

# DEATHS

County of DISTRICT of RAINY RIVER, Division of

No. 10		No. 11		No. 12	
Surname of Deceased		Surname of Deceased		Surname of Deceased	
Adams		Jourdain		Menschodunoke	
Full given Name		Full given Name		Full given Name	
Cathrine Adams		Julia Jourdain		Menschodunoke	
Place of Death, street and number or If in a Hospital or Institution give name		Place of Death, street and number or If in a Hospital or Institution give name		Place of Death, street and number or If in a Hospital or Institution give name	
Coutcheching Reserve		Hickoxeminecaning Reserve		Macatchewenin Reserve	
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed		(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed		(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed	
Female Indian Single		Female Indian Married		Female Indian Married	
Age		Age		Age	
12 yrs.		24 yrs.		50 yrs.	
(a) Place of Birth (b) Date of Birth		(a) Place of Birth (b) Date of Birth		(a) Place of Birth (b) Date of Birth	
Coutcheching		Hickoxeminecaning		Macatchewenin	
Trade or Occupation		Trade or Occupation		Trade or Occupation	
Kind of Industry		Kind of Industry		Kind of Industry	
029966		029967		029968	
Date from which to which employed		Date from which to which employed		Date from which to which employed	
Length of Residence		Length of Residence		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		Name of Father		Name of Father	
Robert Adams		Kashemagape		Kaysis	
Birthplace of Father		Birthplace of Father		Birthplace of Father	
Coutcheching Reserve		Hickoxeminecaning Reserve		Macatchewenin Reserve	
Maiden Name of Mother		Maiden Name of Mother		Maiden Name of Mother	
Mary Jane Luachew		unknown		Machwakijichoke	
Birthplace of Mother		Birthplace of Mother		Birthplace of Mother	
Macatchewenin Reserve		Macatchewenin Reserve		Macatchewenin Reserve	
Name of Physician		Name of Physician		Name of Physician	
Address		Address		Address	
Name of Informant		Name of Informant		Name of Informant	
Susan Adams		Paul Jourdain Jr.		Kewagewagawash	
Address		Address		Address	
Coutcheching Reserve		Coutcheching Reserve		Macatchewenin Reserve	
Relation to Deceased		Relation to Deceased		Relation to Deceased	
Grand-mother		Husband		Husband	
Place of Burial		Place of Burial		Place of Burial	
Coutcheching Reserve		Coutcheching Reserve		Macatchewenin Reserve	
Date of Burial		Date of Burial		Date of Burial	
Name of Undertaker		Name of Undertaker		Name of Undertaker	
Address		Address		Address	
Cause of Death if no Physician attended		Cause of Death if no Physician attended		Cause of Death if no Physician attended	
unknown		I.B.		I.B.	
Date of Death		Date of Death		Date of Death	
April 7th 1928		April 7th 1928		October 5th 1927	
MEDICAL CERTIFICATE OF DEATH		MEDICAL CERTIFICATE OF DEATH		MEDICAL CERTIFICATE OF DEATH	
Name of Deceased		Name of Deceased		Name of Deceased	
Date of Death		Date of Death		Date of Death	
Dates from which to which Medical Practitioner attended Deceased		Dates from which to which Medical Practitioner attended Deceased		Dates from which to which Medical Practitioner attended Deceased	
Primary		Primary		Primary	
Duration		Duration		Duration	
Contributory		Contributory		Contributory	
Duration		Duration		Duration	
(a) Did an operation precede death?		(a) Did an operation precede death?		(a) Did an operation precede death?	
(b) Was there an autopsy?		(b) Was there an autopsy?		(b) Was there an autopsy?	
Name of Physician		Name of Physician		Name of Physician	
Address		Address		Address	
Date of Return		Date of Return		Date of Return	
Date received by Division Registrar		Date received by Division Registrar		Date received by Division Registrar	

I certify that the foregoing are correct registrations of Deaths made to me during the month of AUGUST, 1928.

*Blanche Indian Act* D.R. or Sub-Registrar. Address: Port Frances, Ont.

251

# DEATHS

91

D  
16-1-37

County of R.R. Division of Ind. Res.

Surname of Deceased: Sabachwaykayick No. 7 Kayshicawake No. 8 Puskean No. 9  
 Full given Name: 030631 030632 030633  
 Place of Death, street and number or: Seine River Reserve Seine River Reserve Seine River Reserve  
 (a) Sex, (b) Racial Origin, (c) Single, Married, Widowed: Male Female Female  
Chippewa Chippewa Chippewa  
Indian Indian Indian  
Married Married Widowed

Age: 80 yrs. 80 yrs. 70 yrs.  
 (a) Place of Birth: Seine River U.S.A. Seine River  
 (b) Date of Birth: 1849 1849 1858

Trade or Occupation: Trapper  
 Kind of Industry:  
 Date from which to which employed:  
 Length of Residence: 80 yrs. at place of death 80 yrs. in Ontario 80 yrs. in Canada 50 yrs. at place of death 50 yrs. in Ontario 50 yrs. in Canada 70 yrs. at place of death 70 yrs. in Ontario 70 yrs. in Canada

Name of Father: Wabconwape Magwetic Tawaywennie  
 Birthplace of Father: Seine River Reserve United States Seine River Reserve  
 Maiden Name of Mother: Shonagabowak Mestacumigoke not known  
 Birthplace of Mother: Seine River Reserve United States

Name of Physician:  
 Address:  
 Name of Informant: Odishquacumigoke Odishquacumigoke Chief Ogemakayickquabe  
 Address: Seine River Reserve Seine River Reserve Seine River Reserve  
 Relation to Deceased: Cousin Cousin —  
 Place of Burial: Seine River Seine River Seine River  
 Date of Burial: February 5th 1929 January 12th 1929 December 28th 1928  
 Name of Undertaker:  
 Address:

Cause of Death if no Physician attended: Flu Flu Flu  
 Date of Death: February 5th 1929 January 12th 1929 December 28th 1928  
 Name of Deceased:  
 Date of Death:

Dates from which to which Medical Practitioner attended Deceased:  
 Primary: — — —  
 Duration: — — —  
 Contributory: — — —  
 Duration: — — —  
 (a) Did an operation precede death? — — —  
 (b) Was there an autopsy? — — —

Name of Physician:  
 Address:  
 Date of Return:  
 Date received by Division Registrar:

I certify that the foregoing are correct registrations of Deaths made to me during the month of July 1929  
R. Green D.R. or Sub-Registrar. Address: St. Francis, Ont.

This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use, \$300," and properly addressed will pass through the Mail "FREE".

FORM 5

PROVINCE OF ONTARIO

030546

CERTIFICATE OF REGISTRATION OF DEATH

94

1. PLACE OF DEATH: County of King Province of Ontario  
 If in City, Town or Village Manito Rapids Indian Reserve Street St. Francis Agency House No. \_\_\_\_\_  
(Name) (Name)

2. NAME OF DECEASED: Sasakayahuk  
(Surname) (Given name or names)  
 Residence Manito Rapids Indian Reserve  
(Usual place of abode)

3. Sex Female 4. Racial origin Chippewa Indian 5. Single, Married, Widowed or Divorced (Write the word) Single

6. BIRTHPLACE Ontario  
(Province or country)

7. DATE OF BIRTH \_\_\_\_\_  
(Month) (Day) (Year)

8. AGE OF DECEASED: Years 32 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day old \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

9. OCCUPATION OF DECEASED—  
 (a) \_\_\_\_\_  
(Trade or occupation or kind of work)  
 (b) \_\_\_\_\_  
(Kind of industry)

10. LENGTH OF RESIDENCE (in years and months)  
 (a) At place of death 32 yrs (b) In province 32 yrs  
 (c) In Canada (if an immigrant) \_\_\_\_\_

11. Name of father Kahagah

12. Birthplace of father Ontario  
(Province or country)

13. Maiden name of mother Petanguasoke

14. Birthplace of mother Ontario  
(Province or country)

15. Name of Informant Joe Blue Sky

Address Manito Rapids Indian Reserve

Relation to Deceased Brother

19. Place of Burial Manito Rapids Indian Reserve

20. Name of Undertaker \_\_\_\_\_

Address \_\_\_\_\_

Filed at \_\_\_\_\_ m. this 2 day of June 1930  
(Hour) (Month)

BURIAL PERMIT was issued by:—

Name \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 22nd 1930  
(Month) (Day) (Year)

17. I HEREBY CERTIFY that I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

and last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_

The CAUSE OF DEATH was as follows:  
A.B.

(duration of) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

CONTRIBUTORY CAUSE  
(Secondary)  
 (duration of) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

18. Where was disease contracted if not at place of death? \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Reason for operation \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_ M.D.  
 (Signed) \_\_\_\_\_

Address \_\_\_\_\_  
 Date \_\_\_\_\_ 19\_\_\_\_  
(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".

Date of Burial May 22nd 1930

Signature R. Spencer  
 Division Registrar

THIS FORM MUST BE FILED 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. 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 citizenship but not a race or people.



This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use, \$200," and properly addressed will pass through the Mail "FREE".

FORM 6

PROVINCE OF ONTARIO

CERTIFICATE OF REGISTRATION OF DEATH

84  
029083

1. PLACE OF DEATH  
County of West Rensselaer Township of Ontario  
If in City, Town or Village Manitowish Street St. Francis House No. 100  
(Name) (Name)

2. NAME OF DECEASED  
If in hospital or institution, give name  
Shoudagobek  
(Surname) (Given name or names)  
Residence Coutchiching Reserve  
(Usual place of abode)

3. Sex Female 4. Racial origin Opawway Masses 5. Single, Married, Widowed or Divorced (Write the word)  
6. BIRTHPLACE Ontario  
(Province or country)

7. DATE OF BIRTH  
(Month) (Day) (Year)  
8. AGE OF DECEASED  
Years 32 Months Days If less than one day old  
hrs. or min.

9. OCCUPATION OF DECEASED  
(a) Home Maker  
(Trade or occupation or kind of work)  
(b) Kind of industry

10. LENGTH OF RESIDENCE (in years and months)  
(a) At place of death 1 yr. (b) In province 32 yrs.  
(c) In Canada (if an immigrant)

11. Name of father Necanibinace  
12. Birthplace of father Ontario  
(Province or country)  
13. Maiden name of mother Shupkuyikoke  
14. Birthplace of mother U.S.A.  
(Province or country)

15. Name of Informant Kuwakatpase  
Address Coutchiching Reserve  
Relation to Deceased Grand Father

19. Place of Burial Manitowish Reserve Date of Burial September 11<sup>th</sup> 1930  
Address

20. Name of Undertaker  
Fyled at                      m. this                      day of                      19                      
(Hour) (Month) Division Registrar

BURIAL PERMIT was issued by:—  
Name                      Address                      Date                     

MEDICAL CERTIFICATE OF DEATH  
16. DATE OF DEATH September 10<sup>th</sup> 1930  
(Month) (Day)

17. I HEREBY CERTIFY that I attended deceased from  
19                     to                      19                      
and last saw h                     alive on                      19                    

The CAUSE OF DEATH was as follows:  
Typhoid Fever  
(duration of)                      yrs.                      mos.                      days

CONTRIBUTORY CAUSE  
(Secondary)  
(duration of)                      yrs.                      mos.                      days

18. Where was disease contracted if not at place of death?  
                    

Did an operation precede death?                      Date of                       
Reason for operation                       
Was there an autopsy?                     

(Signed)                      M.D.  
Address                       
Date                      19                      
(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".

THIS FORM MUST BE FILED 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 citizenship but not a race or people.



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FORM 6

PROVINCE OF ONTARIO

CERTIFICATE OF REGISTRATION OF DEATH

326  
912114

1. PLACE OF DEATH { County of Cochran Township of \_\_\_\_\_  
OF { If in City, Town or Village Albany Street \_\_\_\_\_ House No. \_\_\_\_\_  
DEATH { (Name) (Name)

If in hospital or institution, give name \_\_\_\_\_  
2. NAME OF DECEASED Billis Charlotte  
(Surname) (Given name or names)  
Residence Albany  
(Usual place of abode)

3. Sex Female 4. Racial origin Indian 5. Single, Married, Widowed or Divorced (Write the word) Married

6. BIRTHPLACE Ontario  
(Province or country)

7. DATE OF BIRTH unknown 1895  
(Month) (Day) (Year)

8. AGE OF DECEASED } Years 38 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day old \_\_\_\_\_  
DECEASED } (about) } hrs. or \_\_\_\_\_ min.

9. OCCUPATION OF DECEASED—  
(a) Housewife  
(Trade or occupation or kind of work)  
(b) \_\_\_\_\_  
(Kind of industry)

10. LENGTH OF RESIDENCE (in years and months)  
(a) At place of death 38 (b) In province 38  
(c) In Canada (if an immigrant) \_\_\_\_\_

11. Name of father Saphne Kearshtoshash

12. Birthplace of father Ontario  
(Province or country)

13. Maiden name of mother Unknown

14. Birthplace of mother Ontario  
(Province or country)

15. Name of Informant Dr. Bilodeau  
Address Albany  
Relation to Deceased Priest of R.C. Mission

19. Place of Burial Albany Date of Burial June 15, 1933

20. Name of Undertaker R.C. Mission Address Albany

For use Division Registrar only  
Filed at 10 A.M. this 14 day of July 1933  
(Hour) (Month) (Year)  
R. A. Joelym  
Division Registrar

BURIAL PERMIT was issued by:—  
Name Dr. Bilodeau Address Albany Date June 14, 1933

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 14 1933  
(Month) (Day) (Year)

17. I HEREBY CERTIFY that I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
and last saw h\_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_

The CAUSE OF DEATH was as follows:  
T. B.

(duration of) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

CONTRIBUTORY CAUSE \_\_\_\_\_  
(Secondary)  
(duration of) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

18. Where was disease contracted if not at place of death?  
\_\_\_\_\_

Did an operation precede death? No Date of \_\_\_\_\_

Reason for operation \_\_\_\_\_

Was there an autopsy? No

(Signed) \_\_\_\_\_ M.D.

Address \_\_\_\_\_

Date \_\_\_\_\_ 19\_\_\_\_  
(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".



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

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FORM 6

PROVINCE OF ONTARIO

CERTIFICATE OF REGISTRATION OF DEATH

86

1. PLACE OF DEATH: County of Dist. Rainy River Township of Provi. Ontario  
 If in City, Town or Village Coutcheching Reserve Street Port Thomas Quay House No. 028833

2. NAME OF DECEASED: Cyr Boe  
 (Surname) (Given name or names)  
 Residence Coutcheching Reserve  
 (Usual place of abode)

3. Sex Female 4. Racial origin Giboney Indian 5. Single, Married, Widowed or Divorced (Write the word) Widowed

6. BIRTHPLACE Ontario  
 (Province or country)

7. DATE OF BIRTH: (Month) (Day) (Year)

8. AGE OF DECEASED: 95 Years Months Days If less than one day old  
 hrs. or min.

9. OCCUPATION OF DECEASED—  
 (a) (Trade or occupation or kind of work)  
 (b) (Kind of industry)

10. LENGTH OF RESIDENCE (in years and months)  
 (a) At place of death 95 yrs (b) In province 95 yrs  
 (c) In Canada (if an immigrant)

11. Name of father John Jourdain

12. Birthplace of father Ontario  
 (Province or country)

13. Maiden name of mother Wibenoose

14. Birthplace of mother Ontario  
 (Province or country)

15. Name of Informant Alfred Cyr

Address Coutcheching Reserve Via Port Thomas Ont

Relation to Deceased Son

19. Place of Burial Coutcheching Reserve

20. Name of Undertaker

Filed at \_\_\_\_\_ m. this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_  
 (Hour) (Month)

BURIAL PERMIT was issued by:—

Name \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 9th 1939  
 (Month) (Day) (Year)

17. I HEREBY CERTIFY that I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
 and last saw h..... alive on \_\_\_\_\_ 19\_\_\_\_

The CAUSE OF DEATH was as follows:  
Old age

(duration of)..... yrs..... mos..... days

CONTRIBUTORY CAUSE  
 (Secondary)

(duration of)..... yrs..... mos..... days

18. Where was disease contracted if not at place of death?

Did an operation precede death?..... Date of.....

