927 MEDICAL CERTIFICATE OF DEATH
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h if no nded	April 16t . 9a8 MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH	Requet 15th 1927 MEDICAL CERTIFICATE OF DEATH from 10
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hich to Ittended exty peration eath? ean autopa	MEDICAL CERTIFICATE OF DEATH from to yrs. mos.	MEDICAL CERTIFICATE OF DEATH from to	Requet 15-1 19-27 MEDICAL CERTIFICATE OF DEATH from 100
if no ded	MEDICAL CERTIFICATE OF DEATH Trom 10 YTS. mos.	MEDICAL CERTIFICATE OF DEATH from to dys. yes mon.	from to mos.

ion Statistics—Free, penalty for improper use, \$100," and properly addressed will pass through the Mail "FREE". 029068 PROVINCE OF ONTARIO t may be properly o what people or or "Canadian" FORM 6 IN WHICH THE DEATH CERTIFICATE OF REGISTRATION OF DEATH PLACE County of June 19 DEATH If in City, Town or Village ₹8: in plain terms, so that it be described by stating the The terms "American". name no 2. NAME OF DECEASED. RECORD. OF THE DIVISION 5. Single, Married, Widowed MEDICAL CERTIFICATE OF DEATH or Divorced (Write the word) Lune Male 16. DATE OF DEATH ISSUED. IS A PERMANENT EXACTLY. PHYSICIANS should STATE CAUSE OF DEATH in plient of OCCUPATION is very important. RACIAL ORIGIN will be debelonged, whether English, Irish, Scotch, French, German, etc. The ey express citizenship but not a race or people. (Day) I HEREBY CERTIFY that I attended decen 17. 6. BIRTHPLACE REGISTRAR OF 7. DATE OF BIRTH (Day) (Year)
If less than one day old 8. AGE OF DECEASED The CAUSE OF DEATH was as follows: 1 DIVISION REGIS Hey THIS 9. OCCUPATION OF DECEASED-(Trade or occupation or kind of work) WRITE PLAINLY WITH UNFADING INK. (duration of).... CONTRIBUTORY CAUSE (Kind of industry) 10. LENGTH OF RESIDENCE (in years and months) WITH THE BEFORE A I (duration of)... 2 yes (b) In province 18. Where was disease contracted if not at place of death? Did an operation precede death?......Date of.... FYLED FORTHWITH OCCURRED Bessie Morriseau Ontario BE MUST une .. Date of Burial Name of Undertakes FORM day of ... THIS BURIAL PERMIT was issued by:-

	Charles of Fort			No. //	rt Frances, Inc	No. /3	
rname of Deceased	Pom be kugick war	0291	Jourdain	02917	2	vaycomegoke 0291	1,
ill given Name	Do.	V23.13.4	Philip.		out him	Do. 0231	44
ace of death, street and	Manitou Rapid Res	e rve	If in a Hospital or In	ng ^R eserve,	Couchic If in a Hospita	hing Reserve) ime
Sex, (b) Racial Origin, Single, Married, Widowed	Female blindian	Widow N under one day,	Male b		ngle a Female	bIndian	Marrie
Age	87 yrs. mos.	dys, hrs. min.	yrs.	mos. dys. hn	s. min. 70 yrs.	mos.	ys. hrs.
) Place of Birth) Date of Birth	aN.W.Bay, b	1837	aCouchiching	ь 1918	. Wabigo	on b IS	355
Trade or Occupation				¥ .			
Kind of Industry							
Date from which to which employed	from		from	to	from	to	
ength of Residence	at place of death Life	rio in Canada	at place of death	Li fe in batario	in Canada at place of d	Life in Ontario	in Ca
Name of Father	Not "nown,		. J,B,Jourds	in	Cobeway	ash	
Birthplace of Father	Do.		Couchi cl	ni m g Heserve	Wabig	oon	
Maiden Name of Mother	Do.		Perring J	ou d dain,	Napbequ	an	
Birthplace of Mother	Do.		Couchi	ching Reserve,	Wabig	oon	
ame of Physician			Dr 0	Donnell			
ddress			Ft	Frances, Ont,			
ame of Informant	Wm Hayes,		y	ather,	. Fathe	r Perrault,	
ddress	Emo, Ont,	Y	Ft F	rances, Ont,	4	t Frances, On	t,
elation to Deceased	None,			Father,		None,	
lace of Burial	Manitou Rapid R	eserve,	Couchic	hing Reserve,	C	ouchiching R	eserve,
ate of Burial	April 5th ,19	26,	Ju	ly*8th *925		Aug 25th1925	
ame of Undertaker			J.B.Ti	ffenbacher,			
ddress	18 2	91	Ft	Frances,			
ause of Death no Physician attended	∪ld Age,		Ailled .	By Auto,	01	d Age,	ÿ
ate of Death					4		on permit
Jame of Deceased	MEDICAL CERTIFICA	TE OF DEATH	MEDICAL	CERTIFICATE OF DEA	TH MED	ICAL CERTIFICATE	OF DEATH
Date of Death				*			
f Infant, Name of					у.		
Address			н э	· ·	*		
Dates from which to which Medical Practitioner			× ×	to	from	to	
Attended Deceased	from t	•	from	, 10			
Primary							
5	yn .	mos. dy	yn.	mos.	dys.	yra. mo	
Contributory					- M	V 7.	10, 133
Duration		mos. dy	yn.	mos.	dys.	yrs. mo	•
a) Did an operation pre- ede death? b) Was there an autopsy?	No. of the last of			b	- 4	ь	
Name of Physician		Ĥ.	3	= 1	9 *		
Address			E 16	s .	K		
Date of Return	. 7. 31			à X	. sisi s.	· ·	ê
	n 52						

d in an envelope, marked " Dominion Statistics—Free, penalty for improper use, \$300," and properly add 029069 PROVINCE OF ONTARIO FORM 6 t may be properly b what people or or "Canadian" CERTIFICATE OF REGISTRATION OF DEATH OF DEATH If in City, Town or Village WHICH ₩ 8: described by stating the terms "American ourdin 2. NAME OF DECEASED. RECORD. DIVISION MEDICAL CERTIFICATE OF DEATH 5. Single, Married, Widowed I CAN BE ISSUED. IS A PERMANENT 16. DATE OF DEATH (Day) 92 6. BIRTHPLACE Ontario I HEREBY CERTIFY that I attended dec R OF DEATH I 7. DATE OF BIRTH (Day) (Year)

If less than one day old carefully Months | Days AGE OF DECEASED The CAUSE OF DEATH was as follows: 22 should STATE CAUSE of important. RACIAL OR Irish, Scotch, French, Got a race or people. PERMIT THIS 9. OCCUPATION OF DECEASED-BURIAL PER 큼 (Trade or occupation or kind of work) (duration of) WITH UNFADING INK. CONTRIBUTORY CAUSE (Kind of industry) 10. LENGTH OF RESIDENCE (in years and months) < 22 400 (b) In province 18. Where was disease contracted if not at place of death? EXACTLY. PHYSICIANS of OCCUPATION is very felonged, whether English, I express citizenship but not 11. Name of father Series Journain Did an operation precede death?......Date of... PORTHWITH Ontario Reason for operation Every PLAINLY MUST Coutherling Keeewe Date of Burial Name of Undertake FORM BURIAL PERMIT was issued by:-

Address

DISTRICT of

BAINY RIVE

Division of FORT FRANCES INDIAN AGENCY

SURNAME of Deceased. Christian Name.	Syrmamo firet	Permano first		_
SURNAME of Deceased.	122		Purname firet	
DOMNAME OF Deceased.	Shoneahgesick	Shemagansence	## Jourdain	
Christian Name.		Sam Howell	Pierre	
Sex.	male			
		male	male	1
Age.	53 years	46 years	2I years	
Date of Death.	24th March, 1919	15th May, 1919	6th May 1919	
Place of Birth.	Little Forks Reserve	4 42	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	1
Occupation.	farmer & hunter	farmer	labourer	
Single, Marriedor Widowed	married	married	single	-
Name of Father.	027732	927730	Leimon 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.			over by stati	
Name of Informant.	6			
Address.	30th June 1919	30th June 1919		
Date of Return.		* *	7011	
	Physician's Return of Death	Physician's Return of Death	20th Jume 1919 Physician's Return of Death	
Surname of Deceased.			\mathcal{J}	
Christian Name.	175	28	/74:	
Date of Death.			/75	
DISEASE CAUSING			-	
Duration.				
mmediate Cause of Death.				
Ouration.	28			
THE WALLES				
		•		
			14	
hysician's Name.			N N	
hysician's Name. ddress. ate of Return.			e e e e e e e e e e e e e e e e e e e	