Reason for operation.....

Was there an autopsy?.....

(Signed)..... M.D.

Address.....

Date..... 19\_\_\_\_  
 (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".

Date of Burial August 11th 1939

Address

*[Signature]*  
 Division Registrar



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

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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 citizenship but not a race or people.

FORM 6

PROVINCE OF ONTARIO

CERTIFICATE OF REGISTRATION OF DEATH

028499 64

1. PLACE OF DEATH: County of West Remy River Township of Provt. Ontario  
 If in City, Town or Village Seine River Reserve Street St. Francis Agency House No. \_\_\_\_\_  
(Name) (Name)

2. NAME OF DECEASED: If in hospital or institution, give name \_\_\_\_\_  
Meeshakeyick  
(Surname) (Given name or names)  
 Residence Seine River Reserve  
(Usual place of abode)

3. Sex Male 4. Racial origin Chippewy Indian 5. Single, Married, Widowed or Divorced Married  
(Write the word)

6. BIRTHPLACE Ontario  
(Province or country)

7. DATE OF BIRTH \_\_\_\_\_  
(Month) (Day) (Year)

8. AGE OF DECEASED: Years 75 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day old \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

9. OCCUPATION OF DECEASED—  
 (a) Trapper  
(Trade or occupation or kind of work)  
 (b) \_\_\_\_\_  
(Kind of industry)

10. LENGTH OF RESIDENCE (in years and months)  
 (a) At place of death 75 yrs (b) In province 75 yrs  
 (c) In Canada (if an immigrant) \_\_\_\_\_

11. Name of father Shapanequaskung

12. Birthplace of father U.S.A.  
(Province or country)

13. Maiden name of mother not known

14. Birthplace of mother \_\_\_\_\_  
(Province or country)

15. Name of Informant Keurawesating  
 Address Seine River Reserve Grilly Ont.  
 Relation to Deceased Son

19. Place of Burial Seine River Reserve Date of Burial October 16th 1933

20. Name of Undertaker \_\_\_\_\_ Address \_\_\_\_\_

For use Division Registrar only: Filed at \_\_\_\_\_ m. this 5th day of June 1934  
(Hour) (Month)  
[Signature] Division Registrar

BURIAL PERMIT was issued by:—  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October 15th 1933  
(Month) (Day) (Year)

17. I HEREBY CERTIFY that I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
 and last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_

The CAUSE OF DEATH was as follows:  
Old age  
 (duration of) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

CONTRIBUTORY CAUSE \_\_\_\_\_  
(Secondary)  
 (duration of) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

18. Where was disease contracted if not at place of death? \_\_\_\_\_  
 Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_  
 Reason for operation \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_  
 (Signed) \_\_\_\_\_ M.D.  
 Address \_\_\_\_\_  
 Date \_\_\_\_\_ 19\_\_\_\_  
(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".



SCHEDULE C.

Count of May 1898

DEATHS.

Division of Rat Portage

NAME OF DECEASED.	SEX. (M. OR F.)	DATE OF DEATH.	AGE.	RESIDENCE.		OCCUPATION.	WHERE BORN.	CAUSE OF DEATH. LENGTH OF ILLNESS.	NAME OF PHYSICIAN IN ATTENDANCE.	RELIGIOUS DENOMINATION.	NAME OF PERSON MAKING RETURN.	DATE OF REGISTRATION.
				No. of HOUSE OR LOT.	CORNER OR STREET.							
Catherine Mary Cochrane	F	1897 Apr 8	24		Rat Portage	Wife of John Cochrane	Rat Portage	Zyphoid Fever	Dr. Chapman	C of C.	John Cochrane	022229 April 8
Samuel Leroy Gill	M	" " 9	1		"	"	"	Inflammation of Lung	Dr. Macdowell	"	Rosie Gill	022230 " 9
Ananda Augusta Reed	F	" " 10	11		"	"	"	Heart disease	Dr. Junne	L	Frank Reed	022231 " 11
Marta Sonck Strwell	M	" " 14	18		"	"	"	Zyphoid Pneumonia	Dr. Chapman	M	H. D. Atwell	022232 " 14
Carl Peter Lomax	M	" " 17	7 mo		"	"	"	Brucelitis	Dr. Scvill	R of C	Rev. Lake Catell	022233 " 17
Paul Prude	M	Mich 9	45		"	"	"	Heart Failure	Dr. Macdowell	"	"	022234 " 9
Best C. Holland	M	Apr 21	40		"	Employment agent	"	Internal hemorrhage	"	P.	Geo. Barnes	022235 Apr 21
Mija Alice Juhant	F	May 1	18 mo		"	"	"	Constitution	Dr. Junne	"	Dr. Junne	022236 May 1
Erastus Schnarr	M	" " 2	24		"	Wife of N. Schnarr	"	Inflammation of Throat	"	P.	Geo. Barnes	022237 " 2
Wangnet M. Muggatoy	F	" " 9	24		"	Wife of John Muggatoy Jr.	"	Consumption	Dr. Edmondson	C of C	"	022238 " 9
John Cochrane Jr.	M	" " 21	1 mo		"	"	"	Weakness.	Dr. Chapman	"	John Cochrane	022239 " 21
Olaf Anderson	M	" " 12	45		"	Laborer	Sweden	Drowned	"	L	Geo Barnes	022240 " 12
Jane Mason	F	" " 29	80		"	Wife of Robt Wm Mason	New York	Old age	Dr. Scvill	C of C	"	022241 " 29
Catherine M. Kenzie	F	June 1	58		"	"	Canada	Heart Failure	"	R of C	"	022242 June 1
J. Benson	M	" " 2	18		"	"	Sweden	Zyphoid Fever	Dr. Edmondson	L	"	022243 " 2
Herbert Holland	M	" " 3	49		"	Clerk	England	Bright's disease	"	C of C	"	022244 " 3
John Bingham	M	" " 6	38		"	Blacksmith	New Brunswick	Blood poisoning	Dr. Junne	P	"	022245 " 6
Sarah Harris	F	" " 7	27		"	"	England	Child birth	Dr. Hanson	C of C	"	022246 " 7
Olaf Anderson	M	May 12	45		"	Merchant	Sweden	Drowned	"	L	Rev. Geo. Pover	022247 May 12
Greta Helen Reed	F	" " 17	15		"	"	York, England	Consumption	Dr. Hanson	C of C	"	022248 " 17
Fergina Johnston M. King	F	Apr 23	2		"	"	Rummy River	La Grippe	"	"	Russell M. King	022249 Apr 23
Wanda Johnston	F	June 27	4		"	"	Toronto	Diphtheria	Dr. Junne	M	Geo. Barnes	022250 June 27
John M. Dean	M	" " "	50		"	Miner	Ont.	Heart disease	"	P	Geo. Barnes	022251 " "
Erastus Peller	M	July 3	39		"	Blacksmith	"	Zyphoid Fever	Dr. Edmondson	M	"	022252 July 3
Flora Miller	F	" " 6	20		"	"	"	Still born	"	M	James Miller	022253 " 6
Thomas M. Mahony	M	" " 7	28		"	"	"	Zyphoid Fever	Dr. Junne	P	Geo Barnes	022254 " 7
Erastus Peller	M	" " 3	38		"	Blacksmith	"	"	"	M	H. Powell	022255 " 3

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

copy of entries of deaths returned to me

James A. D. 1898  
Signed, [Signature]

Div. Registrar.







# DEATHS

UNORGANIZED

377

County of RAINY RIVER

Division of FORT FRANCES EAST

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Surname of Deceased	Allan	No. 18	No.	No.
Full given Name	Mary Agnes			
Place of Death, street and number or <small>If in a Hospital or Institution give name</small>	6 miles north of Bear's Pass		<small>If in a Hospital or Institution give name</small>	<small>If in a Hospital or Institution give name</small>
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed	Female    Scotch b Indian	Married		
Age	27 <small>yrs.    mos.    dys.    hrs.    min.</small>			
(a) Place of Birth (b) Date of Birth	Fort Frances	25 Jan. 1894		
FORMER OCCUPATION	Trade or Occupation	Housewife		
	Kind of Industry			
	Date from which to which employed	from                      to	028238	
	Trade or Occupation			
LAST OCCUPATION	Kind of Industry			
	Date from which to which employed	from                      to		
	Trade or Occupation			
	Kind of Industry			
Length of Residence	27 yrs			
PARENTS	Name of Father	William Woods		
	Birthplace of Father	Orkney Islands		
	Maiden Name of Mother	Elizabeth Smith		
	Birthplace of Mother	Manitoba		
Name of Informant	Florence McKelvie			
Address	Fort Frances			
Relation to Deceased	Sister			
Place of Burial	Fort Frances			
Date of Burial	21 December 1921			
Name of Undertaker	Wm. Floyd			
Address	Fort Frances			
Cause of Death <small>if no Physician attended</small>				
Date of Death	15 December 1921			
Name of Deceased	AGNES ALLAN			
Date of Death	15 December 1921			
Dates from which to which Medical Practitioner Attended Deceased	from                      to			
CAUSE OF DEATH	Primary	A fall on Dec. 12th.		
	Duration	<small>yrs.    mos.    dys.</small>		
	Contributory	Hemorrhage internal		
	Duration	<small>yrs.    mos.    dys.</small>		
(a) Did an operation precede death? (b) Was there an autopsy?	a                      b			
Name of Physician	R. Moore, M.D.    Coroner			
Address	Fort Frances			
Date of Return	17 December 1921			
Date received by Division Registrar	17 December 1921			

I certify that the foregoing are correct registrations of deaths made to me during the month of December 1921  
J. J. Walker    D.R.    Address Fort Frances



# DEATHS

52

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

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

Leave this space for binding

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

DEATHS

County of *R.R.*

Division of *St. Francis Ind. Agency*

		No. 7			No. 8			No. 9			
Surname of Deceased		Jourdain			Land			Sanderson			
Full given Name		Bruno			Bert			Marie			
Place of Death, street and number or <small>If in a Hospital or Institution give name</small>		Coucheching Reserve			Coucheching Reserve			Coucheching Reserve			
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed		a male	b Indian	c single	a male	b Indian	c single	a female	b Indian	c Widow	
Age		1 yrs.	mos.	dys.	hrs.	min.	65 yrs.	mos.	dys.	hrs.	
(a) Place of Birth (b) Date of Birth		a Coucheching b			a Coucheching b Jan'y 1922			a not known b			
LAST OCCUPATION	Trade or Occupation										
	Kind of Industry										
	Date from which to which employed		from 029575 to			from 029576 to			from 029577 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
PARENTS	Name of Father		Narcisse Jourdain			John Land			not known		
	Birthplace of Father		Coucheching Reserve			Lake of the Woods					
	Maiden Name of Mother		Mesheahnaquatook			Antoinette Keet			not known		
	Birthplace of Mother		Coucheching Reserve								
Name of Physician											
Address											
Name of Informant											
Address											
Relation to Deceased											
Place of Burial		Coucheching Reserve			Coucheching Reserve			Coucheching Reserve			
Date of Burial		August 1922			4th October 1922			16th March 1923			
Name of Undertaker											
Address											
Cause of Death if no Physician attended		not known			not known			Killed by train			
Date of Death		August 1922			3rd October 1922			16th March 1923			
Name of Deceased		MEDICAL CERTIFICATE OF DEATH			MEDICAL CERTIFICATE OF DEATH			MEDICAL CERTIFICATE OF DEATH			
Date of Death											
If Infant, Name of Parents											
Address											
Dates from which to which Medical Practitioner Attended Deceased		from	to	from	to	from	to				
CAUSE OF DEATH	Primary		Duration	Duration	Duration	Duration	Duration				
	Contributory		Duration	Duration	Duration	Duration	Duration				
(a) Did an operation precede death? (b) Was there an autopsy?		a	b	a	b	a	b				
Name of Physician											
Address											
Date of Return											
Date received by Division Registrar											

I certify that the foregoing are correct registrations of deaths made to me during the month ended the 30th June 1923

*Pro. M. Smith*

D. R. Address Fort Frances, Ont



# DEATHS

DISTRICT  
County of RAINY RIVER

Division of FORT FRANCES INDIAN AGENCY, Ont.

	No. 4	No. 5	No. 6
Surname of Deceased			
Full given Name	Assenewahbeek	Mary Bruyere	Bruno McPherson
Place of Death, street and number or If in a Hospital or Institution give name	Buffalo Bay Reserve	Coucheching Reserve	Coucheching Reserve
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed	Female   single   c	Female   married   c	Male   Married   c
Age	4 yrs.   mos.   dys.   hrs.   min.	28 yrs.   mos.   dys.   hrs.   min.	26 yrs.   mos.   dys.   hrs.   min.
(a) Place of Birth (b) Date of Birth	Lake of Woods   b	Coucheching Reserve   b	Coucheching Reserve   b
Trade or Occupation		Household	Laborer
Kind of Industry			
Date from which to which employed	from   to	from   to	from   to
Trade or Occupation			
Kind of Industry			
Date from which to which employed	from   to	from   to	from   to
Length of Residence	at place of death   in Ontario   in Canada	at place of death   in Ontario   in Canada	at place of death   in Ontario   in Canada
Name of Father	Nashakeepenase	Joseph Gimmond	Rorry McPherson
Birthplace of Father	Hungry Hall Reserve	Coucheching Reserve	York Factory
Maiden Name of Mother	EtawahComikook	Shawanaseke	Mary Ann Jourdain
Birthplace of Mother	Lake of the Woods	Coucheching Reserve	Coucheching Reserve
Name of Informant			
Address			
Relation to Deceased			
Place of Burial	Buffalo Bay Reserve	Coucheching Reserve	Coucheching Reserve
Date of Burial			25th January 1922
Name of Undertaker			
Address			
Cause of Death if no Physician attended	Not known	Flue	Appendicitis
Date of Death	July 1921	12th January 1922	24th January 1922
	MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH
Name of Deceased			
Date of Death			
Dates from which to which Medical Practitioner Attended Deceased	from   to	from   to	from   to
CAUSE OF DEATH			
Primary			
Duration	yrs.   mos.   dys.	yrs.   mos.   dys.	yrs.   mos.   dys.
Contributory			
Duration	yrs.   mos.   dys.	yrs.   mos.   dys.	yrs.   mos.   dys.
(a) Did an operation pre- cede death?	a   b	a   b	a   b
(b) Was there an autopsy?	a   b	a   b	a   b
Name of Physician			
Address			
Date of Return			
Date received by Division Registrar			

I certify that the foregoing are correct registrations of deaths made to me during the month of Year ended the 30th June 1922

*Mary Wright*  
Indian Agent.

D.R.

Address Fort Frances, Ont.



# DEATHS

DISTRICT  
of **RAINY RIVER**

Division of **FORT FRANCES INDIAN AGENCY**

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

Leave this space for binding

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



SCHEDULE C.—DEATHS.

County of

Division of

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

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

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

Given under my hand, this

day of

A.D. 18

18

Division Registrar.

(N.B.—Sign every sheet.)

SCHEDULE C.—DEATHS.

(Form 10.)

Municipality of *Alberton*

District of *Rainy River*

No. 1	No. 2	No. 3	
Name and Surname of Deceased.	<i>Hugh Kerr</i>	<i>James Calder</i>	<i>Selina Amelia Griffiths</i>
When Died.	<i>July 22<sup>nd</sup> 1896</i>	<i>Sept 25<sup>th</sup> 1896</i>	<i>Nov 6<sup>th</sup> 1896</i>
Sex—Male or Female.	<i>Male</i>	<i>Male</i>	<i>Female</i>
Age.	<i>66 years</i>	<i>75 years</i>	<i>3 1/2 years</i>
Rank or Profession.	<i>Farmer</i>	<i>Carpenter</i>	
Where Born.	<i>Dunegal, Ireland</i>	<i>Manitoba</i>	<i>H. Francis Ont</i>
Certified Cause of Death and duration of Illness.	<i>Inflammation 1 week</i>	<i>Heart Disease 1/2 day</i>	<i>Pneumonia 7 or 8 days</i>
Name of Physician (if any).	<i>None</i>	<i>None</i>	<i>None</i>
Signature, Description and Residence of Informant.	<i>Charles Kerr</i> <i>Big Forks, Rainy River</i>	<i>Geo. C. Allan</i> <i>H. Francis, Ont.</i>	<i>Mrs Griffiths</i> <i>H. Francis Ont</i>
When Registered.	<i>July 26<sup>th</sup> 1896</i>	<i>Oct 2<sup>nd</sup> 1896</i>	<i>Nov 16<sup>th</sup> 1896</i>
Religious Denomination of Deceased.	<i>Roman Catholic</i>	<i>Church of England</i>	<i>Church of England</i>
Signature of Registrar.	<i>Wm Floyd</i>	<i>Wm Floyd</i>	<i>Wm Floyd</i>
REMARKS.	<i>001164</i>	<i>001165</i>	<i>001166</i>

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

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

Given under my hand, this

day of

*Dec 31<sup>st</sup>*

1896

A.D. 1897

Division Registrar.