ven under my hand, this 23 day of Julies

AD. 19/9 Jule

14/9

1	्रा सम्ब	HB, Valley	DULLE	nd Res. 85
ø	STEETHON, NOW, CO.		J SANCTORN No. 5	No. 6
	Surname of Deceased	Jourdain 028702	Bruyer 028703	Adams, 028704
	Piace of Death, street and number or	Couchiching Heserve	Couchiching Reserve, If in a Hospital or Institution give name	Couchiching Reserve, If in a Hospital or Institution give name
	and number or (a) Sex, (b) Racial Origin, (c) Single, Married, Widowed	Indian . Married		a B. bIndian Single
	Age	20 vm mos. dys. lim. min		yrs. 8 mos. dys. hrs. mis.
	(a) Plan of Bloth	• Couchiching b May, 1907	Couchiching bMay, 1920	. Couchiching Sept, 1926
	NO	suc'		The state of the s
	AD.	ardal and a second		e and
	Date from which to	from to	from to	free to
		at place of death If Siturio in Canada	at place of death 175 faire in Canada	at place of death in Onfario 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		1 1087	- 9
	Address	-		
	Name of Informant	Paul Jourdain	Alexander Bruyer,	Joe Adams,
	Address	Fort Frances, "nt,	Ft Frances, Ont,	Ft Frances, Ont.
	Relation to Deceased	Father,	*ather,	Father, Couchiching Reserve,
-	Place of Burial	Couchiching Reserve,	Couchiching Reserve,	Couchiching Reserve,
	Date of Burial	May, 9th, 1927,	March Math, 1927,	701. 701.
	Name of Undertaker			
	Address Cause of Death if no			not known,
	Cause of Death if no Physician attended	Tub.	Tub,	March, 2nd, -927,
	Date of Death	May 7th, 927 MEDICAL CERTIFICATE OF DEATH	March, 20th, 1927. MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH
	Name of Deceased	A		
()	Date of Death	1		
			2 To 177 = 1946	
ķ	Dates from which to which Medical Practitioner attended		(rom to	from to
Î	Deceased	from to		
	Primary Duration		dys. yrs. mos.	dys. yrs. 1808.
100	Contributory			
(Dameter C	970 mod.	dys mos.	dyn ym, mos,
	(a) Did an operation precede death? (b) Was there an autops;			
	Name of Physician			41-
	Address			
	Date of Return			
	Date received by Division Registrar			h in Militaria
		corrify that the foregoing are correct registration	one of Deaths made to me during the mouth of	Elences.
			D.R. or Sub-Registrer. Address	Mences

Fort P

DEATHS

	County of	P.A. Division of	t frances had age
Surname of Deceased	No. 7 Jourdain	No. 4	Sanderson Island
Full given Name	Bruno	Bert	in the second second
Place of Death, street an number or		Grychesting Regerie.	u Congha shing Rengre
(a) Sex, (b) Racial Origin (c) Single, Married, Widowed			
	Truster ops 4	ing,	
(a) Place of Birth	yrs. toke. dys. hrs. mil		. 6577. mos. dys. lars.
(a) Place of Birth (b) Date of Birth Trade or Occupation	* Coucheching	* Coucheching Jany 1922	not known 1 b
	TOP IT THE TOP IT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Kind of Industry	029575	Home William Trans	029577
Date from which to which employed	from to	Q29576	
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	Narcese Jourdain		
Birthplace of Father	Coucheching Reserve	John Land	not known
Maiden Name of Mother		Lake of the Woods	
	Kesheahna qua took	Antéines Keet	not known
Birthplace of Mother		Coucheching Reserve	July 107 C. No. 1 State of the
ame of Physician			
ddress			The second second
ame of Informant			THE RESERVE
ldress			
elation to Deceased	the smaller little to the		
ace of Burial	Coucheching Reserve	Cougheching Reserve	Coucheching Reserve
ate of Burial	August 1922		Isth March 1923
ame of Undertaker			
dress	tradical in the Company Court		A CONTRACTOR OF THE PARTY OF TH
use of Death no Physician attended	not known	net known	
te of Death	August 1922	100	Killed by train
is and the same	MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH
me of Deceased			
te of Death			SWOLLD AND AND AND AND AND AND AND AND AND AN
Infant, Name of cents			TO THE PROPERTY.
dress			
tes from which to which dical Practitioner ended Deceased			
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100	S. 17. (200)		
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Contributory			Charles - Section
Duration Did an operation pre-			The second secon
Did an operation pre- e death? Was there an autopsy?	The Second Second		Section of the sectio
ne of Physician			NOT THE RESIDENCE
		The state of the s	
e of Return			

THIS FORM MUST BE FYLED FORTHWITH WITH THE DIVISION REGISTRAR OF THE DIVISION IN WHICH THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

Every item of information should be carefully supplied.

AGE should be stated EXACTLY. PHYSICIANS should STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. RACIAL ORIGIN will be described by stating to what people or race the deceased person belonged, whether English, Irish, Scotch, French, German, etc. The terms "American" or "Canadian" should not be used, as they express citzenship but not a mee or people.

38 CF	ERTIFICATE OF	REGISTRATION OF DEATH
PLACE County of DEATH If in City, Town of	or Village (Name	Township of Life of Name (Name)
If in hospital or in 2. NAME OF DECEASED	Me Pherson	Bay Lake T words.
Sex 4. Racial origin	5. Single, Married, Wid	lowed MEDICAL CERTIFICATE OF DEATH
Sex 4. Racial origin	or Divorced (Write the	16. DATE OF DEATH MESCL. 2 19
6. BIRTHPLACE Sala	scorry bay	17. I HEREBY CERTIFY that I attended deceased
9 7	Province or country	
7. DATE OF BIRTH	(Month) (Day) onths Days If less than one	(Year) and last saw h alive on 19
B. AGE OF	onths Days If less than one hrs. or	The CAUSE OF DEATH was as follows:
9. OCCUPATION OF DECE.		the world a severe allace
9 (a)	coupstion or kind of work)	of manyman and her
i g	ccupation or kind of work)	CONTENTION CALLS Called
67	(ind of industry)	CONTRIBUTORY CAUSE CAUCA (Secondary)
10. LENGTH OF RESIDENCE (a) At place of death	mortho In province As	(duration of) yrs mos.
(c) In Canada (if an immigr		18. Where was disease contracted if not at place of death?
11. Name of father Day	il mepherson	Did an operation precede death? No Date of
12. Birthplace of father	ake of woods.	Reason for operation.
13. Maiden name of mother	mory. Heeler	Was there an autopsy?
13. Maiden name of mother	Broth west as	(Signed) a Trygnell
200	(Province or country)	Address
15. Name of Informant	me meganin	Date (Month) (Day) (
Address Relation to Deceased 7	Falte	(Month) (Day) State the Disease causing death, or in death from Violent Causes, state (1) is and Nature of Injury, (2) whether Accidental, Suicidal or Homicidal. In case of still write "born dead".
Relation to Deceased		and Date of Burial March 23 - 193
19. Place of Burial	secon y gay.	- Address Renna
20. Name of Undertaker	The state of the s	rang fremit for medita nea
Political Politi	/ m. this 2 / day of /	(Month) my Phuron fat p Division Registra