(N.B.—Sign every sheet.)



SCHEDULE C.

Count of May 1898

DEATHS.

Division of Rat Poley

NAME OF DECEASED.	SEX. (M. OR F.)	DATE OF DEATH.	AGE.	RESIDENCE.		OCCUPATION.	WHERE BORN.	CAUSE OF DEATH. LENGTH OF ILLNESS.	NAME OF PHYSICIAN IN ATTENDANCE.	RELIGIOUS DENOMINATION.	NAME OF PERSON MAKING RETURN.	DATE OF REGISTRATION.
				No. of HOUSE OR LOT.	CORNER OR STREET.							
Catherine Mary Cochrane	F	1897 Apr 8	24		Rat Poley	Wife of John Cochrane	Rat Poley	Zyphoid Fever	Dr Chapman	C of C.	John Cochrane	022229 April 8
Samuel Leroy Gill	M	" " 9	1		"	"	"	Inflammation of Lung	Dr Thaddeus	"	Rosie Gill	022230 " 9
Ananda Augusta Reed	F	" " 10	11		"	"	"	Heart disease	Dr Junne	L	Frank Reed	022231 " 11
Marta Sonck Strwell	M	" " 14	18		"	"	"	Zyphoid Pneumonia	Dr Chapman	M	H. D. Atwell	022232 " 14
Carl Peter Lomax	M	" " 17	7 mo		"	"	"	Rat Poley Pnechitis	Dr Scvill	R of C	Rev. Lake Catell	022233 " 17
Paul Prude	M	Mich 9	45		"	"	"	Heart Failure	Dr Thaddeus	"	"	022234 " 9
Best C. Holland	M	Apr 21	40		"	Employment agent	"	Internal hemorrhage	"	P.	Geo. Barnes	022235 " 21
Mija Alice Jansen	F	May 1	18 mo		"	"	"	Rat Poley Conrusion	Dr Junne	"	Dr Junne	022236 May 1
Erastus Schnarr	M	" " 2	24		"	Wife of N. Schnarr	"	Inflammation of Throat	"	P.	Geo. Barnes	022237 " 2
Wangnet M. Muggeloff	F	" " 9	24		"	Wife of John Muggeloff	"	Consumption	Dr Edmondson	C of C	"	022238 " 9
John Cochrane Jr	M	" " 21	1 mo		"	"	"	Weakness.	Dr Chapman	"	John Cochrane	022239 " 21
Ol Anderson	M	" " 12	45		"	Laborer	Sweden	Drowned	"	L	Geo Barnes	022240 " 12
Jane Mason	F	" " 29	80		"	Wife of Robt Wm Mason	New York	Old age	Dr Scvill	C of C	"	022241 " 29
Catherine M Kenzie	F	June 1	58		"	"	Capetown	Heart Failure	"	R of C	"	022242 June 1
J. Benson	M	" " 2	18		"	"	Sweden	Zyphoid Fever	Dr Edmondson	L	"	022243 " 2
Herbert Holland	M	" " 3	49		"	Clerk	England	Bright's disease	"	C of C	"	022244 " 3
John Bingham	M	" " 6	38		"	Blackman	New Brunswick	Blood poisoning	Dr Junne	P	"	022245 " 6
Sarah Harris	F	" " 7	27		"	"	England	Child birth	Dr Hanson	C of C	"	022246 " 7
Ol Anderson	M	May 12	45		"	Merchant	Sweden	Drowned	"	L	Rev. Geo Lever	022247 " 12
Frederick Wood	M	" " 17	15		"	"	Cork, Great Britain	Consumption	Dr Hanson	C of C	"	022248 " 17
Fergina Johnston M. King	F	Apr 23	2		"	"	Rummy River	La Grippe	"	"	Russell M. King	022249 Apr 23
Wanda Johnston	F	June 27	4		"	"	Toronto	Diphtheria	Dr Junne	M	Geo Barnes	022250 June 27
John M. Dean	M	" " "	50		"	Miner	Ont.	Heart disease	"	P	Geo. Barnes	022251 " "
Erastus Peller	M	July 3	39		"	Blacksmith	"	Zyphoid Fever	Dr Edmondson	M	"	022252 July 3
Flip Miller	M	" " 6	20		"	"	"	Still born	"	M	James Miller	022253 " 6
Thomas M. Mahony	M	" " 7	28		"	"	"	Zyphoid Fever	Dr Junne	P	Geo Barnes	022254 " 7
Erastus Peller	M	" " 3	38		"	Blacksmith	"	"	"	M	H. Powell	022255 " 3

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

copy of entries of deaths returned to me

James A. D. 1898  
Signed, [Signature]

Div. Registrar.



SCHEDULE C.

Count of May 1898

DEATHS.

Division of Rat Portage

NAME OF DECEASED.	SEX. (M. OR F.)	DATE OF DEATH.	AGE.	RESIDENCE.		OCCUPATION.	WHERE BORN.	CAUSE OF DEATH. LENGTH OF ILLNESS.	NAME OF PHYSICIAN IN ATTENDANCE.	RELIGIOUS DENOMINATION.	NAME OF PERSON MAKING RETURN.	DATE OF REGISTRATION.
				No. of HOUSE OR LOT.	CORNER OR STREET.							
Catherine Mary Cochrane	F	1897 Apr 8	24		Rat Portage	Wife of John Cochrane	Rat Portage	Zyphoid Fever	Dr. Chapman	C of C.	John Cochrane	022229 April 8
Samuel Leroy Gill	M	" " 9	1		"	"	"	Inflammation of Lung	Dr. Macdowell	"	Rosie Gill	022230 " 9
Ananda Singala Kest	F	" " 10	11		"	"	"	Heart disease	Dr. Junne	L	Frank Kiese	022231 " 11
Kate Somers Atwell	M	" " 14	18		"	"	"	Zyphoid Pneumonia	Dr. Chapman	M	H. D. Atwell	022232 " 14
Carl Peter Lomax	M	" " 17	7 mo		"	"	"	Brucellosis	Dr. Scovell	R of C	Rev. Lake Catell	022233 " 17
Paul Prude	M	Mich 9	45		"	"	"	Heart Failure	Dr. Macdowell	"	"	022234 " 9
Best C. Holland	M	Apr 21	40		"	Employment agent	"	Internal hemorrhage	"	P.	Geo. Barnes	022235 " 21
Mija Alice Juhant	F	May 1	18 mo		"	"	"	Constitution	Dr. Junne	"	Dr. Junne	022236 May 1
Erastus Schnarr	F	" " 2	24		"	Wife of N. Schnarr	"	Inflammation of Throat	"	P.	Geo. Barnes	022237 " 2
Wangnet M. Muggeloff	F	" " 9	24		"	Wife of John Muggeloff	"	Consumption	Dr. Edmondson	C of C	"	022238 " 9
John Cochrane Jr.	M	" " 21	1 mo		"	"	"	Weakness	Dr. Chapman	"	John Cochrane	022239 " 21
Olaf Anderson	M	" " 12	45		"	Laborer	Sweden	Drowned	"	L	Geo Barnes	022240 " 12
Jane Mason	F	" " 29	80		"	Wife of Robt Wm Mason	New York	Old age	Dr. Scovell	C of C	"	022241 " 29
Catherine M. Kenzie	F	June 1	58		"	"	Canada	Heart Failure	"	R of C	"	022242 June 1
J. Benson	M	" " 2	18		"	"	Sweden	Zyphoid Fever	Dr. Edmondson	L	"	022243 " 2
Herbert Holland	M	" " 3	49		"	Clerk	England	Bright's disease	"	C of C	"	022244 " 3
John Bingham	M	" " 6	38		"	Blacksmith	New Brunswick	Blood poisoning	Dr. Junne	P	"	022245 " 6
Sarah Harris	F	" " 7	27		"	"	England	Child birth	Dr. Hanson	C of C	"	022246 " 7
Olaf Anderson	M	May 12	45		"	Merchant	Sweden	Drowned	"	L	Rev. Geo. Pover	022247 " 12
Grete Helen Root	F	" " 17	15		"	"	Costa Rica	Consumption	Dr. Hanson	C of C	"	022248 " 17
Fergina Johnston M. King	F	Apr 23	2		"	"	Rummy River	La Grippe	"	"	Russell M. King	022249 Apr 23
Wanda Johnston	F	June 27	4		"	"	Toronto	Diphtheria	Dr. Junne	M	Geo Barnes	022250 June 27
John M. Dean	M	" " "	50		"	Miner	Ont.	Heart disease	"	P	Geo. Barnes	022251 " "
Erastus Peller	M	July 3	39		"	Blacksmith	"	Zyphoid Fever	Dr. Edmondson	M	"	022252 July 3
Flora Miller	F	" " 6	20		"	"	"	Still born	"	M	James Miller	022253 " 6
Thomas M. Mahony	M	" " 7	28		"	"	"	Zyphoid Fever	Dr. Junne	P	Geo Barnes	022254 " 7
Erastus Peller	M	" " 3	38		"	Blacksmith	"	"	"	M	H. Powell	022255 " 3

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

copy of entries of deaths returned to me

James A. D. 1898  
Signed, [Signature]

Div. Registrar.



# DEATHS

County of Pembroke

Division of Aben + Grasse

	No. <u>16 1924</u> <u>027270</u>	No.	No.
Surname of Deceased	<u>Kenny</u>		
Full given Name	<u>Christina</u>		
Place of Death, street and number or <small>If in a Hospital or Institution give name</small>	<u>Lot 21 Con 15 Sp. of abn</u>		
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed	<u>Female</u>	<u>Ireland</u>	<u>Widow</u>
Age	<u>66</u> yrs. <u>8</u> mos. <u>3</u> dys. hrs. min.	yrs. mos. dys. hrs. min.	yrs. mos. dys. hrs. min.
(a) Place of Birth (b) Date of Birth	<u>Pembroke Falls Ont</u>	<u>July 20 1858</u>	a b
LAST OCCUPATION	Trade or Occupation	<u>Farming</u>	
	Kind of Industry		
	Date from which to which employed	<u>from 1878</u>	<u>to 1924</u>
FORMER OCCUPATION	Trade or Occupation		
	Kind of Industry		
	Date from which to which employed	<u>from</u>	<u>to</u>
Length of Residence	<u>47 years</u> at place of death	<u>66</u> in Ontario	<u>do</u> in Canada
PARENTS	Name of Father	<u>William Harriets</u>	
	Birthplace of Father	<u>Ireland</u>	
	Maiden Name of Mother	<u>Harriet Walker</u>	
	Birthplace of Mother	<u>Canada</u>	
Name of Informant	<u>Willis Kenny</u>		
Address	<u>R. R. 5 Pembroke</u>		
Relation to Deceased	<u>Son</u>		
Place of Burial	<u>Presby Cemetery Pembroke</u>		
Date of Burial	<u>Oct 25 1924</u>		
Name of Undertaker	<u>M B Malcolm</u>		
Address	<u>Pembroke</u>		
Cause of Death if no Physician attended			
Date of Death	<u>Oct 23 1924</u>		

	MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH
Name of Deceased	<u>Christina Kenny</u>		
Date of Death	<u>Oct 23 1924</u>		
Dates from which to which Medical Practitioner Attended Deceased	<u>from Oct 12 1924</u>	<u>from</u>	<u>from</u>
	<u>to 10 a.m. Oct 12 1924</u>	<u>to</u>	<u>to</u>
CAUSE OF DEATH	Primary	<u>Myocarditis</u>	
	Duration	<u>2</u> yrs. mos. dys.	yrs. mos. dys.
	Contributory		
	yrs. mos. dys.	yrs. mos. dys.	yrs. mos. dys.
(a) Did an operation precede death? (b) Was there an autopsy?	<u>a No</u>	<u>b No</u>	a b
Name of Physician	<u>F. P. Doherty, Delabey</u>		
Address	<u>Pembroke</u>		
Date of Return	<u>Oct 25 1924</u>		
Date received by Division Registrar	<u>Oct 25 1924</u>		

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

J. M. Kennedy D.R. Address R. R. 7 Pembroke



# DEATHS

67

County of **RAINY RIVER**

Division of **FORT FRANCES**

No. 10

No. 11

No. 12

Surname of Deceased

**Godin**

**Kennedy**

**Kubin**

Full given Name

**Joseph H.**

**Hugh**

**Antony**

Place of death, street and number or

**616 Central Ave.**

**327 Second E. O'Donnell Hosp.**

**327 Second E.-O'Donnell Hosp**

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

**Male** | **Indian-French** | **Married**

**Male** | **Scotch** | **Single**

**Male** | | |

Age

**74** yrs. | | | | |

**73** yrs. | | | | |

| | | | |

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

**Three Rivers Que** | **22 Nov. 1850**

**Cornwall, Ont** | |

| |

Trade or Occupation

**Mariner**

**Caretaker**

**Lumbercamp**

Kind of Industry

**C.N.R. Station**

**Lumbering**

Date from which to which employed

from **1 year** | | | | | to **Life**

from **Crozier 7 years** | | | | | to |

from **8 days** | | | | | to **4 mos.**

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

**Norbert Godin**

**Duncan Kennedy**

*Not known*

Birthplace of Father

*not known*

Maiden Name of Mother

**Sarah Kennedy**

Birthplace of Mother

*not known*

Name of Physician

**R.E. Hartry**

**J.E. O'Donnell**

**H. Wright**

Address

**Fort Frances, Ont.**

**Fort Frances, Ont.**

**Fort Frances, Ont.**

Name of Informant

**Morris Godin**

**James Kennedy**

**Shevlin Clarke Co P.G. Butler**

Address

**Fort Frances, Ont.**

**Fort Frances, Ont.**

**Fort Frances, Ont.**

Relation to Deceased

**Son**

**Nephew**

**None**

Place of Burial

**R.C. Cemetery, Fort Frances**

**R.C. Cemetery, Fort Frances**

**R.D. Cemetery, Fort Frances**

Date of Burial

**20 March 1925**

**30 March 1925**

**27 March 1925**

Name of Undertaker

**R.V. Green**

**Tiefenbacher & Everest**

**Tiefenbacher & Everest**

Address

**Fort Frances, Ont.**

**Fort Frances, Ont.**

**Fort Frances, Ont.**

Cause of Death if no Physician attended

**17 March 1925**

**27 March 1925**

**24 March 1925**

MEDICAL CERTIFICATE OF DEATH

Name of Deceased

**Joseph Godin**

**Hugh Kennedy**

**Tony Kubin**

Date of Death

**18 March 1925**

**27 March 1925**

**24 March 1925**

If Infant, Name of Parents

Address

Dates from which to which Medical Practitioner Attended Deceased

from **15 March 1925** to **17 March 1925** from **24 Mar. 1925** to **27 Mar. 1925** from **16 Mar. 1925** to **24 Mar. 1925**

Primary

**Cerebral hemorrhage**

**Cerebral Thrombosis**

**perforated tuberculosis ulcer of small intestine**

Duration

**1/2 hour** yrs. | | | | | mos. | | | | | dys.

| | | | | yrs. | | | | | mos. | | | | | dys.

**20 hours** yrs. | | | | | mos. | | | | | dys.

Contributory

| | | | | yrs. | | | | | mos. | | | | | dys.

| | | | | yrs. | | | | | mos. | | | | | dys.