DEATHS

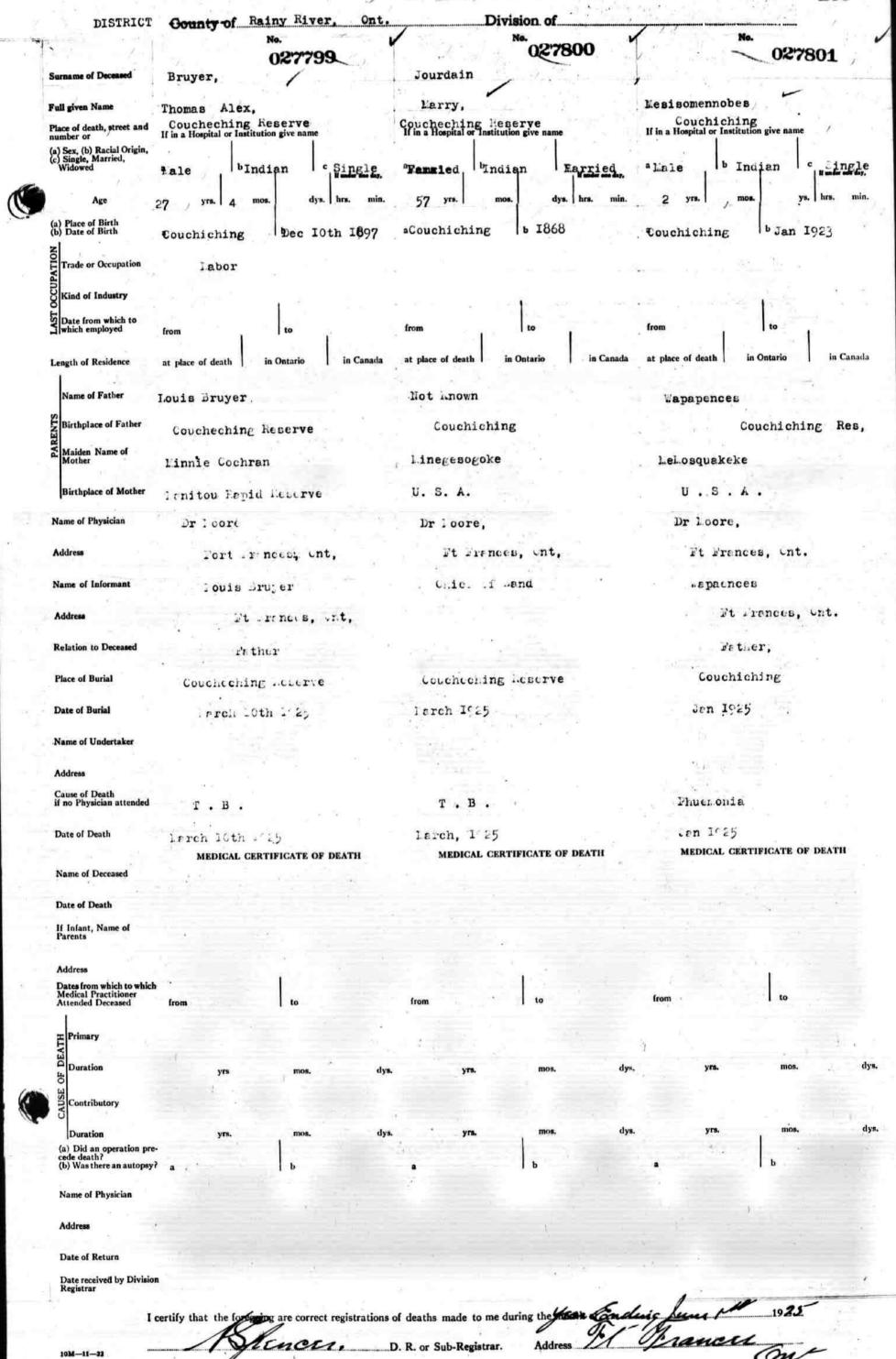
	County of Reusea	Division of Ken	Parsamo firet
SURNAME of Deceased.	Henton	Sepherson V	
Bristian Name.	Mary Henryette	Maggie	
19	Pemele	Pemale	
Ago.	32 years	86yrs. lmnth. 25 days.	
Date of Donth.	Dec. 31st 1917	Nev. 27th 1917	
Place of Birth. Place of Death, City, Town,	England	Albany	
Place of Death, City, Town, Village, or Concession and Lot.		Kenera Ont	
lace of Burial.		Kenora Ont.	· ·
coupation.			
ingle, Marriedor Widowed	Maried	a. tien	
• • ;	01640		
Name of Father.	Frank W. Hanton	Geo. McPherson	
falden Name of Mother.			
Dause of Death, if known.	LaGrippe	Pneumonia	
Name of Physician who ttended Deceased.	Dr. Paton	Dr. Gunn	
Name of Informant.	F.W. Hanton	Anne Bella Cook	
Address.			
Date of Return.	lst. St. Ridout, Kenora	Kenora Ont.	
ate of Meturn.	Jan. 1sf. 1918 Physician's Return of Death	Nov. 27th 1917 Physician's Return of Death	Physician's Return of Death
nrname of Deceased.	Hanton	McPherson	
Fristian Name.	Mary H.	Margaret	
BEASE CAUSING	Dec. 31st 1917	Nov. 27th 1917	
	LaGrippe	Hemmorrhage	
1 X 1 X 13 X	3 days	24 hours	
amediate Cause of			
ration.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
ysician's Name.	Jas. P. Paton	W.J. Gunne	
idress.			
	Kenera Ont	Kenora Ont	
ste of Return.	Dec. 31st 1917	Dec. 20th 1917.	
nata .			

Given under my hand, this

Division Registrar of Stendard A.D. 19 / 8

Division Registrar of Stendard A.D. 19 / 8

DEATHS



County of

Division of

m' Cherson Sobeski allan adeline 2 mary marjone Beatice female female female 12 yro 6 mas. o montho 2 months Dec 20. 1916 Dec. 18. 1916 Oct 0. 1916 denora Kenora Falcon Island Kenora Kenora Falcon Island schoolgiel infant 017400 017408 single -Nicholas Sobeski John M' Pherson James allan Julia Stizelbicka Beatrice Barnard Maggie St. Pierre Cause of Death, if known. Burno Li Vator Av. Paton ast Edmison n Valicki I Griffith Name of Informant. John mc Cherson Clinosa Clenora Falcon Island chenor dic 26. 1916 Dec. 19. 1916 Oct 6.1916 Physician's Return of Death Physician's Return of Death Physician's Return of Death Schucki allan mc Cherson adein F marjone Beatrice mary Dec 23. 1916 Dec. 18.1916 Oct s. 1916 DISEASE CAUSING inamition V premature V burno 2 moo. 18 hours exhaustion exhaustion shock & P Paton Jao. P. Paton ast Edmison Otenora Kenora Ctenora Dec 26. 1916 Dec. 19 1916. Oct 6. 1916

December 31

Division of Machine, Baker RNAME of Deceased. James Inale 69 years 23 Days October 23 1916 Willshire England minnitaki Ont. Farmer married 1711 James Baker Not Known Heart Weakness Dr Dingwall mrs I. Shapland minnitaki Ont 24 Oct 1916 Physician's Return of Death Baker James 23 Oct. 1916, Senility V Two Years Heart Weakness Three months De Dingwall Dry den Out. 23 October 1916.

> alex Turner machin

Div. Registrar.

NAME OF DECEASED. Bex. (M. OR F.) DATE OF DEATH. AGE. NO. OF HOUSE OR LOT. CONCERNION OR BERNET. OCCUPATION. WHERE BORD FORTY FORTY Perry: Frenche 10 38 Crapactor Brane Crapactor Brane Crapactor Brane Crapactor Brane	CAURE OF DRAFE. LENGTH OF ILLNESS. NAME OF PRESCRIPTIONS. IN ATTENDANCE. RELICIOUS NAME OF PRESCRIPTION. RELICIOUS NAME OF PRES
George Fremkle & 4 . 10 38	upton Typhria Feror I: Jume Un fer. Barnes 022257
Chao Noelera Riquinx Ch 1 17 28 Chao Noelera Riquinx Ch 1 17 28 Chaoner Friteband 2 Chyl 6 6 mo Donald Mi Grow L Ch 1 21 Copla Planor friend 2 1 17 14 m. Flight Timber L Ch 1 8 33 Wiels From Johnsh Ch 1 18 1 John Rhight L Ch 1 18 1 John Rhight L Ch 1 29 24 Chang Jornage L 2 1 29 24 Schopied Kelland Ch 1 Soft 2 2 1 Schopied Kelland Ch 1 Soft 2 2 1 Change Tradaickom L Ch 1 8 45 Thomas M. Corola Kat M 1 1 1 am Ghow B. Corola Kat M 1 1 1 am Ghow B. Corola Lat M 1 1 1 am Ghow B. Corola Lat M 1 1 1 am Ghow B. Corola Lat M 1 1 1 am	Tray Dromed L. Scrill Ch. J. Mighin 02259 Cologi Comulation L. Chapman D. Feb. Mighin 02269 Cologi Comulation L. Chapman D. Feb. Mighin 02263 Cologi Comulation L. Chapman D. See Mitched 12263 Cologi Character L. Cologi Chicaman Dane 02263 The Diarrhea L. Furne L. Frame 02266, 8 The Barne 02266, 8 The Chiled L. Frame Described D
Gunna Delin Frantes 3, 6 11- The February Motors of the 1 18 5- George Hammy L th 1 15 38 George Hammy L th 1 15 38 Grospector Greletor of bustons Chelletie, 4 th 1 12 27 Victor Lieb Gains X th 1 23 76 Sick France Chelletons France	Simple atrophy of Chapman Gol. Grante, 16 Simple atrophy of Chapman Gol. Grante, 17 Fangron Brownes of Jume an Chapman Chapter Described 2776, 18 Least Failure S. Wacdonell Coff of the Strek 182278, 18 Lonne a Chapman Rep 122280 Least Failure of Chapman Rep 122280 Long Typhrix Ferer of Fammerson P Greek Faylor Oct 6 copy of entries of deaths returned to me.

Given under my hand this ful

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

D.R.

SCHEDULE C. Divis

DEATHS.