**Peritonitis Auricular fibrillation of heart** yrs. | | | | | mos. | | | | | dys.

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

**No** | **No**

**No** | **No**

**saparotomy & closure of ulcer by indagnation**

Name of Physician

**R.E. Harty**

**J.E. O'Donnell**

**H. Wright**

Address

**Fort Frances, Ont.**

**Fort Frances, Ont.**

**Fort Frances, Ont.**

Date of Return

**18 March 1925**

**27 March 1925**

**27 March 1925**

Date received by Division Registrar

**18 March 1925**

**27 March 1925**

**27 March 1925**

I certify that the foregoing are correct registrations of deaths made to me during the month of **March 1925** 19

*J. Walker*

D. R. or Sub-Registrar.

Address **Fort Frances, Ont.**

No further information obtainable

# DEATHS

County of Pembroke Division of Alton and York

	No. <u>4</u> <u>1924</u>	No.	No.
Surname of Deceased	<u>Kenny</u>		
Full given Name	<u>James</u>		
Place of Death, street and number or <small>If in a Hospital or Institution give name</small>	<u>Lot 21 Con 15 Alton</u>	<small>If in a Hospital or Institution give name</small>	<small>If in a Hospital or Institution give name</small>
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed	<u>Male</u> <u>Irish</u> <u>Married</u>	a	b
Age	<u>73</u> yrs. <u>9</u> mos. <u>29</u> dys. hrs. min.	ys.	mos.
(a) Place of Birth (b) Date of Birth	<u>Loughrye</u> <u>1950</u> <u>Dreameath</u> <u>June 13</u>	a	b
Trade or Occupation	<u>Farmer</u>		
Kind of Industry	<u>General</u>		
Date from which to which employed	from to	from to	from to
Trade or Occupation			
Kind of Industry			
Date from which to which employed	from to	from to	from to
Length of Residence	<u>47</u> years <u>73</u> years <small>at place of death in Ontario in Canada</small>	<small>at place of death in Ontario in Canada</small>	<small>at place of death in Ontario in Canada</small>
Name of Father	<u>John Kenny</u>		
Birthplace of Father	<u>Ireland</u>		
Maiden Name of Mother	<u>Margaret Kenny</u>		
Birthplace of Mother	<u>Ireland</u>		
Name of Informant	<u>Gardner W Kenny</u>		
Address	<u>R. R. 5 - Pembroke</u>		
Relation to Deceased	<u>Son</u>		
Place of Burial	<u>Pembroke Cemetery</u>		
Date of Burial	<u>April 14 1924</u>		
Name of Undertaker	<u>M B Malcolm</u>		
Address	<u>Pembroke</u>		
Cause of Death <small>if no Physician attended</small>	<u>April 11 1924</u> <u>General Debility</u>		
Date of Death	<u>April 11 1924</u>		
	<b>MEDICAL CERTIFICATE OF DEATH</b>	<b>MEDICAL CERTIFICATE OF DEATH</b>	<b>MEDICAL CERTIFICATE OF DEATH</b>
Name of Deceased	<u>James Kenny</u>		
Date of Death	<u>April 11<sup>th</sup> 1924</u>		
Dates from which to which Medical Practitioner Attended Deceased	from <u>April 6 1924</u> to <u>8 p.m. April 6 1924</u>	from to	from to
Primary	<u>General Debility</u>		
Duration	<u>2</u> yrs. <u>2</u> mos. <u>2</u> dys.	ys.	mos.
Contributory	<u>Erysipelas</u> <u>Erysipelas</u> <u>abscess</u> <u>in leg</u>		
Duration	ys. mos. dys.	ys.	mos.
(a) Did an operation precede death? (b) Was there an autopsy?	a <u>yes</u> b <u>no</u>	a b	a b
Name of Physician	<u>A J Spaulding M.D.</u>		
Address	<u>Pembroke</u>		
Date of Return	<u>April 12 1924</u>		
Date received by Division Registrar	<u>May 3 1924</u>		

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 5 Pembroke



DEATHS

County of Nipissing Division of North Bay

Table with columns: SURNAMER of Deceased, Christian Name, Sex, Age, Date of Death, Place of Birth, Place of Death, Place of Burial, Occupation, Single, Married or Widowed, Name of Father, Maiden Name of Mother, Cause of Death, Name of Physician who attended Deceased, Name of Informant, Address, Date of Return. Rows for Moore, McFadden, and McGary.

Table with columns: Surname of Deceased, Christian Name, Date of Death, DISEASE CAUSING DEATH, Duration, Immediate Cause of Death, Physician's Name, Address, Date of Return, Remarks. Rows for Moore, McFadden, and McGary.

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending March 31st 1916. Division Registrar of North Bay, Ont.

DEATHS

County of Nipissing Division of North Bay

Table with columns: SURNAMER of Deceased, Christian Name, Sex, Age, Date of Death, Place of Birth, Place of Death, Place of Burial, Occupation, Single, Married or Widowed, Name of Father, Maiden Name of Mother, Cause of Death, Name of Physician who attended Deceased, Name of Informant, Address, Date of Return. Rows for McPherson, Paquette, and Patterson.

Table with columns: Surname of Deceased, Christian Name, Date of Death, DISEASE CAUSING DEATH, Duration, Immediate Cause of Death, Physician's Name, Address, Date of Return, Remarks. Rows for McPherson, Paquette, and Patterson.

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending March 31st 1916. Division Registrar of North Bay, Ont.



SCHEDULE C.

District of Rainy River

DEATHS.

Division of Fort Frances

NAME OF DECEASED. (SURNAME FIRST)	SEX. (M. OR F.)	DATE OF DEATH.		AGE.	RESIDENCE.		OCCUPATION.		WHERE BORN.	CAUSE OF DEATH. LENGTH OF ILLNESS.	NAME OF PHYSICIAN IN ATTENDANCE.	RELIGIOUS DENOMINATION.	NAME OF PERSON MAKING RETURN.	DATE OF REGISTRATION.
		Month.	Year.		No. OF HOUSE OR LOT.	CONCESSION OR STREET.	MARRIED OR SINGLE.							
<u>Wills Thomas</u> 024633	M	Aug 9	05	43	Fort Frances		M		England	Drowned	✓	Bapt.	J. Warner	Aug 14/05
<u>Crank Marcella</u> 024634	F	Aug 14	05	5 mth.	Fort Frances		S		Fort Frances	Convulsions. 12 hrs	✓	R. C.	Rev E. Crossier	Aug 17/05
<u>Jordeau Marie Anne</u> 024635	F	Aug 10	05	29	Fort Frances		M		Rainy Lake	Consumption. 1 yr	✓	R. C.	Rev E. Crossier	Aug 17/05
<u>Randolph Lucia Edward</u> 024636	M	Sept 7	05	14 mth.	Rainy Lake		S		Atlanta, Georgia	Cholera Infantum 15 days	✓	C. of E.	Rev Chas Wood	Sept 11/05
<u>Train Elizabeth</u> 024637	F	Aug 25	05	60	Fort Frances		Widow		Carson Ont	Dysentery. 12 days	✓	C. of E.	Rev Chas Wood	Sept 11/05
<u>Swanson</u> 024638	M	Sept 15	05		Fort Frances		S		Fort Frances	Still Birth	✓		Al Swinson	Sept 23/05
<u>Arta Edith Agnes</u> 024639	F	Nov 12	05	1 wch	Fort Frances		S		Fort Frances	Premature	✓		Al Carter	Dec 15/05
<u>Allister Peter</u> 024640	M	Oct 15	05	1 mth	Fort Frances		S		Fort Frances	Premature	✓		Peter McElisher	Nov 10/05
<u>Truck Michael</u> 024641	M	about 10/28	05	about 45	Fort Frances		M		Austria	Found frozen with ice			J. Warner	Dec 19/05
<u>Allister John</u> 024642	M	Dec 24	05	77	Fort Frances		M		Glasgow Scot	Heart failure	✓	Pres	Rev Selman	Dec 24/05

I hereby certify the foregoing to be the true and correct  
Given under my hand this 31 day of

copy of entries of deaths returned by me.

December A.D. 1905

Signed, J. Warner

Div. Registrar



# DEATHS

101

County of DISTRICT OF RAINY RIVER Division of Indian Res.

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

		from	to	from	to	from	to
CAUSE OF DEATH	Primary						
	Duration	yrs. mos. dys.	yrs. mos. dys.	yrs. mos. dys.	yrs. mos. dys.	yrs. mos. dys.	yrs. mos. dys.
	Contributory						
	Duration	yrs. mos. dys.	yrs. mos. dys.	yrs. mos. dys.	yrs. mos. dys.	yrs. mos. dys.	yrs. mos. dys.
(a) Did an operation precede death?		a	b	a	b	a	b
(b) Was there an autopsy?		a	b	a	b	a	b
Name of Physician							
Address							
Date of Return							
Date received by Division Registrar							

I certify that the foregoing are correct registrations of Deaths made to me during the month of AUGUST, 1927.

*R. P. Penson, Indian Act* D.R. or Sub-Registrar. Address Fort Frances, Ont.

# DEATHS

52

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

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

Leave this space for binding

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



# DEATHS

95

District of Fort Frances, Ont.

Division of Fort Frances, Indian Agency,

Surname of Deceased

Pom be kugick wape

Jourdain

Ashawaycomegoke

029173

029173

029174

Full given Name

Do.

Philip.

Do.

Place of death, street and number or

Manitou Rapid Reserve  
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

Female Indian Widowed

Male Indian Single

Female Indian Married

Age 87 yrs. mos. dys. hrs. min.

70 yrs. mos. dys. hrs. min.

70 yrs. mos. ys. hrs. min.

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

a N.W. Bay, b 1837

a Couchiching b 1918

a Wabigoon b 1855

LAST OCCUPATION

Trade or Occupation

Kind of Industry

Date from which to which employed

from to

from to

from to

Length of Residence

at place of death Life in Ontario in Canada

at place of death Life in Ontario in Canada

at place of death Life in Ontario in Canada

Name of Father

Not known,

J. B. Jourdain

Cobewayash

Birthplace of Father

Do.

Couchiching Reserve

Wabigoon

Maiden Name of Mother

Do.

Perring Jourdain,

Napbequan

Birthplace of Mother

Do.

Couchiching Reserve,

Wabigoon

Name of Physician

Dr O'Donnell

Address

Ft Frances, Ont,

Name of Informant

Wm. Hayes,

Father,

Father Ferrault,

Address

Emo, Ont,

Ft Frances, Ont,

Ft Frances, Ont,

Relation to Deceased

None,

Father,

None,

Place of Burial

Manitou Rapid Reserve,

Couchiching Reserve,

Couchiching Reserve,

Date of Burial

April 5th, 1926,

July 8th 1925

Aug 25th 1925

Name of Undertaker

J. B. Tiffenbacher,

Address

Ft Frances,

Cause of Death if no Physician attended

Old Age,

Killed By Auto,

Old Age,

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

from to

from to

from to

Primary

Duration

yrs. mos. dys. yrs. mos. dys. yrs. mos. dys.

Contributory

Duration

yrs. mos. dys. yrs. mos. dys. yrs. mos. dys.

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

Name of Physician

Address

Date of Return

Date received by Division Registrar

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

D. R. or Sub-Registrar.

Address

*J. B. Tiffenbacher*  
Indian Agent

# DEATHS

619

District  
County of Rainy River

Division of FORT FRANCES INDIAN AGENCY

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

I certify that the foregoing are correct registrations of deaths made to me during the month of June ended the 30th June 1923

*John Wright*

D.R.

Address Fort Frances Ont.



DEATHS

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

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

I certify that the foregoing are correct registrations of deaths made to me during the month ended the 30th June 1923  
 D. R. Address: Fort Frances, Ont.

# DEATHS

DISTRICT of RAINY RIVER

Division of FORT FRANCES INDIAN AGENCY

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

Leave this space for binding

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending 30<sup>th</sup> June 1919 day of July A.D. 1919  
 Given under my hand this 23<sup>rd</sup> day of July  
 Division Registrar of Fort Frances Indian Agency  
*Prof. Wright*



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# DEATHS

County of DISTRICT of RAINY RIVER, Division of

No. 4		No. 5		No. 6	
Surname of Deceased		Maraquon		Jourdain	
Full given Name		Maggie Maraquon		Hara Jourdain	
Place of Death, street and number or If in a Hospital or Institution give name		Sautcheching Reserve		Sautcheching Indian Reserve	
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed		Female Indian Married		Female Indian Single	
Age		37 yrs. mos. dys. hrs. min.		17 yrs. mos. dys. hrs. min.	
(a) Place of Birth (b) Date of Birth		Nacatchewon Reserve		Sautcheching	
Trade or Occupation					
Kind of Industry		029960		029961	
Date from which to which employed		from to		from to	
Length of Residence		at place of death in Ontario in Canada		at place of death in Ontario in Canada	
Name of Father		Maraquon		Pat Jourdain	
Birthplace of Father		Nacatchewon Reserve		Sautcheching Reserve	
Maiden Name of Mother		unknown		Maggie Maraquon	
Birthplace of Mother		Nacatchewon Reserve		Nacatchewon Reserve	
Name of Physician					
Address					
Name of Informant		Pat Jourdain		Pat Jourdain	
Address		Sautcheching Reserve		Sautcheching Reserve	
Relation to Deceased		Husband		Father	
Place of Burial		Sautcheching Reserve		Sautcheching Reserve	
Date of Burial					
Name of Undertaker					
Address					
Cause of Death if no Physician attended		Flu		I.D. V	
Date of Death		April 16 <sup>th</sup> , 1928		October 16 <sup>th</sup> , 1927	
Name of Deceased		MEDICAL CERTIFICATE OF DEATH		MEDICAL CERTIFICATE OF DEATH	
Date of Death				August 15 <sup>th</sup> , 1927	
Name of Deceased				MEDICAL CERTIFICATE OF DEATH	

Dates from which to which Medical Practitioner attended Deceased		from		to		from		to	
CAUSE OF DEATH	Primary	Duration	yr.	mos.	dys.	yr.	mos.	dys.	yr.
	Contributory	Duration	yr.	mos.	dys.	yr.	mos.	dys.	yr.
(a) Did an operation precede death?		a		b		a		b	
(b) Was there an autopsy?		a		b		a		b	
Name of Physician									
Address									
Date of Return									
Date received by Division Registrar									

I certify that the foregoing are correct registrations of Deaths made to me during the month of AUGUST, 19 28

*Blanca Indian Act* D.R. or Sub-Registrar. Address *H. Frances Act*

# DEATHS

District  
County of Rainy River

Division of FORT FRANCES INDIAN AGENCY

0

	No. IO	No. II	No. I2
Surname of Deceased	028016	028017	028018
Full given Name	Washegesegoo	James Jourdain	Florence Jourdain
Place of Death, street and number or If in a Hospital or Institution give name	Coucheching Reserve	Coucheching Reserve	Coucheching Reserve
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed	a Female   b Indian   c Widow	a Male   b Indian   c	a Female   b Indian   c
Age	80 yrs.   mos.   dys.   hrs.   min.	4 yrs.   mos.   dys.   hrs.   min.	8 yrs.   mos.   dys.   hrs.   min.
(a) Place of Birth (b) Date of Birth	a Coucheching   b	a Coucheching   b	a Coucheching   b
Trade or Occupation	none		
Kind of Industry			
Date from which to which employed	from   to	from   to	from   to
Trade or Occupation			
Kind of Industry			
Date from which to which employed	from   to	from   to	from   to
Length of Residence	at place of death   in Ontario   in Canada	at place of death   in Ontario   in Canada	at place of death   in Ontario   in Canada
Name of Father	Not known	Patrick Jourdain	Patrick Jourdain
Birthplace of Father		Coucheching Reserve	Coucheching Reserve
Maiden Name of Mother	Not known	Taypashaseek	Taypashaseek
Birthplace of Mother		Coucheching Reserve	Coucheching Reserve
Name of Informant			
Address			
Relation to Deceased			
Place of Burial	Coucheching Reserve	Coucheching Reserve	Coucheching Reserve
Date of Burial	4th March 1924	19th December 1923	9th September 1923
Name of Undertaker			
Address			
Cause of Death if no Physician attended	Old age	Consumption	Consumption
Date of Death	3rd March 1924	18th Dec. 1923	8th Sept. 1923
	MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH
Name of Deceased			
Date of Death			
Dates from which to which Medical Practitioner Attended Deceased	from   to	from   to	from   to
CAUSE OF DEATH	Primary		
	Duration	yrs.   mos.   dys.	yrs.   mos.   dys.
Contributory	Duration	yrs.   mos.   dys.	yrs.   mos.   dys.
	(a) Did an operation pre- cede death? (b) Was there an autopsy?	a   b	a   b
Name of Physician			
Address			
Date of Return			
Date received by Division Registrar			

I certify that the foregoing are correct registrations of deaths made to me during the month of ended the 30th June 1924

*John R. [Signature]*

D.R.