Division of Soul Tances

	100		DESTRU			po(DPMOP	THE LOUIS TO SERVED	17							A SET OF A SEC
NAME OF DECEASED.	SEX.	DATE OF DE	LATR.	Age.	No. of House or Lot.	CONCRSSION OR STABRE.	OCCUPATION. MARRIED OR SINGLE.	1	WHERE BORN.	CAUSE OF DEATH. LENGTH OF ILLINGS.	NAME OF PHYSICIAN IN ATTENDANCE.	RELIGIOUS DENOMINATION	Name of Person Making Return.	DATE O	3.00
(SURNAME FIRST.)	an	Month,	Year.	21	11.	Francis	occ Lobour		lak	accident Killed V	Quel md	024569	A Com	1	
The Charen land Chan 57	4	ay 5	04	30	Int.	Frances	M. or S. American OCC	0.000	Inknown Sille	Frumminia, 6 day					
Freden Elvira 511	4	aux 18	4	2	1	Frances		100	Sound: Penings	Chalada T	Bols ham by	P.02150	Who well of	D	21/11
Met husen William?	m	aux 4		obout.	/	sances	occ Lumbumon M. or S. S		anillin	Stabelia on month	Mother in	Paga 579	Thomas	Aus	29/11
Foctoins Narren 573	1	Sef126		- 20 PS(-14-1	11.	rancis	M. or S. S	1	Lucan and.	Diobelis on month V	- Constant	Chigan	Thames	Seff.	28/04
X0.1 1 10.	In.	6			11	ronces	occ. manner M. or S. S	*		Telorior From 2 mth					28/4
Burns Com 7. 51	m.	Get 11	out	Stew .	./	honces	M. or S. M. occ Lobour	400	1.70 %	Plantic Prisoning V		// _ /			
Sulchinson John 576	m	Oc/22	04		Cashe V	oint C.N. Py	M. or S. S	1	100	Killed in Sawmill				an-	27/04
Tharlin s.B. 517	m	ihovio	04		.1.	nances	occ	- Contract			& Motingiel			Sor	10/04
Hughes Chas 57	m.	Bc/29	och	19	Ramy	Lake	M. or S. S	- 61		Zuringy. On huk V				Sor	18/04
Juis Ernest Ferber 37	M.	And 5	14	2	Ton't	sames	occ Sumbron		Binningham Soy	Emploma. Six listo	AMPlingi M.S.	Cof 9215	& Beurs	Nov	16 04
* Thurbers of 580	m	AN20	04			Toke	M. or S. S	1	A Brimwick	Insolatio, one week		02458	Costary	Die	5/4
Jung I have a hanning							occ S occ Ry Sectionway.	-	of hances	1/	DOMokingi Md	024531	som may	DEC	19/14
Beaudro Joseft 58	m.	Dec 19.	14	10 days	Into	iones	M. or S. S	<u> </u>	Quelex	post & philinte paralysis 1 day	& Chropingi Mid	02458	& McKingue	Sesa	2/04
a man a bright may a highway			7- 1	ger v		1-	M. or S.			,				(i	(6)
							M. or S.	100							
			-		= :	town.	M. or S.	1						,	
						198	M. or S.					- "			
W. Table 1.		· · · · · · · · ·			- 1		M. or S.	-	W 7						
							M. or S.	1			-				
	13						M. or S. OCC		·		***			1 16	
2	=	4000					M. or S.	1	Ser .	Carr car be	In a	us e	97 s 6		
							M. or S.								
No.	,	· -	1		7-	7.	M. or S. OCC	1							1
3-1							M. or S. M. or S.	1							
							OCC		•	established the second					
	9		-								1.07				
		т 1	.1	ec.	L . C	r to be the true	DOTALL REPORT OF THE	N.		ov of entries of deaths retu	mad by me			# 100 A	

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

copy of entries of deaths returned by me.

A.D. 904

NAME OF DECEASED. NAME OF PERSON LENGTH OF ILLARD IN ATTENDANCE. MARING RETURN. REGISTRATION James a G. Miken no July 11th 26 gra Lot 1 Bus Newster 012171 Cartweight one Drowning , a. H. Edmison Methodet J. 6 Welson John Charles France In July 22 18 Min Ouprior Street Hewater Scarles Dever to Day a a. H. Edmison R Catholis Cer France dorker Thorarinson M July 315 8 mos Slewater Rewelin Cholera Infant. 2 Days, R. B. ayleswork Luthering RB aylesworth any Dadie Mc Leal & I august 712 6 Mers hat 970 Ottawa Strut Huwatin Congestion of Brain 6 Days R.B. aylesworth Prestyleian Amal Me Leve Sept 11 189 Margani Me Phereon & aug! 27th 38 gm Recuration Housewife Deolland Tulmonery Embolum 1/2 Ama R.B. ay beworth Prestytinen RB ty beworth Sign Catherine Jane Kelly & I aug, 78 26 grs Limpore Eng. Brights disease 2 gra RB. Ayluworth Methodist David Relly Sept 13 1897 Sunatur Howewife John Mc Phuson X m Sept 150 5 days Recordino Infant Meewatin Infantile debility & Days RAS aly lesworth Pristy live RB aly con othe Sept 15 1897 James Sunney IM Sept 8t 6 Mes Main Strut Mewalin Colera Infantino 20 Days None Reatholic Joseph Minney Life 18 9897. Margaret Mc Pherson & Sept, 12 Notago Rewalm Accounting Domatitis from artificial Juding R.B. alexente Turby liver John de Phin Sept 15- 1897 Jarah Maria S Bellefemille & Sefe 37 1 Month Las 14 Superior Street - - -Rewater Suflamation of Brain 1 Day 11. Aylesworth Kathelia Phelliquiele Oct, 11 1897 A Johnston Dephinery M. Oct. 10 11 Months Lat 15 West 10th Stut Hanne well My colie Dearrhora at Edmison Methodist ast Edmison Oct 14 1897 devouse Noris & M Oct. 13 Jone Mark Lors What Street -- - Recoration Tremation but & Hourn R. R. Ayleworth None KBaylework Oct 14 17 Ruth abill + I Nov 13 6 Huss Fram Sung his Rit ---- Newstin Consulsions 2 Days , at Edmison Now Huber abell Nor 15 1897.

I hereby certify the foregoing to be the true and correct

Given under my hand this Different day of

Copy of entries of deaths returned to me.

Signed, Thomas J. Ching

Div. Registrar.

(SURNAME FIRST.) 39/Back Alla King Golf Munphy Donald alexander 11/Jogg Samuel Geny	SEX. (M. OR F.) DATE OF I Month.	Оватн. Асв. Year.	RESIDENCE. No. of House of Lot. Concession of Street.	OCCUPATION, MARRIED OR SINGLE.	
39 Back Alm King	1 h 3 day	Year.			
- 1	× & 0	10/0 0	Hat Pala	M. or 8.	
Trogg Samue Serge -	7 -	- 20		M. or S.	.80
'A 0 /	Lh 13 -	- 40		M. or S.	21
2 Bealy May Sophea y	17 16-	- 40	•	M. or S. A	4
& Bue Back May	1	" 8 Mos	4	M. or S.	1
4 to aree Sakella Langthe		8 35-	1	M. or 8 h	9
sharkenter Frank C. 1.		- 25		M. or S.	M
Waterman Edill Malil	-77. 12 -	- 6 M		M. or S.	W.
> Stevens -	1 h 26 -	- 2/-	*	M. or 8.	1
8 Feligraer James Deanis >	M 31 -	- 59.	1	M. or 8. 1	S
Dante -	he lange	- 8/11"		M. or S.	1
Whitehas France			1	M. or S.	۷
Laurenson Laura	2 / car	- gan	· · · · · · · · · · · · · · · · · · ·	M. or S.	1
Sewell olin X	2 112 m	- 2Am	, y	M, or 8.	
Illen Scalt May	2. // coup	- 2/1-		M. or 8:	
Mr. alhin May Sealella X	2 war	108		M. or S.—	•
abbot - +	7 2000	- 1811-	•	M. or S.	
Hall botware Kurana +	In 1 31	1200		M, or S	
Thomson Charles V	•			M. or S.	f.
Pulchas Ster Lauray L	7 17	- 57	0	M. or S	
Confecula Elen 43	7 20	- 18/20		M. or S. / 1	
Venla mot bull and			No red	M. or S. M. or S. M. or S.	
ockhart James Edward	& 28	- 44		M or S. A.	
Bondling melan Dan	1 100ch	2 200		M. or S. A	
Olem Lousa Elding	×	6 hos		M. or S.	
Phyon payary	\$ 120ch	- 65-	h h	M. or 8.	1

7 17 Salay	The state of the s	EATHS.
		BATHS.
	Division of Rak	Talay

	CAUSE OF DEATH.				
WHERE BORN.	LENGTH OF ILLNESS.	NAME OF PHYSICIAN IN ATTENDANCE.	RELIGIOUS DENOMINATION.	NAME OF PRESON MAKING RETURN.	DATE OF REGISTRATION.
	Typhad Ferr	r. l.	0	0 /4	018399
	Blend Powering	A- Fanne	P.	James Z. Jeur	01,8400 .
	Typhord Ferm		N.	a From	18399 018400 9 - 13 018401
Ž.	1 and Consumplian			1	0400
	Concemplier of Brain		, ,	& Kliffent	018402
6032	Typhan Fenn	D. Tuna		a. H. Ham	018403
* .	Keart Farlun	- 1	-	& W Mockly -	
	Consumplion of Brain	12.			018405
	Heaking sain		÷	-	018406
	Kells a CRM	& Tunn	-	l mu	2/
	Braw Ferre		100	& Klippent	May -
Englana *			1. a.		018109_
	Cholera Infantum			a. A Hun	
	Danhan	A Chapman		1	3018111
	Cholina Isfantin	D. Gare	· /	a A. Han	018113
		p - Suur		Shah Zun	
	Dianha	S. Brath		Dan h. arthe	
	Shot Bu	D. Chapman			
	Keart Failur	I Gum			
4	4	I Bratte	1	. ruggior	/2/218418
Japan Line	alio Catuto	,	his.	a Kan	/2018119
	holine Infantim	& Lunn		,	
	bonoumplin		P		018421
V	atification thousand in Sig-	S- Proche		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	018122
		N Edmason	P. a	I kn	10 0018423
		11	P	Short Jenne	018424
Payken Ken	sumplus	S. Hansa	C/8. 0	1 Kun -	13 0018425
/					N. Y

I hereby certify the foregoing to be the true and correct

Siven under my hand this electron day of

copy of entries of deaths returned to me.

A. D. 1899
Signed, Manual Company Signed, Manu

Div. Registrar.

	congener of Roy Mer-	LE C-DEATHS	Paray ,			E C. DEATHS. 3	
	Na 69	X * 7 °	XX No. Y		No. 71	No. 7 6	No. 77
Manus and Surname of Deceased.	Dan h Kinna	Shon Lephour	Ita Flere Brokerson	Name and Surnature of Deceased.	Infant of Sorand Penant	Charles Lavierder	anlow Belanger
When Died.	12 Dur. 1196	21 Du 1896	16 och 1896	When Died.	30 march 1896	2 april 1896	18th Jun 1896
Sex-Male or Female.	Mah Shu Ban-	man	Junau.	Sex.—Main or Female	man	male	Male
Are.	Shu Ban-	She Ban	11 years	Apa	1 00	Male 40.	40
Rank or Profession.				Rank or Profession.	A service of the serv	Boat Bulde	_
	Mar Care	Ralbater	Pat Perry	Where Born.	Rat Burg	Laube _	Jaman
	du Ban	Weaking V	Dropery V	Certified Cause of Death and duration of Illness.	Making V	Inflamation	
Name of Physician, (if any).	S. Mardanell	D- Edundan		Name of Physician, (if any).			
Signature, Description and Residence of Informant.	Makango Ker Jalke Cahre	11	Lung & Phusa	Signature, cription and Residence of Informant,	Kap falhe Caher	Ker Falle Cahre	New father Cahree
When Registered.	15ª du 1896 Rb.	22 De 1896	28 Den 886	When Registered.	36 Du 1886	the second state of the second state of the second	30 Au 1896
Denomination of Deceased.	oRb.	Luthran	Churchet Ryland	Religious Denomination, of	Melled R.B.	30 De 1896	R.S.
Signature of Registrar.	Intension set	munspen on	Munkyland Miller Byland	Signature of Registrar.	36 Du 1896 Anken Bydu sto	Maken Byda on	Inkursian & n
BEMARKS.							
	001353	001354	001355	REMARKS.	004.050	001360	00400
	No. 72		11.76		001359		001361
Name and Surname of Deceased.	0	1 × 13	1 × × × · · · ·	1	Marie Willenever	Na. 79	No. SO
	Munota Begg.	Man Lauger	Infant of Leval Personly		Marie Willenever	Joseph Bellanger	Lan Pun Layer
When Died. Sex—Male or Female,	27 Du 1896	22 Fely 1896 Jeman	have 1 day.	Sex-Male or Female.	16 Suly 1896 Jemas	male Months	11 March 1895
Ago.	temar 9 days	Teman	I day	Female.	Lemas	I had	man es a 25 de
		4 days		Rank or Profession.		4 11100000	29 yr 8 Math 25 dg.
UEN () X Y	Rakketer '	Hat Paray	Mar Baly	. Where Born.	Hat Paley	Max Chan	A. Bonne Kents apes France
Certified Cause of Death and duration of Illness.	making r	Infant Duly V	Weakup V	Certified Cause of Death and duration of Diness.		Conveleus V	Killed & acodust
	& Kansan			Name of Physician			
Signature, Description and Residence of Informant.	V// 10	Rev Falhe Calner	New Falle Cahier	Signature, Description and Emidence of Informant,	New Falher Cahres	Re fathe Cahie	New Father Cahree
When Registered,	28 Du 1896	30 Dec. 1896	New Falle Cahree	Informant. When	30 Du 1896	30 Dec 1886	30. Der 1896
Religious Denomination of Decorated,	O Church of heland	RS	ok k	Registered. Religious Denomination of Deceased.	PB		and the second s
Spatral of		mken Byder on	Maken Byde sin	Deceased. Signature of	Maken Byden & U.	M. Kin Bider & M	Intention of
REMARKS	001356	(f. 10) 001357	001358	REMARES.	001362	001363	001364
L harsky cartil	ty the foregoing to be the true and correct entries of all Deaths and the foregoing to be the true and correct entries of all Deaths and the foregoing to be the true and correct entries of all Deaths and the foregoing the fore	day of Jahman Diffusion Registrate Randon	ALD SO 97	I hereby on	city the foregoing to be the true and correspondence of all Death Given under my hand, this full	a reterrant to me for the rest year unting 31 of 1 o	De gy 96

88	Districe Castrif of Rainy River	The state of the s	PRANCES, AGENCY,	0
	No. 7	K Kbethnequote	Nawtakeek	-
audien.	ourdain 028711	Advasa)		
given Name	Irs John,	Rot known If in a Hospital or Institution give name	Worth West Bay Reserve,	-
	Couchi ching Reserve			
Sex. (b) Racial gin, (c) Single, cried, Widowed	P. Mindian & Widow	M Indian Widowe		
Ago I	OI yrs. mos. dys. hrs. mis.	85 yrs. mos. dys. brs. s	min. 7 yrs. mos. dys. mis. 7	
Place of Birth Date of Birth	Not Known b 1826	Not known b About 1840	North West Bay b July 21st,	
Trade or Occupation		(-)		1
Kind of Industry				7
Dave from which to		from to	from to	-
	om in Contario in Canada	at place of death in Ontario in Canad	ds at place of death in Suthrio in Canada	500 T
ength of Residence	t place of death in Ontario in Canada		Necanwaypayness	10
Name of Father	Shorty.	Not Known,	North West Bay, Reserve,	
Birthplace of Father	Not Known	Lot "nown,		
Maiden Name of Mother	Not Known,	Not Anown,	Kabageasegoke	- 1
Birthplace of Mother	Not Known,	Not hown,	Manitou Reserve,	
Name of Physician				
Address				
Name of Informant	Chief, of Couchiching, Res.	Chief of Couchiching Reserv	ve Necanwaypayness	
Name of Informatic		Ft Frances, Ont,	Bears Pass, Ont,	*
Address	Ft Frances, Ont,	None.	Father,	
Relation to Deceased	None,		North west Bay, Reserve,	
Place of Burial	Couchiching Reserve,		July 23rdI929.	
Date of Burial	June, 1926,	Jan, 15 th, 1927.		
Name of Undertaker				
Address				overedi.
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 DEATE	H MEDICAL CONTROL	
Name of Deceased	200		experience of the second	
Date of Death				
-			No. of the second secon	
Dates from which to	1		The second second second	
which Medical Practitioner attended Deceased	from to	from to	from	
m Primary				4
Duration	yrs. mos.	dys. 27% mos.	dys. yrs. mos.	dyn
9				- 1
Contributory		dys. 278 800.	dys. ym.: mos.	dys
Duration (a) Did an operation			Variety and	
(a) Did an operation precede death? (b) Was there an autops	A A CONTRACTOR OF THE CONTRACT			
	7			
Name of Physician	THE CONTROL OF THE PARTY OF THE			The second second second
Name of Physician				
				303

1	्रा सम्ब	HB, Valley	DULLE	nd Res. 85
ø	STEETHON CONTROL OF		J SANCTORN No. 5	No. 6
	Surname of Deceased	Jourdain 028702	Bruyer 028703	Adams, 028704
	Piace of Death, street and number or	Couchiching Heserve	Couchiching Reserve, If in a Hospital or Institution give name	Couchiching Reserve, If in a Hospital or Institution give name
	and number or (a) Sex, (b) Racial Origin, (c) Single, Married, Widowed	Indian . Married		a B. bIndian Single
	Age	20 vm mos. dys. lim. min		yrs. 8 mos. dys. hrs. mis.
	(a) Plan of Bloth	• Couchiching b May, 1907	Couchiching bMay, 1920	. Couchiching Sept, 1926
	NO	suc'		The state of the s
	AD.	ardal and a second		e and
	Date from which to	from to	from to	free to
		at place of death If Siturio in Canada	at place of death 175 faire in Canada	at place of death in Onfario 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		1 1087	- 9
	Address	-		
	Name of Informant	Paul Jourdain	Alexander Bruyer,	Joe Adams,
	Address	Fort Frances, "nt,	Ft Frances, Ont,	Ft Frances, Ont.
	Relation to Deceased	Father,	*ather,	Father, Couchiching Reserve,
-	Place of Burial	Couchiching Reserve,	Couchiching Reserve,	Couchiching Reserve,
	Date of Burial	May, 9th, 1927,	March Math, 1927,	701. 701.
	Name of Undertaker			
	Address Cause of Death if no			not known,
	Cause of Death if no Physician attended	Tub.	Tub,	March, 2nd, -927,
	Date of Death	May 7th, 927 MEDICAL CERTIFICATE OF DEATH	March, 20th, 1927. MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH
	Name of Deceased	A		
()	Date of Death	1		
			2 To 177 = 1946	
ķ	Dates from which to which Medical Practitioner attended		(rom to	from to
Î	Deceased	from to		
	Primary Duration		dys. yrs. mos.	dys. yrs. 1808.
100	Contributory			
(Duration 1	970 mod.	dys mos.	dyn ym, mos.
	(a) Did an operation precede death? (b) Was there an autops;			
	Name of Physician			41-
	Address			
	Date of Return			
	Date received by Division Registrar			h in Militaria
		corrify that the foregoing are correct registration	one of Deaths made to me during the mouth of	Elences.
			D.R. or Sub-Registrer. Address	Mences