Address Fort Frances, Ont.





# DEATHS

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County of DISTRICT OF RAINY RIVER Division of Indian Res.

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

		from	to	from	to	from	to
CAUSE OF DEATH	Primary						
	Duration	yr. mos. dys.	yr. mos. dys.	yr. mos. dys.	yr. mos. dys.	yr. mos. dys.	yr. mos. dys.
	Contributory						
	Duration	yr. mos. dys.	yr. mos. dys.	yr. mos. dys.	yr. mos. dys.	yr. mos. dys.	yr. mos. dys.
(a) Did an operation precede death?		a	b	a	b	a	b
(b) Was there an autopsy?		a	b	a	b	a	b
Name of Physician							
Address							
Date of Return							
Date received by Division Registrar							

I certify that the foregoing are correct registrations of Deaths made to me during the month of AUGUST, 1927.

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



# DEATHS

District County of Rainy River, Ont. Division of

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

	MEDICAL CERTIFICATE OF DEATH			MEDICAL CERTIFICATE OF DEATH			MEDICAL CERTIFICATE OF DEATH			
Name of Deceased										
Date of Death										
If Infant, Name of Parents										
Address										
Dates from which to which Medical Practitioner Attended Deceased	from	to		from	to		from	to		
CAUSE OF DEATH	Primary									
	Duration	yrs.	mos.	dys.	yrs.	mos.	dys.	yrs.	mos.	dys.
Contributory	Duration	yrs.	mos.	dys.	yrs.	mos.	dys.	yrs.	mos.	dys.
	(a) Did an operation precede death?	a	b		a	b		a	b	
(b) Was there an autopsy?	a	b		a	b		a	b		
Name of Physician										
Address										
Date of Return										
Date received by Division Registrar										

I certify that the foregoing are correct registrations of deaths made to me during the year ending June 1st 1925

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

# DEATHS

District  
County of Rainy River

Division of FORT FRANCES INDIAN AGENCY

0

	No. IO	No. II	No. I2
Surname of Deceased	028016	028017	028018
Full given Name	Washegesegoo	James Jourdain	Florence Jourdain
Place of Death, street and number or If in a Hospital or Institution give name	Coucheching Reserve	Coucheching Reserve	Coucheching Reserve
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed	a Female   b Indian   c Widow	a Male   b Indian   c	a Female   b Indian   c
Age	80 yrs.   mos.   dys.   hrs.   min.	4 yrs.   mos.   dys.   hrs.   min.	8 yrs.   mos.   dys.   hrs.   min.
(a) Place of Birth (b) Date of Birth	a Coucheching   b	a Coucheching   b	a Coucheching   b
Trade or Occupation	none		
Kind of Industry			
Date from which to which employed	from   to	from   to	from   to
Trade or Occupation			
Kind of Industry			
Date from which to which employed	from   to	from   to	from   to
Length of Residence	at place of death   in Ontario   in Canada	at place of death   in Ontario   in Canada	at place of death   in Ontario   in Canada
Name of Father	Not known	Patrick Jourdain	Patrick Jourdain
Birthplace of Father		Coucheching Reserve	Coucheching Reserve
Maiden Name of Mother	Not known	Taypashaseek	Taypashaseek
Birthplace of Mother		Coucheching Reserve	Coucheching Reserve
Name of Informant			
Address			
Relation to Deceased			
Place of Burial	Coucheching Reserve	Coucheching Reserve	Coucheching Reserve
Date of Burial	4th March 1924	19th December 1923	9th September 1923
Name of Undertaker			
Address			
Cause of Death if no Physician attended	Old age	Consumption	Consumption
Date of Death	3rd March 1924	18th Dec. 1923	8th Sept. 1923
	MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH
Name of Deceased			
Date of Death			
Dates from which to which Medical Practitioner Attended Deceased	from   to	from   to	from   to
CAUSE OF DEATH	Primary		
	Duration	yrs.   mos.   dys.	yrs.   mos.   dys.
Contributory	Duration	yrs.   mos.   dys.	yrs.   mos.   dys.
	(a) Did an operation precede death? (b) Was there an autopsy?	a   b	a   b
Name of Physician			
Address			
Date of Return			
Date received by Division Registrar			

I certify that the foregoing are correct registrations of deaths made to me during the month of ended the 30th June 1924

*John R. ...*

D.R.

Address Fort Frances, Ont.



# DEATHS

District Rainy River Division of FORT FRANCES INDIAN AGENCY

Blank Page(s)

		No. 7 ✓			No. 8 ✓			No. 9 ✓		
Surname of Deceased		Jourdain			Jourdain			Adams		
Full given Name		Joseph			John			Stephen		
Place of Death, street and number or If in a Hospital or Institution give name		Coucheching Reserve			Coucheching Reserve			Coucheching Reserve		
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed		a M	b Indian	c Single	a M	b Indian	c single	a M	b Indian	c single
Age		I yrs.	mos.	dys. hrs. min.	8 yrs.	mos.	dys. hrs. min.	9 yrs.	mos.	dys. hrs. min.
(a) Place of Birth (b) Date of Birth		a Reserve b 1920		a Reserve b 1913		a Reserve b 1929				
LAST OCCUPATION	Trade or Occupation									
	Kind of Industry									
FORMER OCCUPATION	Date from which to which employed	from to			from to			from to		
	Trade or Occupation									
	Kind of Industry	028239			028240			028241		
	Date from which to which employed	from to			from to			from to		
Length of Residence		at place of death in Ontario in Canada			at place of death in Ontario in Canada			at place of death in Ontario in Canada		
PARENTS	Name of Father	Charles Jourdain			Patrick Jourdain			Robert Adams		
	Birthplace of Father	Reserve			Reserve			Reserve		
	Maiden Name of Mother	Annie Jourdain			Maggie Jourdain			Nancy Adams		
	Birthplace of Mother	Lake of the Woods			North West Bay, Rainy Lake			Red Gut Reserve		
Name of Informant										
Address										
Relation to Deceased										
Place of Burial		Coucheching Reserve			Coucheching Reserve			Coucheching Reserve		
Date of Burial		18th Feby, 1921			25th May 1921			25th June 1920		
Name of Undertaker										
Address										
Cause of Death if no Physician attended		Consumption			Spinal			not known		
Date of Death		17th Feby, 1921			24th May 1921			24th June 1920		
		MEDICAL CERTIFICATE OF DEATH			MEDICAL CERTIFICATE OF DEATH			MEDICAL CERTIFICATE OF DEATH		
Name of Deceased										
Date of Death										
Dates from which to which Medical Practitioner Attended Deceased		from to			from to			from to		
CAUSE OF DEATH	Primary									
	Duration	yrs.	mos.	dys.	yrs.	mos.	dys.	yrs.	mos.	dys.
	Contributory									
	Duration	yrs.	mos.	dys.	yrs.	mos.	dys.	yrs.	mos.	dys.
(a) Did an operation precede death? (b) Was there an autopsy?		a	b		a	b		a	b	
Name of Physician										
Address										
Date of Return										
Date received by Division Registrar										

I certify that the foregoing are correct registrations of deaths made to me during the year ended the 30th June 1921

*W. A.* Indian Agent. D.R. Address Fort Frances, Ont

# DEATHS

District Rainy River Division of FORT FRANCES INDIAN AGENCY

Blank Page(s)

		No. 7 ✓			No. 8 ✓			No. 9 ✓		
Surname of Deceased		Jourdain			Jourdain			Adams		
Full given Name		Joseph			John			Stephen		
Place of Death, street and number or If in a Hospital or Institution give name		Coucheching Reserve			Coucheching Reserve			Coucheching Reserve		
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed		a M	b Indian	c Single	a M	b Indian	c single	a M	b Indian	c single
Age		I yrs.	mos.	dys. hrs. min.	8 yrs.	mos.	dys. hrs. min.	9 yrs.	mos.	dys. hrs. min.
(a) Place of Birth (b) Date of Birth		a Reserve b 1920		a Reserve b 1913		a Reserve b 1929				
LAST OCCUPATION	Trade or Occupation									
	Kind of Industry									
FORMER OCCUPATION	Date from which to which employed	from to			from to			from to		
	Trade or Occupation									
	Kind of Industry	028239			028240			028241		
	Date from which to which employed	from to			from to			from to		
Length of Residence		at place of death in Ontario in Canada			at place of death in Ontario in Canada			at place of death in Ontario in Canada		
PARENTS	Name of Father	Charles Jourdain			Patrick Jourdain			Robert Adams		
	Birthplace of Father	Reserve			Reserve			Reserve		
	Maiden Name of Mother	Annie Jourdain			Maggie Jourdain			Nancy Adams		
	Birthplace of Mother	Lake of the Woods			North West Bay, Rainy Lake			Red Gut Reserve		
Name of Informant										
Address										
Relation to Deceased										
Place of Burial		Coucheching Reserve			Coucheching Reserve			Coucheching Reserve		
Date of Burial		18th Feby, 1921			25th May 1921			25th June 1920		
Name of Undertaker										
Address										
Cause of Death if no Physician attended		Consumption			Spinal			not known		
Date of Death		17th Feby, 1921			24th May 1921			24th June 1920		
		MEDICAL CERTIFICATE OF DEATH			MEDICAL CERTIFICATE OF DEATH			MEDICAL CERTIFICATE OF DEATH		
Name of Deceased										
Date of Death										
Dates from which to which Medical Practitioner Attended Deceased		from to			from to			from to		
CAUSE OF DEATH	Primary									
	Duration	yrs.	mos.	dys.	yrs.	mos.	dys.	yrs.	mos.	dys.
	Contributory									
	Duration	yrs.	mos.	dys.	yrs.	mos.	dys.	yrs.	mos.	dys.
(a) Did an operation precede death? (b) Was there an autopsy?		a	b		a	b		a	b	
Name of Physician										
Address										
Date of Return										
Date received by Division Registrar										

I certify that the foregoing are correct registrations of deaths made to me during the year ended the 30th June 1921

*W. A.* Indian Agent. D.R. Address Fort Frances, Ont



# DEATHS

County of DISTRICT of RAINY RIVER, Division of

No. 10		No. 11		No. 12	
Surname of Deceased		Surname of Deceased		Surname of Deceased	
Adams		Jourdain		Menschodunoke	
Full given Name		Full given Name		Full given Name	
Cathrine Adams		Julia Jourdain		Menschodunoke	
Place of Death, street and number or If in a Hospital or Institution give name		Place of Death, street and number or If in a Hospital or Institution give name		Place of Death, street and number or If in a Hospital or Institution give name	
Coutcheching Reserve		Hickoxeminecaning Reserve		Macatchewenin Reserve	
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed		(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed		(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed	
Female Indian Single		Female Indian Married		Female Indian Married	
Age		Age		Age	
12 yrs.		24 yrs.		50 yrs.	
(a) Place of Birth (b) Date of Birth		(a) Place of Birth (b) Date of Birth		(a) Place of Birth (b) Date of Birth	
Coutcheching		Hickoxeminecaning		Macatchewenin	
Trade or Occupation		Trade or Occupation		Trade or Occupation	
Kind of Industry		Kind of Industry		Kind of Industry	
029966		029967		029968	
Date from which to which employed		Date from which to which employed		Date from which to which employed	
Length of Residence		Length of Residence		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		Name of Father		Name of Father	
Robert Adams		Kashemagape		Kaysis	
Birthplace of Father		Birthplace of Father		Birthplace of Father	
Coutcheching Reserve		Hickoxeminecaning Reserve		Macatchewenin Reserve	
Maiden Name of Mother		Maiden Name of Mother		Maiden Name of Mother	
Mary Jane Luachew		unknown		Machwakijichoke	
Birthplace of Mother		Birthplace of Mother		Birthplace of Mother	
Macatchewenin Reserve		Macatchewenin Reserve		Macatchewenin Reserve	
Name of Physician		Name of Physician		Name of Physician	
Address		Address		Address	
Name of Informant		Name of Informant		Name of Informant	
Susan Adams		Paul Jourdain Jr.		Kewagowagawash	
Address		Address		Address	
Coutcheching Reserve		Coutcheching Reserve		Macatchewenin Reserve	
Relation to Deceased		Relation to Deceased		Relation to Deceased	
Grand-mother		Husband		Husband	
Place of Burial		Place of Burial		Place of Burial	
Coutcheching Reserve		Coutcheching Reserve		Macatchewenin Reserve	
Date of Burial		Date of Burial		Date of Burial	
Name of Undertaker		Name of Undertaker		Name of Undertaker	
Address		Address		Address	
Cause of Death if no Physician attended		Cause of Death if no Physician attended		Cause of Death if no Physician attended	
unknown		I.B.		I.B.	
Date of Death		Date of Death		Date of Death	
April 7th 1928		April 7th 1928		October 5th 1927	
MEDICAL CERTIFICATE OF DEATH		MEDICAL CERTIFICATE OF DEATH		MEDICAL CERTIFICATE OF DEATH	
Name of Deceased		Name of Deceased		Name of Deceased	
Date of Death		Date of Death		Date of Death	
Dates from which to which Medical Practitioner attended Deceased		Dates from which to which Medical Practitioner attended Deceased		Dates from which to which Medical Practitioner attended Deceased	
Primary		Primary		Primary	
Duration		Duration		Duration	
Contributory		Contributory		Contributory	
Duration		Duration		Duration	
(a) Did an operation precede death?		(a) Did an operation precede death?		(a) Did an operation precede death?	
(b) Was there an autopsy?		(b) Was there an autopsy?		(b) Was there an autopsy?	
Name of Physician		Name of Physician		Name of Physician	
Address		Address		Address	
Date of Return		Date of Return		Date of Return	
Date received by Division Registrar		Date received by Division Registrar		Date received by Division Registrar	

I certify that the foregoing are correct registrations of Deaths made to me during the month of AUGUST, 1928.  
 D.R. or Sub-Registrar. Address: Port Frances, Ont.