	District Coooty of Rainy River		ancesy Bast.	0
agram arrangement of	Kermbut 9 +	No. £ 10		A ST DATE
ame of Deceased	Koruchuk 028760	Richard Horricks		
given Name			If in a Hospital or Institution give name	
Edulate of the same of the sam	in a Hospital or Institution give name	1 Some Married		
Ser, (b) Racial rin, (c) Single, rried, Widowed	Ruthenian	11		~
	40 yrs. mos. dys. hrs. mi	40 yrs. 7 mm 17 yrs. hrs. min.		\mathbf{C}
Place of Birth Date of Birth		Pembroke, Ont. 22.Jan.1887	1 AUE - 1 AUE - 14	
	Laborer	Mariner		
Trade or Occupation	Railway	Capt. on Lake Boat		2
Kind of Industry		from to	to to	
which employed	in Canada	4 yrd. life in Canada	at place of death in Outerlo is Cassada	
ength of Residence	at place of death in Ontario I in Canada	James Kenny		0
Name of Father		(The second of the	
Birthplace of Father Maiden Name of Mother		Christine Horricks	Land of the same o	+
Maiden Name of Mother	,			
Birthplace of Mother	1.75	R. Moore (Coroner)		
Name of Physician	(Goroner) R. Moore	Fort Frances, Ont.		
Address	Fort Frances, Ont.	Mrs. R. H. Kenny		
Name of Informant	and sever	Fort Frances, Ont.		
Address		Wife		
Relation to Deceased		FortFrances, Ont.		
Place of Burial	Fort Fwilliam, Ont.	14th Sept. 1927		
Date of Burial	1			
Name of Undertaker	H. Smart	R. V. Green		
Address	Fort Frances, Ont.	Fort Frances, Ont.		
Cause of Death if no Physician attended	Railread Accident	Accidental Drowning	The state of the s	
Date of Death	Sept. 26th, 1927	Sept. 8th, 1927 MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH	
Name of Deceased	MEDICAL CERTIFICATE OF DEATE	Richard Kenny	New 6	vá.
Date of Death	Sept. 2t6h, 1927	Sept. 8th. 1927	13.03.55.55.55.55.55.55.55.55.55.55.55.55.55	(
			•	
Dates from which to which Medical Practitioner attended		from to		
Deceased	Railroad Accident	Accidental Drowning.		
Primary		776. nos	dys. yrs. mos.	dyn
Duration to	7			1
Contributory			dys ym. mos.	dys
Duration	70 100		Lyan Alaski	T (1 - 1)
(a) Did an operation precede death? (b) Was there an auto				
Name of Physician	R. Moore, (Coroner)	R. Moore (Coroner)		
Address	Fort Frances, Ont.	A STATE OF THE STA	The second secon	
Date of Return	Bept. 26th, 1927	Bept. 26th, 1927		YOU !
Date received by Division Registrar			September 27	

Form 6

for:

PROVINCE OF ONTARIO VITAL STATISTICS ACT REGISTRATION OF DEATH

Registration Number

For me of Registrer Course

1. PLACE OF DEATH
City, Town or IN THE FIELD (FRANCE) 705994 two strough. Its danatedals a such a where this can that slight listen the selection of a rade to the light of the best ther's viewpoints-THE BOUNFOLD BE THEFE (in years, months and days) logistics to not 2. PRINT FULL NAME OF DECEASED MOPHERSON Rudolph - dolph construction of the constructi man sait goitu 4. PERMANENT RESIDENCE OF DECEASED: City, Town or Beiny Lake and the standard of t S. SEX | 6. CITIZENSHIP | 7. RACIAL ORIGIN | 8. Single, Married, | 8. BIRTHPLACE (Province or Country) (See marginal note) | 1. (See marginal note) | 1. (Write the word) | 1. (Write the word) | 1. (Write the word) | 1. (See marginal note) | 1. (See marginal note) | 1. (Write the word) | 1. (See marginal note) | 1. (See to marghtman making market 10. Date of Birthe enteriored to selecte a direction of Days If less than one day (Month by name) (Day) (Year) 12. (a) Trade, profession or kind of Edger (Saw Mill) work as spinner, grader, clerk, etc.

(b) Kind of industry or business, as paper mill, lumber, bank, etc. Laborated (II "Labourer" specify kind of work above) 13. Date deceased last worked 14. Total years spent in this occupation at this occupation If married, widowed or divorced give name of husband or maiden name of wife of deceased. 16. Name of father (Given or Christian names) name or last name) å 17. Maiden name of mother. 18. Birthplace: Father..... contribute in lunger michig .Mother ... (Province or Country) (Province or Country) 19. I certify the foregoing to be true and correct to the best of my knowledge and belief. Given under my hand at Ostawa, Ontario. this 26thday of October 1945. Signature of informant. Relationship to deceased..... Address Director of Records, Dept. of Mational Defence. France 20. Burial, Cremation or Removal... Date..... (Month by same) (Day) which the Place of Burial. Cemetery (Municipality) should Burial Permit was issued by Address 21. Funeral Director: Name. Address. Citizenship 22. Marginal notations (Office use only) å i MEDICAL CERTIFICATE OF DEATH September 23. DATE OF DEATH (Year) (Month by name) (Day) 24. I HEREBY CERTIFY that I attended deceased from. The terms "C DURATION CAUSE OF DEATH Yrs. | Mos. Dys. (a) Killed in action. . who was born in C Mertid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b)...... I is defined i Other merbid conditions (if important) con-tributing to death but not consulty related to immediate cause. ORIGIN den, Ukral 25. If a woman, was the death associated with pregnancy?.... CITIZENSHIP person w .Duration. Was there a delivery? 26. Was there a surgical operation?..... RACIAL Was there an autopsy?. 27. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide?

(State which is the following injury.

(How sustained)

Nature of injury. Nature of injury. Specify whether injury occurred in Industry, in Home, or in Public Place... Designation. M.D., Coroner, etc. Address.

Division Registrar's Record No.....

(For use of Division Registeer only)

(Signature of Division Registrar)

Date of Registration...

\$ 1 m	San 18 (1 Mar 68	Wollhamman	Hermansson
name of Deceased	Lineavish 018978	McPherson 018979	Ernest Holgar
given Name	Unnamed Kenora General Hospital	Sophia Sabascosing, ake of the woods	Ignace, Ontario. If in Hospital or Institution give name
e of Death, street number or	If in a Hospital or Institution give name	If in a Hospital or Institution give name	If in a Hospital or Institution give name
Sex, (b) Racial gin, (c) Single, rried, Widowed	E Polish .	. P Wanadian .	.M b Swedish c
Ago	STILLHORN yrs. mos. dys. hrs. min.	79 yrs. mos. dys. hrs. min.	27 yrs. mos. dys. brs.
Place of Birth Date of Birth	.W-w 204h 1020		sweden bot know
	Kenoma SMRy 30 th, 1929	Housewife	Laborer
Trade or Occupation		AUGUSTA C	Keewatin Lumber Co.
Kind of Industry	Latin Tolling		Access of a second
Date from which to which employed	from to	from to 50 years 79 years	from
ngth 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
Name of Father	Nick Lincavish	Michael Morrison	Not known
Birthplace of Father	Poland	Not known	1.1.1
Maiden Name of	Olga ?	Not known	1 1 1 1 1
	Poland	Around Fort Frances, Ont.	
Birthplace of Mother		Kinney Perener	B.A. Kinney, Coroner
ame of Physician	Dr. L.G. Gunne	J.A. Kinney, Coroner	Kenora, Ontario
ddress	Kenora, Ontario	Kencra, Untario	Keewatin Lumber Co.Ltd.
ame of Informant	Nick Lincavash	Daniel McPherson Kenora, Ontario	Kenora, Ostario
ddress	Kenora, Ontario	schola, ollustio	
elation to Deceased	Father	Son	None
lace of Burial	Lake of the Woods Cemetery	Sabascosing, Ontario.	Lake of the Woods deme
Oute of Burial	. May 31st. 1929	October 8th, 1929	November 15th, 1929
Name of Undertaker	Messrs. Taylor & Tackaberry	Messrs. Taylor & Tackaberry	Messrs. Taylor & Tacks
Address	Kenora, Ontario	Kencra, Ontario	Kenora, Ontario
Cause of Death if no			To be included
Physician attended	Nov. 20th 1020	October 5th, 1929	November return
Date of Death	May 30th, 1929 MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEA
Name of Deceased	Baby Lincavish	Sophia McPherson	
Date of Death	May 30th, 1929	October 5th, 1929	
Dates from which to which Medical Practitioner attended Deceased	from	from	from to
	Stillborn	natural causes	
EAT		due to old age	dys. yrs. mos.
6	718 1805		- C
Contributory			
Duration	4.00	dys. yrs. mos.	dys. yrs. mos.
(a) Did an operation precede death? (b) Was there an autopi	y? . No b	NO NO P NO	10
Name of Physician	Dr. L.G. Gunne	J.A. kinney (Coroner)	
Address	Kenora, Ontario	Renora, Ontario	400,000,000,000
Date of Return November 1st. 1929		Movember 7th, 1929	
Date received by Division Registrar	November 1st. 1929	movember 7th, 1929.	
Division Registral		rations of Deaths made to me during the mont	h opotober 18

SCHEDULE C. Sint South

DEATHS.
Division of Promy Sounship

				-										
- NAME OF DECEASED.	8ax (M. on F.)	DATE OF DEATH.	Age.	No. of House on Lot.	COMCESSION OF STREET,	MARRIED OR SINGLE		WHERE BORS.	CAUGE OF DEATH. LENGTH OF ILLUMNS	NAME OF PHYSICIAN IN ATTENDANCE.	Baligious Denomination.	NAME OF PERSON MARING RETURN.	DATE OF REGISTRATION	
(SURNAME/FIRST.)	1	Month. Year.		1	0.0022775	og	1	010	201-900000 11-	Bon	Q1	Q. la las.	20/	10
Vi knahon Johana	M.	XXC 14 1901	20	Donotevoll	0:277	6000 hammer	1.9	Different com	accident on Py, on work	In h h	O D	Rw & Staman	1 Jon 2	1908
Manne J.V.	410	76. 7. 19n	83	Dentim	On Fund Co	M. or 8. Maried	1.9	Myspe .	Desident on Py, one work	Ann ymny	n. Tres	DI. 12	120/2	1900
March Maggirsonna	7	Frb 14 1900	19	For Tra	new K. K. Sept	M. or 8. Single			Pruminia fareks		Tres	Prof March	//	100179
Simcan Frimas	M.	Th 20 1900	32	Bell City	17-17-201-17-17-17-17-17-17-17-17-17-17-17-17-17	M. or B. Single	1.		Found dead in bol		1	Morne		1.
Clivit Chos Gronge	411.	4Mon 24/91	1 8 mm	Mmu (in	the M. Kam	M. or 8. Small	1.4	Mini Centre	antistung Liver	D.C.M. Kungis h	W. K.C.	S. Elliott	Phones	1902
Sichardson hed	m	Mar 22, 1902	Unknow	Sash Por	M. R. R. Sist	M. or 8. Single	1.0		Ifti carmio 6 days			Somtloyd	Inn 22	1902
Colwell Patrick C	M	april 9. 19m	56	Ant Tro	nas RR dist	M. or 8. Single OCC. Minshond M. or B. Morried	1.	Λ //	D same	/	Re.	Mory Orlande.	aprila	1902
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=		Pro-	(4)	40099	•	M. or S.	1	- ₄			A.			
	á	Α		E		M. or 8.								
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~						M. or S.	•	_					-	
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	(p.5 ₀)		, , , , , , , , , , , , , , , , , , ,	-			1	134						
		I hereby	certify 1	the foregoing	to be the true	124	1	- CO	ny of entries of deaths retu	rned by me				

I hereby certify the foregoing to be the true and correct Given under my hand this First -

copy of entries of deaths returned by me.