# DEATHS

District of Rainy River Division of FORT FRANCES INDIAN AGENCY

		No. 10	No. 11	No. 12
Surname of Deceased		X	X	X
Full given Name		Neshapetung	Louis Jourdain	Penasacapeweke
Place of Death, street and number or <small>If in a Hospital or Institution give name</small>		Manitou Lake	Coucheching Reserve	Seine River Reserve
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed		a male    b Indian    c single	a female    b Indian    c single	a female    b Indian    c widow
Age		2 yrs.    mos.    dys.    hrs.    min.	23 yrs.    mos.    dys.    hrs.    min.	61 yrs.    mos.    dys.    hrs.    min.
(a) Place of Birth (b) Date of Birth		Manitou Rapids	Coucheching	not known
LAST OCCUPATION	Trade or Occupation			
	Kind of Industry	029572	029573	029574
	Date from which to which employed	from    to	from    to	from    to
	Length of Residence	at place of death    in Ontario    in Canada	at place of death    in Ontario    in Canada	at place of death    in Ontario    in Canada
PARENTS	Name of Father	Peekochee	Laurence Jourdain	not known
	Birthplace of Father	Little Ferks Reserve	Coucheching Reserve	
	Maiden Name of Mother	Cabbage	Margaret Cook	not known
	Birthplace of Mother	Little Ferks Res.	Lake Winnipeg	
Name of Physician				
Address				
Name of Informant				
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				
Address				
Cause of Death <small>If no Physician attended</small>		Whooping Cough	consumption	Old age
Date of Death		November 1922	September 1922	February 1923
Name of Deceased		MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH
Date of Death				
If Infant, Name of Parents				
Address				
Dates from which to which Medical Practitioner Attended Deceased		from    to	from    to	from    to
CAUSE OF DEATH	Primary			
	Duration	yrs.    mos.    dys.	yrs.    mos.    dys.	yrs.    mos.    dys.
	Contributory			
(a) Did an operation precede death? (b) Was there an autopsy?		a    b	a    b	a    b
Name of Physician				
Address				
Date of Report				
Date received by Division Registrar				

I certify that the foregoing are correct registrations of deaths made to me during the month of June ended the 30th June 1923

*[Signature]*  
D. R.    Address

Fort Frances Ont



# DEATHS

District County of Rainy River Ont. Division of FORT FRANCES INDIAN AGENCY

0

	No. 13	No. 14	No. 15
Surname of Deceased	Jourdain	028023 Naughtakecomekeok	028024 Obitchegook
Full given Name	Lillian		
Place of Death, street and number or If in a Hospital or Institution give name	Coucheching Reserve	Naicatchewenin Reserve	Naicatchewenin Reserve
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed	a Female   b   c	a Female   b Indian   c Single	a Female   b Indian   c
Age	3 yrs.   mos.   dys. hrs. min.	20 yrs.   mos.   dys. hrs. min.	95 yrs.   mos.   dys. hrs. min.
(a) Place of Birth (b) Date of Birth	a Coucheching   b	a Naicatchewenin   b	a Not known   b
Trade or Occupation			
Kind of Industry			
Date from which to which employed	from   to	from   to	from   to
Trade or Occupation			
Kind of Industry			
Date from which to which employed	from   to	from   to	from   to
Length of Residence	at place of death   in Ontario   in Canada	at place of death   in Ontario   in Canada	at place of death   in Ontario   in Canada
Name of Father	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	Naicatchewenin Reserve	
Name of Informant			
Address			
Relation to Deceased			
Place of Burial	Coucheching Reserve	Naicatchewenin Reserve	Naicatchewenin Reserve
Date of Burial	11th Feby 1924	15th July 1923	12th October 1923
Name of Undertaker			
Address			
Cause of Death if no Physician attended	Consumption	Consumption	Old age
Date of Death	10th Feby, 1924 MEDICAL CERTIFICATE OF DEATH	14th July 1923 MEDICAL CERTIFICATE OF DEATH	11th Oct, 1923 MEDICAL CERTIFICATE OF DEATH
Name of Deceased			
Date of Death			
Dates from which to which Medical Practitioner Attended Deceased	from   to	from   to	from   to
CAUSE OF DEATH	Primary		
	Duration	yrs.   mos.   dys.	yrs.   mos.   dys.
	Contributory		
Duration	yrs.   mos.   dys.	yrs.   mos.   dys.	yrs.   mos.   dys.
(a) Did an operation precede death? (b) Was there an autopsy?	a   b	a   b	a   b
Name of Physician			
Address			
Date of Return			
Date received by Division Registrar			

I certify that the foregoing are correct registrations of deaths made to me during the month of July ended the 30th June 1924

*[Signature]* D.R. Address Fort Frances, Ont.

# DEATHS

District of Rainy River Division of FORT FRANCES INDIAN AGENCY

Blank Pages

		No. 19	No. 20	No. 21
Surname of Deceased		<b>Adams</b>	<b>Jourdain</b>	
Full given Name		<b>Joseph</b>	<b>Louis</b>	<b>Oshawaskopenase</b>
Place of Death, street and number or If in a Hospital or Institution give name		<b>Coucheching Reserve</b>	<b>Coucheching Reserve</b>	<b>Manitou Rapids Reserve</b>
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed		a <b>male</b> b <b>Indian</b> c <b>married</b>	a <b>male</b> b <b>Indian</b> c <b>Widower</b>	a <b>male</b> b <b>Indian</b> c <b>married</b>
Age		<b>38</b> yrs. mos. dys. hrs. min.	<b>77</b> yrs. mos. dys. hrs. min.	<b>64</b> yrs. mos. dys. hrs. min.
(a) Place of Birth (b) Date of Birth		a <b>Coucheching</b> b	a <b>Coucheching Res.</b> b	<b>Little Folks</b> b
LAST OCCUPATION	Trade or Occupation	<b>Fisherman</b>	<b>Hunting &amp; fishing</b>	<b>Trapper</b>
	Kind of Industry	<b>029563</b>		
	Date from which to which employed	from to	from <b>029564</b> to	from <b>029565</b> 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
PARENTS	Name of Father	<b>Frank Adams</b>	<b>John Baptiste Jourdain</b>	<b>not known</b>
	Birthplace of Father	<b>St Regis</b>	<b>not known</b>	<b>do</b>
	Maiden Name of Mother	<b>Susan Adams</b>	<b>do</b>	<b>do</b>
	Birthplace of Mother	<b>Coucheching Reserve</b>	<b>do</b>	<b>do</b>
Name of Physician				
Address				
Name of Informant				
Address				
Relation to Deceased				
Place of Burial		<b>Coucheching Reserve</b>	<b>Coucheching Reserve</b>	<b>Manitou Rapids Reserve</b>
Date of Burial		<b>7th December 1922</b>	<b>26th March 1923</b>	<b>March 1923</b>
Name of Undertaker				
Address				
Cause of Death if no Physician attended		<b>Accidentally shot himself</b>	<b>Old Age</b>	<b>not known</b>
Date of Death		<b>5th December 1922</b>	<b>25th March 1923</b>	<b>March 1923</b>
Name of Deceased		<b>MEDICAL CERTIFICATE OF DEATH</b>	<b>MEDICAL CERTIFICATE OF DEATH</b>	<b>MEDICAL CERTIFICATE OF DEATH</b>
Date of Death				
If Infant, Name of Parents				
Address				
Dates from which to which Medical Practitioner Attended Deceased		from to	from to	from to
CAUSE OF DEATH	Primary			
	Duration	yrs. mos. dys.	yrs. mos. dys.	yrs. mos. dys.
Contributory	Duration	yrs. mos. dys.	yrs. mos. dys.	yrs. mos. dys.
	(a) Did an operation precede death? (b) Was there an autopsy?	a b	a b	a b
Name of Physician				
Address				
Date of Return				
Date received by Division Registrar				

I certify that the foregoing are correct registrations of deaths made to me during the month of Year ended the 30th June 1923

*W. P. Wright*

D. R. Address Fort Frances, Ont.



# DEATHS

District County of Rainy River, Ont. Division of

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

	MEDICAL CERTIFICATE OF DEATH			MEDICAL CERTIFICATE OF DEATH			MEDICAL CERTIFICATE OF DEATH			
Name of Deceased										
Date of Death										
If Infant, Name of Parents										
Address										
Dates from which to which Medical Practitioner Attended Deceased	from	to		from	to		from	to		
CAUSE OF DEATH	Primary									
	Duration	yrs.	mos.	dys.	yrs.	mos.	dys.	yrs.	mos.	dys.
Contributory	Duration	yrs.	mos.	dys.	yrs.	mos.	dys.	yrs.	mos.	dys.
	(a) Did an operation precede death?	a	b		a	b		a	b	
(b) Was there an autopsy?	a	b		a	b		a	b		
Name of Physician										
Address										
Date of Return										
Date received by Division Registrar										

I certify that the foregoing are correct registrations of deaths made to me during the year ending June 1st 1925

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

# DEATHS

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DISTRICT County of Rainy River, Ont. Division of \_\_\_\_\_

	No. <u>027799</u>	No. <u>027800</u>	No. <u>027801</u>
Surname of Deceased	Bruyer,	Jourdain	Kesisomennobes
Full given Name	Thomas Alex,	Marry,	
Place of death, street and number or If in a Hospital or Institution give name	Coucheching Reserve	Coucheching Reserve	Couchiching
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed	Male Indian Single	Female Indian Married	Male Indian Single
Age	27 yrs. 4 mos. dys. hrs. min.	57 yrs. mos. dys. hrs. min.	2 yrs. mos. yrs. hrs. min.
(a) Place of Birth (b) Date of Birth	Couchiching Dec 10th 1897	Couchiching b 1868	Couchiching b Jan 1923
Trade or Occupation	Labor		
Kind of Industry			
Date from which to which employed	from to	from to	from to
Length of Residence	at place of death in Ontario in Canada	at place of death in Ontario in Canada	at place of death in Ontario in Canada
Name of Father	Louis Bruyer	Not known	Wapances
Birthplace of Father	Coucheching Reserve	Couchiching	Couchiching Res,
Maiden Name of Mother	Linnie Cochran	Linegesogoke	LeLosquakeke
Birthplace of Mother	Lanitou Rapid Reserve	U. S. A.	U. S. A.
Name of Physician	Dr Moore	Dr Moore,	Dr Moore,
Address	Port Frances, Ont,	Ft Frances, Ont,	Ft Frances, Ont.
Name of Informant	Louis Bruyer	Chief of Band	Wapances
Address	Ft Frances, Ont,		Ft Frances, Ont.
Relation to Deceased	Father		Father,
Place of Burial	Coucheching Reserve	Coucheching Reserve	Couchiching
Date of Burial	March 10th 1925	March 1925	Jan 1925
Name of Undertaker			
Address			
Cause of Death if no Physician attended	T. B.	T. B.	Phuemia
Date of Death	March 10th 1925	March, 1925	Jan 1925
	MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH
Name of Deceased			
Date of Death			
If Infant, Name of Parents			
Address			
Dates from which to which Medical Practitioner Attended Deceased	from to	from to	from to
Primary			
Duration	yrs. mos. dys.	yrs. mos. dys.	yrs. mos. dys.
Contributory			
Duration	yrs. mos. dys.	yrs. mos. dys.	yrs. mos. dys.
(a) Did an operation precede death? (b) Was there an autopsy?	a b	a b	a b
Name of Physician			
Address			
Date of Return			
Date received by Division Registrar			

I certify that the foregoing are correct registrations of deaths made to me during the year ending June 30, 1925

Blencer D. R. or Sub-Registrar. Address Ft Frances Ont



# DEATHS

88

District of Rainy River

Division of FORT FRANCES, AGENCY

No. 7

028712 No. 8

028713 No. 9

Surname of Deceased

Jourdain 028711

Abetansquote

Nawtakeek

Full given Name

Mrs John,

Not known  
If in a Hospital or Institution give name

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

Place of Death, street and number or

Couchiching Reserve,  
If in a Hospital or Institution give name

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

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

Age

101 yrs. 85 yrs. 7 yrs.

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

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

Trade or Occupation

Kind of Industry

Date from which to which employed

Length of Residence

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

Name of Father

Shorty, Not known, Necanwaypayness

Birthplace of Father

Not known, Not known, North West Bay, Reserve,

Maiden Name of Mother

Not known, Not known, Kabageasegoke

Birthplace of Mother

Not known, Not known, Manitou Reserve,

Name of Physician

Address

Name of Informant

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

Address

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

Relation to Deceased

None, None, Father,

Place of Burial

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

Date of Burial

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

Name of Undertaker

Address

Cause of Death if no Physician attended

Old Age, Old Age, Tub.

Date of Death

June, 1926, 7 Jan, 14th, 1927, July 21st, 1926, MEDICAL CERTIFICATE OF DEATH

Name of Deceased

Date of Death

Dates from which to which Medical Practitioner attended Deceased

from to from to from to

Primary

Duration

yrs. mos. dys. yrs. mos. dys. yrs. mos. dys.

Contributory

Duration

yrs. mos. dys. yrs. mos. dys. yrs. mos. dys.

(a) Did an operation precede death?

(b) Was there an autopsy?

Name of Physician

Address

Date of Return

Date received by Division Registrar

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

D.R. or Sub-Registrar.

Address Ft Frances,

100

# DEATHS

County of DISTRICT of RAINY RIVER, Division of

No. 4		No. 5		No. 6	
Surname of Deceased		Maraquon		Jourdain	
Full given Name		Maggie Maraquon		Hara Jourdain	
Place of Death, street and number or If in a Hospital or Institution give name		Sautcheching Reserve		Sautcheching Indian Reserve	
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed		Female Indian Married		Female Indian Single	
Age		37 yrs. mos. dys. hrs. min.		17 yrs. mos. dys. hrs. min.	
(a) Place of Birth (b) Date of Birth		Nacatchewon Reserve		Sautcheching	
Trade or Occupation					
Kind of Industry		029960		029961	
Date from which to which employed		from to		from to	
Length of Residence		at place of death in Ontario in Canada		at place of death in Ontario in Canada	
Name of Father		Maraquon		Pat Jourdain	
Birthplace of Father		Nacatchewon Reserve		Sautcheching Reserve	
Maiden Name of Mother		unknown		Maggie Maraquon	
Birthplace of Mother		Nacatchewon Reserve		Nacatchewon Reserve	
Name of Physician					
Address					
Name of Informant		Pat Jourdain		Pat Jourdain	
Address		Sautcheching Reserve		Sautcheching Reserve	
Relation to Deceased		Husband		Father	
Place of Burial		Sautcheching Reserve		Sautcheching Reserve	
Date of Burial					
Name of Undertaker					
Address					
Cause of Death if no Physician attended		Flu		I.D. V	
Date of Death		April 16 <sup>th</sup> , 1928		October 16 <sup>th</sup> , 1927	
Name of Deceased		MEDICAL CERTIFICATE OF DEATH		MEDICAL CERTIFICATE OF DEATH	
Date of Death				August 15 <sup>th</sup> , 1927	
Name of Deceased				MEDICAL CERTIFICATE OF DEATH	

Dates from which to which Medical Practitioner attended Deceased		from		to		from		to	
CAUSE OF DEATH	Primary	Duration	yr.	mos.	dys.	yr.	mos.	dys.	yr.
	Contributory	Duration	yr.	mos.	dys.	yr.	mos.	dys.	yr.
(a) Did an operation precede death?		a		b		a		b	
(b) Was there an autopsy?		a		b		a		b	
Name of Physician									
Address									
Date of Return									
Date received by Division Registrar									

I certify that the foregoing are correct registrations of Deaths made to me during the month of AUGUST, 19 28

*Blanca Indian Act* D.R. or Sub-Registrar. Address *H. Frances Act*



# DEATHS

DISTRICT of RAINY RIVER

Division of

	No. 027808	No. 027809	No. 027810
Surname of Deceased	Geasick,	Buckshot,	Jourdain,
Full given Name	Ashaway,	Pete,	Patrick,
Place of death, street and number or If in a Hospital or Institution give name	North West Bay,	North West Bay,	Couchiching Reserve
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed	a Male   b Indian   c Single	a Male   b Indian   c Married	a Male   b Indian   c Single
Age	4 yrs.   mos.   dys.   hrs.   min.	30 yrs.   mos.   dys.   hrs.   min.	13 yrs.   mos.   dys.   hrs.   min.
(a) Place of Birth (b) Date of Birth	a N.W. Bay,   b Feb 1921	N. W. Bay.   b May 1895	a Couchiching   b Dec 1911
Trade or Occupation		Trapper	
Kind of Industry			
Date from which to which employed	from   to	from   to	from   to
Length of Residence	at place of death   in Ontario   in Canada	at place of death   in Ontario   in Canada	at place of death   in Ontario   in Canada
Name of Father	Pete Buckshot	Chief Buckshot,	Patrick Jourdain,
Birthplace of Father	North West Bay,	North West Bay,	Couchiching Reserve
Maiden Name of Mother	Poskin,	Kamashawasook	Tapashasheak
Birthplace of Mother	Lanitou Rapid Reserve,	Couchiching Reserve	North West Bay,
Name of Physician	Dr Moore,	Dr Moore,	St Boniface Hospital
Address	Fort Frances, Ont,	St Frances, Ont,	St Boniface, Man,
Name of Informant	Mother of Child,	Chief Buckshot,	Patrick Jourdain,
Address			Fort Frances, Ont,
Relation to Deceased		Father,	Father,
Place of Burial	Couchiching Reserve,	North West Bay,	St Boniface,
Date of Burial	Feb 1925,	May 1925	Dec 27th 1924
Name of Undertaker			
Address			
Cause of Death if no Physician attended	Diphtheria,	T. B.	T. B.
Date of Death	Feb 1925	May 1925,	Dec 27th 1924

	MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH
Name of Deceased			
Date of Death			
If Infant, Name of Parents			
Address			
Dates from which to which Medical Practitioner Attended Deceased	from   to	from   to	from   to
CAUSE OF DEATH	Primary		
	Duration	yrs.   mos.   dys.	yrs.   mos.   dys.
Contributory	Duration	yrs.   mos.   dys.	yrs.   mos.   dys.
	(a) Did an operation precede death? (b) Was there an autopsy?	a   b	a   b
Name of Physician			
Address			
Date of Return			
Date received by Division Registrar			

I certify that the foregoing are correct registrations of deaths made to me during the period ending June 14 1925

*R. Bruce* D. R. or Sub-Registrar. Address *St Frances Ont*

# DEATHS

County of DISTRICT of RAINY RIVER, Division of

No. 4		No. 5		No. 6	
Surname of Deceased		Maraquon		Jourdain	
Full given Name		Maggie Maraquon		Hara Jourdain	
Place of Death, street and number or If in a Hospital or Institution give name		Sautcheching Reserve		Sautcheching Indian Reserve	
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed		Female Indian Married		Female Indian Single	
Age		37 yrs. mos. dys. hrs. min.		17 yrs. mos. dys. hrs. min.	
(a) Place of Birth (b) Date of Birth		Nacatchewon Reserve		Sautcheching	
Trade or Occupation					
Kind of Industry		029960		029961	
Date from which to which employed		from to		from to	
Length of Residence		at place of death in Ontario in Canada		at place of death in Ontario in Canada	
Name of Father		Maraquon		Pat Jourdain	
Birthplace of Father		Nacatchewon Reserve		Sautcheching Reserve	
Maiden Name of Mother		unknown		Maggie Maraquon	
Birthplace of Mother		Nacatchewon Reserve		Nacatchewon Reserve	
Name of Physician					
Address					
Name of Informant		Pat Jourdain		Pat Jourdain	
Address		Sautcheching Reserve		Sautcheching Reserve	
Relation to Deceased		Husband		Father	
Place of Burial		Sautcheching Reserve		Sautcheching Reserve	
Date of Burial					
Name of Undertaker					
Address					
Cause of Death if no Physician attended		Flu		I.D. V	
Date of Death		April 16 <sup>th</sup> , 1928		October 16 <sup>th</sup> , 1927	
Name of Deceased		MEDICAL CERTIFICATE OF DEATH		MEDICAL CERTIFICATE OF DEATH	
Date of Death				August 15 <sup>th</sup> , 1927	
Name of Deceased				MEDICAL CERTIFICATE OF DEATH	

Dates from which to which Medical Practitioner attended Deceased		from		to		from		to	
CAUSE OF DEATH	Primary	Duration	Yrs.	Mos.	Dys.	Yrs.	Mos.	Dys.	Yrs.
	Contributory	Duration	Yrs.	Mos.	Dys.	Yrs.	Mos.	Dys.	Yrs.
(a) Did an operation precede death?		a		b		a		b	
(b) Was there an autopsy?		a		b		a		b	
Name of Physician									
Address									
Date of Return									
Date received by Division Registrar									

I certify that the foregoing are correct registrations of Deaths made to me during the month of AUGUST, 19 28

*Blanca Indian Act* D.R. or Sub-Registrar. Address *H. Frances Cant*



This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use, \$200," and properly addressed will pass through the Mail "FREE".

029068

FORM 6

PROVINCE OF ONTARIO

CERTIFICATE OF REGISTRATION OF DEATH

69

THIS FORM MUST BE FILED 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 citizenship but not a race or people.

1. PLACE OF DEATH: County of West. Rensselaer Township of Prov. Ontario  
 If in City, Town or Village Hickoxcommencing Reserve Street St. James Agency House No. \_\_\_\_\_  
 (Name) (Name)

If in hospital or institution, give name \_\_\_\_\_

2. NAME OF DECEASED: Jourdain (Surname) no name (Given name or names)  
 Residence Hickoxcommencing Reserve (Usual place of abode)

3. Sex Male 4. Racial origin Cybaury 5. Single, Married, Widowed or Divorced (Write the word) Single

6. BIRTHPLACE \_\_\_\_\_ (Province or country)

7. DATE OF BIRTH \_\_\_\_\_ (Month) (Day) (Year)

8. AGE OF DECEASED: Years 2 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day old \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

9. OCCUPATION OF DECEASED—  
 (a) \_\_\_\_\_ (Trade or occupation or kind of work)  
 (b) \_\_\_\_\_ (Kind of industry)

10. LENGTH OF RESIDENCE (in years and months)  
 (a) At place of death 2 yrs (b) In province 2 yrs  
 (c) In Canada (if an immigrant) \_\_\_\_\_

11. Name of father Paul Jourdain Jr.  
 12. Birthplace of father Ontario (Province or country)  
 13. Maiden name of mother Bessie Morrison  
 14. Birthplace of mother Ontario (Province or country)

15. Name of Informant Bessie Morrison  
 Address Hickoxcommencing Reserve  
 Relation to Deceased Mother

16. DATE OF DEATH June 20th 1930  
 (Month) (Day) (Year)

17. I HEREBY CERTIFY that I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
 and last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
 The CAUSE OF DEATH was as follows:  
Flu  
 (duration of) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

CONTRIBUTORY CAUSE (Secondary)  
 (duration of) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

18. Where was disease contracted if not at place of death? \_\_\_\_\_  
 Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_  
 Reason for operation \_\_\_\_\_  
 Was there an autopsy? \_\_\_\_\_  
 (Signed) \_\_\_\_\_ M.D.  
 Address \_\_\_\_\_  
 Date \_\_\_\_\_ 19\_\_\_\_  
 (Month) (Day) (Year)

State the Disease causing death, or in death from Violent Cause, state (1) Cause and Nature of Injury, (2) whether Accidental, Suicidal or Homicidal. In case of stillbirth write "born dead".

19. Place of Burial Hickoxcommencing Reserve Date of Burial June 20th 1930  
 Address \_\_\_\_\_

20. Name of Undertaker \_\_\_\_\_ Address \_\_\_\_\_

For use Division Registrar only: Filed at \_\_\_\_\_ m. this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_  
 (Hour) (Month)

BURIAL PERMIT was issued by:—  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

# DEATHS

95

District of Fort Frances, Ont.

Division of Fort Frances, Indian Agency,

Surname of Deceased

Pom be kugick wape

Jourdain

Ashawaycomegoke

029173

029173

029174

Full given Name

Do.

Philip.

Do.

Place of death, street and number or

Manitou Rapid Reserve  
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

Female Indian Widowed

Male Indian Single

Female Indian Married

Age 87 yrs. mos. dys. hrs. min.

70 yrs. mos. dys. hrs. min.

70 yrs. mos. ys. hrs. min.

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

a N.W. Bay, b 1837

a Couchiching b 1918

a Wabigoon b 1855

LAST OCCUPATION

Trade or Occupation

Kind of Industry

Date from which to which employed

from to

from to

from to

Length of Residence

at place of death Life in Ontario in Canada

at place of death Life in Ontario in Canada

at place of death Life in Ontario in Canada

Name of Father

Not known,

J. B. Jourdain

Cobewayash

Birthplace of Father

Do.

Couchiching Reserve

Wabigoon

Maiden Name of Mother

Do.

Perring Jourdain,

Napbequan

Birthplace of Mother

Do.

Couchiching Reserve,

Wabigoon

Name of Physician

Dr O'Donnell

Address

Ft Frances, Ont,

Name of Informant

Wm. Hayes,

Father,

Father Ferrault,

Address

Emo, Ont,

Ft Frances, Ont,

Ft Frances, Ont,

Relation to Deceased

None,

Father,

None,

Place of Burial

Manitou Rapid Reserve,

Couchiching Reserve,

Couchiching Reserve,

Date of Burial

April 5th, 1926,

July 8th 1925

Aug 25th 1925

Name of Undertaker

J. B. Tiffenbacher,

Address

Ft Frances,

Cause of Death if no Physician attended

Old Age,

Killed By Auto,

Old Age,

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

from to

from to

from to

Primary

Duration

yrs. mos. dys. yrs. mos. dys. yrs. mos. dys.

Contributory

Duration

yrs. mos. dys. yrs. mos. dys. yrs. mos. dys.

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

a b a b a b

Name of Physician

Address

Date of Return

Date received by Division Registrar

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

D. R. or Sub-Registrar.

Address

*J. B. Tiffenbacher*  
Indian Agent



This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use, \$300," and properly addressed will pass through the Mail "FREE".

FORM 6

PROVINCE OF ONTARIO

029069

CERTIFICATE OF REGISTRATION OF DEATH

70

1. PLACE OF DEATH County of Dist. Rainy River Township of Prov. Ontario  
 If in City, Town or Village Coutchiching Reserve Street St. James Gray House No. \_\_\_\_\_  
(Name) (Name)

If in hospital or institution, give name \_\_\_\_\_

2. NAME OF DECEASED Jourdain Phillip  
(Surname) (Given name or names)

Residence Coutchiching Reserve  
(Usual place of abode)

3. Sex Male 4. Racial origin Ontario 5. Single, Married, Widowed or Divorced Single  
(Write the word)

6. BIRTHPLACE Ontario  
(Province or country)

7. DATE OF BIRTH \_\_\_\_\_  
(Month) (Day) (Year)

8. AGE OF DECEASED Years 22 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day old \_\_\_\_\_  
hrs. or min.

9. OCCUPATION OF DECEASED—  
 (a) \_\_\_\_\_  
(Trade or occupation or kind of work)  
 (b) \_\_\_\_\_  
(Kind of industry)

10. LENGTH OF RESIDENCE (in years and months)  
 (a) At place of death 22 yrs (b) In province 22 yrs  
 (c) In Canada (if an immigrant) \_\_\_\_\_

11. Name of father Simo Jourdain

12. Birthplace of father Ontario  
(Province or country)

13. Maiden name of mother Kayshakychoke

14. Birthplace of mother Ontario  
(Province or country)

15. Name of Informant Simo Jourdain

Address Coutchiching Reserve

Relation to Deceased Father

19. Place of Burial Coutchiching Reserve

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 15th 1930  
(Month) (Day) (Year)

17. I HEREBY CERTIFY that I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
 and last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_

The CAUSE OF DEATH was as follows:  
J.B.

(duration of) \_\_\_\_\_ yrs \_\_\_\_\_ mos \_\_\_\_\_ days

CONTRIBUTORY CAUSE \_\_\_\_\_  
(Secondary)

(duration of) \_\_\_\_\_ yrs \_\_\_\_\_ mos \_\_\_\_\_ days

18. Where was disease contracted if not at place of death? \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Reason for operation \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

(Signed) \_\_\_\_\_ M.D.

Address \_\_\_\_\_

Date \_\_\_\_\_ 19\_\_\_\_  
(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".

Date of Burial Nov 15th 1930

20. Name of Undertaker \_\_\_\_\_ Address \_\_\_\_\_

For use Division Registrar only Fyled at \_\_\_\_\_ m. this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_  
(Hour) (Month)

BURIAL PERMIT was issued by:—

Name \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

THIS FORM MUST BE FILED 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 citizenship but not a race or people.

# DEATHS

DISTRICT of RAINY RIVER

Division of PORT FRANCES INDIAN AGENCY

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

Leave this space for binding

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



196

# DEATHS

*Ind. Res.*

85

DISTRICT of Rainy River

Division of FORT FRANCES, AGENCY

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

I certify that the foregoing are correct registrations of Deaths made to me during the month of June 1927  
 D.R. or Sub-Registrar. Address Fort Frances

# DEATHS

County of DISTRICT of RAINY RIVER, Division of

No. 10		No. 11		No. 12	
Surname of Deceased		No. 10		No. 12	
Full given Name		No. 11		No. 12	
Place of Death, street and number or If in a Hospital or Institution give name		No. 11		No. 12	
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed		No. 11		No. 12	
Age		No. 11		No. 12	
(a) Place of Birth (b) Date of Birth		No. 11		No. 12	
Trade or Occupation		No. 11		No. 12	
Kind of Industry		No. 11		No. 12	
Date from which to which employed		No. 11		No. 12	
Length of Residence at place of death in Ontario in Canada		No. 11		No. 12	
Name of Father		No. 11		No. 12	
Birthplace of Father		No. 11		No. 12	
Maiden Name of Mother		No. 11		No. 12	
Birthplace of Mother		No. 11		No. 12	
Name of Physician		No. 11		No. 12	
Address		No. 11		No. 12	
Name of Informant		No. 11		No. 12	
Address		No. 11		No. 12	
Relation to Deceased		No. 11		No. 12	
Place of Burial		No. 11		No. 12	
Date of Burial		No. 11		No. 12	
Name of Undertaker		No. 11		No. 12	
Address		No. 11		No. 12	
Cause of Death if no Physician attended		No. 11		No. 12	
Date of Death		No. 11		No. 12	
Name of Deceased		No. 11		No. 12	
Date of Death		No. 11		No. 12	
Dates from which to which Medical Practitioner attended Deceased		No. 11		No. 12	
CAUSE OF DEATH		No. 11		No. 12	
Primary		No. 11		No. 12	
Duration		No. 11		No. 12	
Contributory		No. 11		No. 12	
Duration		No. 11		No. 12	
(a) Did an operation precede death?		No. 11		No. 12	
(b) Was there an autopsy?		No. 11		No. 12	
Name of Physician		No. 11		No. 12	
Address		No. 11		No. 12	
Date of Return		No. 11		No. 12	
Date received by Division Registrar		No. 11		No. 12	

I certify that the foregoing are correct registrations of Deaths made to me during the month of AUGUST, 1928  
*Blanche Indian Act* D.R. or Sub-Registrar. Address Port Frances, Ont.



DEATHS

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

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

I certify that the foregoing are correct registrations of deaths made to me during the month ended the 30th June 1923  
 D. R. Address: Fort Frances, Ont.

This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use, \$300," and properly addressed will pass through the Mail "FREE".

FORM 6

PROVINCE OF ONTARIO

019934

38 CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH County of Kenora Township of Kenora  
 If in City, Town or Village Sabascong Bay Street Bay (Name) House No. Lake of woods (Name)

2. NAME OF DECEASED McPherson (Surname)  
 If in hospital or institution, give name at home Sabascong Bay  
 Given name or name Floyd Joseph

Residence Sabascong Bay (Usual place of abode) Lake of woods

3. Sex Male 4. Racial origin Scottish 5. Single, Married, Widowed or Divorced (Write the word) Single

6. BIRTHPLACE Sabascong Bay (Province or country)

7. DATE OF BIRTH May 15 1929 (Month) (Day) (Year)

8. AGE OF DECEASED Years Months Days If less than one day old  
10 6 hrs. or min.

9. OCCUPATION OF DECEASED  
 (a) (Trade or occupation or kind of work)  
 (b) (Kind of industry)

10. LENGTH OF RESIDENCE (in years and months)  
 (a) At place of death 10 months in province Barro  
 (c) In Canada (if an immigrant) Canadian

11. Name of father Daniel McPherson

12. Birthplace of father Lake of woods (Province or country)

13. Maiden name of mother Mary Hector

14. Birthplace of mother North west Bay (Province or country)

15. Name of Informant Daniel McPherson

Address Sabascong Bay

Relation to Deceased Father

19. Place of Burial Sabascong Bay, Canada Date of Burial March 23 - 1930

20. Name of Undertaker \_\_\_\_\_ Address \_\_\_\_\_

Filed at 3.45 m. this 27 day of March 1930 (Month) (Year)  
or in the McPherson farm Division Registrar

BURIAL PERMIT was issued by A. H. Hume Name \_\_\_\_\_ Address Kenora Date March 27<sup>th</sup>

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 21 1930 (Month) (Day) (Year)

17. I HEREBY CERTIFY that I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_ and last saw h\_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_

The CAUSE OF DEATH was as follows:  
the result of a severe attack of pneumonia  
before a doctor had been called

CONTRIBUTORY CAUSE Called (Secondary)  
 (duration of) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of \_\_\_\_\_

Reason for operation \_\_\_\_\_

Was there an autopsy? no

(Signed) A. H. Hume M.D.

Address Kenora

Date March 24<sup>th</sup> 1930 (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".

THIS FORM MUST BE FILED 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 citizenship but not a race or people.