Div. Registrar,

Drummond-

SCHEDULE C. DEATHS. Division of Shully box 1

				10 P 5 V VS		V VIII	
	· /	No. 2	* 3		No. /	12 2	16. 3
Name and Surname of Deceased.		¥ .,	2, 4	Hame and Burname of Deceased.		THE TANK OF THE PARTY OF THE PA	
Deceased.	1/20 Joseph meintyre	Mary Q. Lauchlin	Robt E. Thomson	3	Mary Mishtyre	Sabella Coults with	Catharine Fanutin Mis
When Died.	December 28th 1879	(.)	February 11th 1880	When Died.		Sabella Coulls Wife	Catharine Fanutin High
Sex—Male or Female.	- Female -f		male 1	Bez Male or Female.		tem e	Intromber II 1000
Ago.	- 83 years -	- 86 years	32 zears		19 years and & monde	Lixly four years	1 Semale
Rank or Profession.	4	9		Bank or Profession.			
	- Farmer	tarmer -	yeoman.	Profession.	Farmers Hife	Farmers Hige	Farmer Mife
Where Born.	Highlands of Scotland	- Ireland	Drummond Antaria	Where Born.	Scotland Co. Hocksborous		
Certified cause of Death, and duration of	Highlands of Scotland	general debility	Heart Disease	Certified course of Death, and duration of		1	- Ireland
Miness,	- seg weetes	- 10 years	Suddenly	of Death, and duration of Illness.	Old age. Leve years	Sropey. 3 years	Consumption 3 years
Name of Physician, if any.				Name of Physician, if any.	James atchion M. XC,	10 a	
	Le Mc Engies	61 109 11	John R. Thomson	· ·	// A		192 Mileallin
Signature, Description and Residence of Informant.	1. 1 3. 8 Port Lanant	John O. Lauchlin		Bignature, Description and Residence of Informant.	Janet Manline	James Morrison Colmery hoth	Daniel Murphy
When Registered,	Mid Mainen Minis-			When Registered.	Muley horth		Cloude Murphy
Religious	February 4th 1880	March 1st 1880	- ebruary 170% 1880	(/	July 31, 1880	(deleter 26, 18 8.0.	Nort 25- 1880
Denomination of Descased,	Pressy terian.	Koman Catholies	· Presbytenan	Religious Denomination of Deceased.	Presbyterian	Brestylerian .	Comme Cathelic
Signature of Registrar.	Live 13 Moore	Thos B moones	Phos B Moore	Signature of Registrar.	James M. M. Gregor	James M. M. Gregor	
Je si	the second secon	10 E T 12 E E E E E E E E E E E E E E E E E E	,		The state of the s	The sugar	Jamas M. Mileryor
REMARKS.	007724	007725	007726	• REMARKS.	007730	007731	Way.
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				•	7.6 p		207732
	* 4	No 3	\No. 6		. жо,	No.	10 s 17 L
Name and Surname of Deceased.	X	X	3				The second of th
Deceased.				Name and	A section of the party of the section of the sectio		Malarta and a last state of
- I	maryann Robertson	William Horricks	Camuel Setlock	Name and Burname of Deceased.	Elignative till ga et lite		
When Died,	naryann Robertson	5,50		Name and Burname of Deceased. When Died.			
When Died. Sex—Male or Female.	1 62 2	Miliam Horricks March 2nd 1880	Samuel Setlock				
	rebruary 28th 1850	March 2nd 1880	April 19th 1880 -	When Died.			
	February 28th 1850 Female 20 years	March 2nd 1880 Male 91 years	April 19th 1880 " Male 73 years	When Died. Sex—Male or Female			
Sex.—Male or Female. Age. Rank or Profession.	February 28th 1880 Female 26 years Minister	March 2nd 1880 Male 91 years Yeoman	April 19th 1880 -	When Died. Sex—Male or Female Age. Rank or Profession.			
Sex—Male or Female. Age. Rank or Profession. Where Born.	February 28th 1850 Female 20 years Minister	March 2nd 1880 Male 91 years Yeoman	First 19th 1880 " Male 73 years Gounty Waxford Ireland	When Died. Sex—Male or Female Age.			
Sex—Male or Female. Age. Rank or Profession. Where Born.	February 28th 1880 Female 26 years Minister	March 2nd 1880 Male 91 years Yeoman	April 19th 1880 " Male 73 years Geoman	When Died. Sex—Male or Female Age. Rank or Profession. Where Born.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Sex—Male or Female. Age. Rank or Profession. Where Born. Certified cause of Death, and duration of Illness.	rebruary 28th 1850 Female 20 georg Vinister What ham antaris Heart disease	March 2nd 1880 Male 91 years Yeoman England	Jonale 1880 " Jake 1880 " Jake 1880 " Jeoman Gounty Wesford Ireland general debility	When Died. Sex—Male or Female Age. Rank or Profession. Where Born. Certified cause of Death and duration of Illness.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Sex—Male or Female. Age. Rank or Profession. Where Born.	Lo georo Linester Abuthum Contain Heart disease	March 2nd 1880 Male 91 years Yeoman	First 19th 1880 " Male 73 years Gounty Waxford Ireland	When Died. Sex—Male or Female Age. Rank or Profession. Where Born.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Sex—Male or Female. Age. Rank or Profession. Where Born. Certified cause of Death, and duration of Illness. Name of Physician, if any.	Linester Interior Heart Lisease Visiterly	March 2nd 1880 Male 91 years Yearn England General debility	April 19th 1880 " Male Jale Jayears Gounty Warford Creland general debility 3 years	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.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Sex—Male or Female. Age. Rank or Profession. Where Born. Certified cause of Death, and duration of Illness.	Liver Liseau Interior Heart Liseau Listhey Listery Listery La Monroe De Monroe	March 2nd 1880 Male 91 years Yearnan England General debility Hohn Mc Ewen	April 19th 1880 " Male Male Jayears George Mc Rilchies	When Died. Sex—Male or Female Age. Rank or Profession. Where Born. Certified cause of Death and duration of Illness.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Sex—Male or Female. Age. Rank or Profession. Where Born. Cortified cause of Death, and duration of Illness. Name of Physician, if any. Bignature, Description and Residence of Informant.	Linester Contains Linester Contains Heart disease Luddenly De Monroe Linester	March 2nd 1880 Male 91 years Yearn England General debility Lohn Mc Ewen Summond	April 19th 1880 " Male 73 years Gounty Wesford Ireland general debility 3 years Box George Mc Rilehies Perth	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. Bignature, Description and Residence of Informant.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Sex—Male or Female. Age. Rank or Profession. Where Born. Certified cause of Death, and duration of Illness. Name of Physician, if any. Bignature, Description and Residence of Informant. When Registered.	Je male Linester Monroe Linester March 2nd 1880	March 2nd 1880 Male 91 years Yearn England General debility Lahn Mc Ewen Francount March 6th 1880	April 19th 1880 " Male Jake Jake Jake Jake Jeans George Mc Rilchies Perth	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 Besidence of Informant. When Ragistered.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Sex—Male or Female. Age. Rank or Profession. Where Born. Certified cause of Death, and duration of Illness. Name of Physician, if any. Bignature, Description and Residence of Informant. When Registered. Religious Description of Deceased.	Je male Linester Linester Linester Linester Luddenly La Monroe In Monroe Linester March 2nd 1880 Presbyteman	March 2nd 1880 Male 91 years Yearnan England General debility Lohn Mic Ewen Irummond March 6th 1880 Baptiste	April 19th 1880 " Male 73 years Gounty Wesford Ireland general debility 3 years Box George Mc Rilehies Perth	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 Besidence of Informant. When Ragistered. Religious Denomination of Descaced.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Sex—Male or Female. Age. Rank or Profession. Where Born. Certified cause of Death, and duration of Illness. Name of Physician, if any. Bignature, Description and Residence of Informant. When Registered.	Je male Linester Monroe Linester March 2nd 1880	March 2nd 1880 Male 91 years Froman England General debility Lohn Mc Ewen Summond March 6th 1880 Baptiste	April 19th 1880 Thate Jacoman Gornty Warford Creland general debility 3 years Perth April 23rd 1880 Methodist	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 Besidence of Informant. When Ragistered.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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 Description of Deceased.	Je male Linester Linester Linester Linester Luddenly La Monroe In Monroe Linester March 2nd 1880 Presbyteman	March 2nd 1880 Male 91 years Yearnan England General debility Lohn Mic Ewen Irummond March 6th 1880 Baptiste	April 19th 1880 " Male Jake Jake Jake Jeans George Mc Rilehies Perth April 23rd 1880	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 Besidence of Informant. When Ragistered. Religious Denomination of Descaced.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Sex—Male or Female. Age. Rank or Profession. Where Born. Certified cause of Death, and duration of Illness. Name of Physician, if any. Bignature, Description and Residence of Informant. When Registered. Religious Description of Deceased.	Je male Linester Linester Linester Linester Luddenly La Monroe In Monroe Linester March 2nd 1880 Presbyteman	March 2nd 1880 Male 91 years Froman England General debility Lohn Mc Ewen Summond March 6th 1880 Baptiste	April 19th 1880 Thate Jacoman Gornty Warford Creland general debility 3 years Perth April 23rd 1880 Methodist	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 Besidence of Informant. When Ragistered. Religious Denomination of Descaced.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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Sex—Male or Female. Age. Rank or Profession. Where Born. Certified cause of Death, and duration of Illness. Name of Physician, if any. Bignature, Description and Residence of Informant. When Registered. Religious Descommation of Deceased. Bignature of Registrar.	Je male Linester Linester Linester Linester Luddenly La Monroe In Monroe Linester March 2nd 1880 Presbyteman	March 2nd 1880 Male 91 years Froman England General debility Lohn Mc Ewen Summond March 6th 1880 Baptiste	April 19th 1880 Thate Jacoman Gornty Warford Creland general debility 3 years Perth April 23rd 1880 Methodist	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 Ragistered. Religious Denomination of Deceased. Signature of Ragistrar.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

my hand, this 5th Lay Lhor B Morney Division Registrar & Drummond

under my hand, this 3 f ... Melecular Melecular Division Registeer of Election In The Secretary Melecular Division Registeer of Election In The Secretary And In the Secretary An

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	County of	SCHEDU	LL U-1	Division of		SCHEDU	16 3 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4	
Name and Surname of Deceased,					80	Sachera Delian	Kony Payson Baker	THE REAL PROPERTY OF THE PARTY
When Died. Sex—Male or Female.						s. Pely 18A8	21 + 49 1888	gt hand 1888
Pemale,						Fehole	hale	hale
Rank or Profession.		48.53	-	100	42.42	ne yen	B Months	40 years.
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I hereby certify the f	foregoing to lie the true and co	rrest entries of all Deaths return	nd to me for the half-year day of Division Resistant	ending	A.D. 18	y circlify the foregoing to be the true and correct entries of all Dustin	neturned to me for the half-year sading Jol. Lun- day of Laft Division Registrate of Red Suly.	

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SCHEDULE C. - DEATHS.

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Name of the last		(24. J. 20. J. 14. J. 14. J. 15. L. 16. L. 16. J. 16. J	
	No. /	K No. 2	No. 3
Name and Surname of Deceased.	mary Smith	Helen Frances . Cline	mary Lynns
Sex—Male or Female.	march 17th 1896	april 6th 1896	may 5th 1496
Age	7 male	Finale Four years. (less & days)	Timale 10 months
Rank or Profession.			
Where Born, Certified Cause of	Ocepard House . Kewatin	Duleth, himmerta.	7 t Frances Out.
Destined Cause of Death and aration of Illness.	Bonsumption V	Preumolia. Threeday	. Premonie
Name of Physician (if any).	hone	Dr. W. W. Birdsall	
Signature, Description and Residence of Informant.	Words Ht Frances Out.	A. E. Cline. 7t Frances, Ont. may 12th 1+96 Presbyterian	Richard Lyons Put
When Registered.	april 16th 1896	may 12 th 1896	may yth 1896
Religious Denomination of Deceased.	English Church	Presbyterian	0_
Signature of Registrar.	Wm Hoyd	Westy terian	Wom 7 lay do
REMARKS.	001159	001160	001161
1-	No. 4	K No. 5	No.
Name and Surname of Deceased.	John me Kelvie	Finisty bullivan	
When Died. Sex—Male or Female.	June 9th 1896	June 1:116	
Age. Hank or Profession.	4 60	4 54	
Where Born.	Farmer	Farmer Pt. 1 0 4	
Certified Cause of	Ireland	Petertore Go. Ont	
Death and duration of Illness.	Heart Distance	asthma	
Name of Physician (if any).		Dr. W. W. Bridgall	
Signature, Description and Residence of Informant.	Ins he Kelvie 4 t Frances. Ont.	Thomas he Kinstry Little Forks R. A Di	
When Registered.	June 13 th 1896	June 16 th, 196	
Religious Denomination of Deceased.	English Church	Roman Catholic	
Signature of Registrar.	Wm Floyd	wom 4 loy do	
REMARKS.	001162	001163	

SCHEDULE C. <u>District</u> — Count of Rain, Ruin							Division of McGrunn					o j	Andrew Control				
NAME OF DECRASED.	Sax. (M. on F.)	DATE OF DRATE.	Aga.	No. of House on Lot.	SIDENCE. Concession on Street.	OCCUPATION. MARRIED OR SINGLE.	Wasas I	Bons.	Cause of Dr Lesore of Ita	anti da di	NAME OF PHYSIC IN ATTENDANCE		RELIGIOUS DENOMINATION.	NAME OF PERSON	COLUMN TWO	DATE OF REGISTRATE	
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I hereby certify the foregoing to be the true and correct under my hand this _______day of Given under my hand this___

copy of entries of deaths returned to me.

______Div. Registrar.