# DEATHS

County of Kenora Division of Kenora

	Surname first	Surname first	Surname first
SURNAME of Deceased.	Hanton ✓	McPherson ✓	
Christian Name.	Mary Henryetta	Maggie	
Sex.	Female	Female	
Age.	32 years	86yrs. 1mth. 25 days.	
Date of Death.	Dec. 31st 1917	Nov. 27th 1917	
Place of Birth.	England	Albany	
Place of Death, City, Town, Village, or Concession and Lot.		Kenora Ont	
Place of Burial.		Kenora Ont.	
Occupation.			
Single, Married or Widowed	Married	Single	
Name of Father.	Frank W. Hanton	Geo. McPherson	
Maiden Name of Mother.			
Cause of Death, if known.	LaGrippe	Pneumonia	
Name of Physician who attended Deceased.	Dr. Paton	Dr. Gunn	
Name of Informant.	F.W. Hanton	Anne Bella Cook	
Address.	1st. St. Ridout, Kenora	Kenora Ont.	
Date of Return.	Jan. 1st. 1918	Nov. 27th 1917	
	Physician's Return of Death	Physician's Return of Death	Physician's Return of Death
Surname of Deceased.	Hanton	McPherson	
Christian Name.	Mary H.	Margaret	
Date of Death.	Dec. 31st 1917	Nov. 27th 1917	
DISEASE CAUSING DEATH.	LaGrippe 10 ✓	Hemorrhage 6 ✓	
Duration.	3 days	24 hours	
Immediate Cause of Death.			
Duration.			
Physician's Name.	Jas. P. Paton	W.J. Gunne	
Address.	Kenora Ont	Kenora Ont	
Date of Return.	Dec. 31st 1917	Dec. 20th 1917.	
Remarks.			

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending December 31 1917  
 Given under my hand, this 11th day of January A.D. 1918  
*J. Currie* Division Registrar of Kenora

# DEATHS

105

DISTRICT County of Rainy River, Ont. Division of \_\_\_\_\_

	No. <u>027799</u>	No. <u>027800</u>	No. <u>027801</u>
Surname of Deceased	Bruyer,	Jourdain	Kesisomennobes
Full given Name	Thomas Alex,	Larry,	
Place of death, street and number or If in a Hospital or Institution give name	Coucheching Reserve	Coucheching Reserve	Couchiching
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed	Male   Indian   Single	Married   Indian   Married	Male   Indian   Single
Age	27 yrs. 4 mos. dys. hrs. min.	57 yrs. mos. dys. hrs. min.	2 yrs. mos. yrs. hrs. min.
(a) Place of Birth (b) Date of Birth	Couchiching   Dec 10th 1897	Couchiching   1868	Couchiching   Jan 1923
Trade or Occupation	Labor		
Kind of Industry			
Date from which to which employed	from   to	from   to	from   to
Length of Residence	at place of death   in Ontario   in Canada	at place of death   in Ontario   in Canada	at place of death   in Ontario   in Canada
Name of Father	Louis Bruyer,	Not known	Wapances
Birthplace of Father	Coucheching Reserve	Couchiching	Couchiching Res,
Maiden Name of Mother	Linnie Cochran	Linegesogoke	LeLosquakeke
Birthplace of Mother	Lanitou Rapid Reserve	U. S. A.	U. S. A.
Name of Physician	Dr Moore	Dr Moore,	Dr Moore,
Address	Port Frances, Ont,	Ft Frances, Ont,	Ft Frances, Ont.
Name of Informant	Louis Bruyer	Chief of Band	Wapances
Address	Ft Frances, Ont,		Ft Frances, Ont.
Relation to Deceased	Father		Father,
Place of Burial	Coucheching Reserve	Coucheching Reserve	Couchiching
Date of Burial	March 10th 1925	March 1925	Jan 1925
Name of Undertaker			
Address			
Cause of Death if no Physician attended	T. B.	T. B.	Phuemia
Date of Death	March 10th 1925	March, 1925	Jan 1925
	MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH
Name of Deceased			
Date of Death			
If Infant, Name of Parents			
Address			
Dates from which to which Medical Practitioner Attended Deceased	from   to	from   to	from   to
Primary			
Duration	yrs.   mos.   dys.	yrs.   mos.   dys.	yrs.   mos.   dys.
Contributory			
Duration	yrs.   mos.   dys.	yrs.   mos.   dys.	yrs.   mos.   dys.
(a) Did an operation precede death? (b) Was there an autopsy?	a   b	a   b	a   b
Name of Physician			
Address			
Date of Return			
Date received by Division Registrar			

I certify that the foregoing are correct registrations of deaths made to me during the year ending June 30, 1925

*Blencer* D. R. or Sub-Registrar. Address *Ft Frances Ont*



DEATHS

County of \_\_\_\_\_ Division of \_\_\_\_\_

SURNAME of Deceased.	Christian Name.	Sex.	Age.	Date of Death.	Place of Birth.	Place of Death, City, Town, Village, or Concession and Lot.	Place of Burial.	Occupation.	Single, Married or Widowed.	Name of Father.	Maiden Name of Mother.	Cause of Death, if known.	Name of Physician who attended Deceased.	Name of Informant.	Address.	Date of Return.	Physician's Return of Death	Surname of Deceased.	Christian Name.	Date of Death.	DISEASE CAUSING DEATH.	Duration.	Immediate Cause of Death.	Duration.	Physician's Name.	Address.	Date of Return.	Remarks.
Sobieski	Adeline J	female	8 months	Dec 20. 1916	Kenora	Kenora	Kenora	017408	infant	Nicholas Sobieski	Julia Stuzelkicka		Dr. Paton	N. Sobieski	Kenora	Dec 26. 1916	Physician's Return of Death	Sobieski	Adeline J	Dec 20. 1916	inamition	2 mos.	exhaustion		J. P. Paton	Kenora	Dec 26. 1916	
Allan	Marjorie Beatrice	female	2 months	Dec. 18. 1916	Kenora	Kenora	Kenora	017433	infant	James Allan	Beatrice Bernard		Dr. Paton	J. Griffiths	Kenora	Dec. 19. 1916	Physician's Return of Death	Allan	Marjorie Beatrice	Dec. 18. 1916	premature		exhaustion		Jas. P. Paton	Kenora	Dec. 19. 1916	
McPherson	Mary	female	12 yrs 6 mos.	Oct 5. 1916	Falcon Island	Falcon Island	Falcon Island	schoolgirl	single	John McPherson	Maggie St. Pierre	Burns	A.H. Edmison	John McPherson	Falcon Island Kenora	Oct 6. 1916	Physician's Return of Death	McPherson	Mary	Oct 5. 1916	Burns	18 hours	shock		A.H. Edmison	Kenora	Oct 6. 1916	

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending December 31 1916  
 Given under my hand, this 11th day of January 1917  
 J. G. Burnett  
 Division Registrar Kenora

DEATHS

County of Kenora Division of Machin

SURNAME of Deceased.	Christian Name.	Sex.	Age.	Date of Death.	Place of Birth.	Place of Death, City, Town, Village, or Concession and Lot.	Place of Burial.	Occupation.	Single, Married or Widowed.	Name of Father.	Maiden Name of Mother.	Cause of Death, if known.	Name of Physician who attended Deceased.	Name of Informant.	Address.	Date of Return.	Physician's Return of Death	Surname of Deceased.	Christian Name.	Date of Death.	DISEASE CAUSING DEATH.	Duration.	Immediate Cause of Death.	Duration.	Physician's Name.	Address.	Date of Return.	Remarks.
Baker	James	male	69 Years 23 Days	October 23 <sup>rd</sup> 1916	Wiltshire England	Minnetaki Ont.	Minnetaki Ont.	Farmer	Married	James Baker	Not Known	Heart Weakness	Dr. Dingwall	Mrs. L. Shepland	Minnetaki Ont	24 <sup>th</sup> Oct. 1916	Physician's Return of Death	Baker	James	23 <sup>rd</sup> Oct. 1916	Senility	Two Years	Heart Weakness	Three Months	Dr. Dingwall	Dryden Ont.	23 <sup>rd</sup> October 1916	

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending December 31<sup>st</sup> 1916  
 Given under my hand, this 8<sup>th</sup> day of January 1917  
 Alex Turner  
 Division Registrar of Machin



SCHEDULE C.

Count of Navy

DEATHS.

Division of Navy

NAME OF DECEASED.	SEX. (M. or F.)	DATE OF DEATH.	AGE.	RESIDENCE.		OCCUPATION.	WHERE BORN.	CAUSE OF DEATH. LENGTH OF ILLNESS.	NAME OF PHYSICIAN IF ATTENDING.	RELIGIOUS DENOMINATION.	NAME OF PERSON MAKING RETURN.	DATE OF REGISTRATION.
				No. of HOUSES OR LOTS.	CORNER OR STREET.							
Hugh McKee	M	1897 July 7	27		Rat Portage	Lumberman		Killed	Home	P	Re. R. Keim	012256
George Tremble	M	" " 10	38		"	Prospector	Prampton	Zyphoid Fever	Dr. June	M	Geo. Barnes	012257
Mary Thomas	F	" " 12	22		"	"	"	Consumption	Dr. Chapman	C of B	James James	012258
Olaf Christensen	M	" " 9	29		"	Lumberman	Uorray	Drowned	"	L	Geo. Barnes	012259
Chas. Mackey Higgins	M	" " 17	28		"	Brakeman	"	Abcess	Dr. Scirell	M	H. J. Higgins	012260
Eleanor Hitchcock	F	Aug 6	6mo		"	"	Rat Portage	Convulsion	Dr. Chapman	P	Fred. Hutchins	012261
Small M. Dor	M	" " "	21		"	Lumberman	Ripley	Zyphoid Fever	Dr. Edmondson	P	Howard Barnes	012262
Agda Eleanor Johnson	F	" " 12	14 mo		"	"	Rat Portage	Diarhoea	Dr. June	L	Eric Johnson	012263
Elias Arnold	M	" " 13	54		"	Gentleman	Amora	Bright's disease	"	C of B	Howard Barnes	012264
Rott. J. Gilbert	M	" " 8	33		"	"	"	Killed	"	M	Geo. Barnes	012265
Victor Edward Johnson	M	" " 18	1		"	"	Uorman	Convulsion	Dr. Edmondson	L	Victor Johnson	012266
John Kriest	M	" " 26	34		"	"	"	Heart Failure	Dr. June	Rel.	Howard Barnes	012267
Mary George	F	" " 29	24		"	Miss M. George	United State	Cholera Infant	"	P	John Elders	012268
Schpica Kulland	M	Sept 2	2		"	Child of S. Kulland	"	Cholera Infant	"	P	S. B. Anty	Sept 3
Oscar Fredericksen	M	" " 4	1		"	Child of O. Fredericksen	"	Heart Failure	"	L	W. Horn	012270
Harva J. Marshall	F	" " 8	45		"	Wife of W. Marshall	"	Consumption	"	M	H. G. Marshall	012271
Thomas H. Coslak	M	" " 10	67		"	Gentleman	"	Epileptic Fit	"	M	Geo. S. Caslake	012272
Harold Leslie Hallett	M	" " 11	11 mo		"	"	"	Cholera Infant	"	C of B	H. Hallett	012273
Chas. B. Cooke	M	" " 13	20 mo		"	"	"	Obstruction of Bowels	"	P	Benjn. Chas. Cooke	012274
Emma Selin Grant	F	" " 16	11		"	"	"	Consumption of Bowels	Dr. Edmondson	C of B	Ed. Grant	012275
Guy Edward Whiting	M	" " 16	5		"	"	"	Simple Atrophy	Dr. Chapman	"	John B. Whippert	012276
George Henry	M	" " 15	38		"	Prospector	"	Fungus of Bowels	Dr. June	M	"	012277
John H. Greelough	M	" " 15	47		"	Collector of Customs	"	Heart Failure	Dr. Macdowell	C of B	John Archibald	012278
A. Belletier	M	" " 12	27		Vermillion Bay	Agent C.P.R.	"	Drowned	Home	"	J. Whippert	012279
Victor de Blain	M	" " 24	42		Rat Portage	Fisherman	"	Heart Failure	Dr. Chapman	Rel.	"	012280
John Geo. Bryson	M	" " 23	76		Sick Township	Farmer	"	"	Dr. P. P. P.	M	H. P. P.	012281
Margaret Taylor	F	Oct 6	3 mo		Rat Portage	Child of Taylor	Rat Portage	Zyphoid Fever	Dr. Edmondson	P	Arch. Taylor	Oct 6

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

copy of entries of deaths returned to me.

John A. D. 1898.  
Signed, W. H. B. de

Div. Registrar.



# DEATHS

District  
County of Rainy River

Division of Rainy River

	No.	No.	No.
Surname of Deceased	<u>Armstrong</u>	<u>McLeod</u>	
Full given Name	<u>John Wesley</u>	<u>Isabel</u>	
Place of Death, street and number or If in a Hospital or Institution give name			
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed	a <u>Male</u>   b <u>White</u>   c <u>Married</u> <small>If under one day</small>	a <u>Female</u>   b <u>French Indian</u>   c <u>Married</u> <small>If under one day</small>	
Age	<u>62</u> yrs.   <u>3</u> mos.   <u>4</u> dys.   hrs.   min.	<u>35</u> yrs.           <u>18</u> dys.   hrs.   min.	
(a) Place of Birth (b) Date of Birth	a <u>Hamilton Ont.</u>   b <u>November 20 1858</u>	a <u>Rainy River Dist. Ont.</u>   b <u>Feb. 10 - 1885</u>	
Trade or Occupation	<u>Train Despatcher</u>	<u>Housewife</u>	
Kind of Industry	<u>Railroad</u>		
Date from which to which employed	<u>a number of years</u>	<u>always</u> to	
Trade or Occupation	<u>None</u>		
Kind of Industry	<u>032087</u>	<u>032083</u>	
Date from which to which employed	from to	from to	
Length of Residence	at place of death <u>2 1/2</u> yrs. in Ontario <u>2 1/2</u> yrs. in Canada	at place of death <u>several years</u> in Ontario in Canada	
Name of Father	<u>unknown</u>	<u>Joe Godin</u>	
Birthplace of Father	-	<u>unknown</u>	
Maiden Name of Mother	-	<u>unknown</u>	
Birthplace of Mother	-	"	
Name of Informant	<u>Mrs J. Armstrong</u>	<u>Isabel McLeod</u>	
Address	<u>Minneapolis</u>	<u>Rainy River Ont.</u>	
Relation to Deceased	<u>Wife</u>	<u>daughter</u>	
Place of Burial	<u>Rainy River Ont.</u>	<u>Rainy River Ont.</u>	
Date of Burial	<u>February 26 - 1920</u>	<u>March 4 - 1920</u>	
Name of Undertaker	<u>Wm. Bolton</u>	<u>W. Bolton</u>	
Address	<u>Rainy River Ont.</u>	<u>Rainy River Ontario.</u>	
Cause of Death if no Physician attended			
Date of Death	<u>February 24 - 1920</u>	<u>February 28 - 1920</u>	
MEDICAL CERTIFICATE OF DEATH			
Name of Deceased	<u>John W. Armstrong</u>	<u>Isabel McLeod</u>	
Date of Death	<u>February 24 - 1920</u>	<u>February 28/20</u>	
Dates from which to which Medical Practitioner Attended Deceased	from <u>February 10 - 1920</u> to <u>February 24 - 1920</u>	from <u>February 22 - 1920</u> to <u>February 26 - 1920</u>	
Primary Cause of Death	<u>Influenza</u>	<u>Influenza</u>	
Duration	yrs.   mos.   <u>18</u> dys.	yrs.   mos.   dys.	
Contributory Cause of Death		<u>Pneumonia following confinement.</u>	
Duration	yrs.   mos.   dys.	yrs.   mos.   <u>6</u> dys.	
(a) Did an operation precede death? (b) Was there an autopsy?	a <u>no</u>   b <u>no</u>	a <u>no</u>   b <u>no</u>	
Name of Physician	<u>J. K. Mc Bane</u>	<u>K. Mc Bane</u>	
Address	<u>Rainy River Ont.</u>	<u>Rainy River Ont.</u>	
Date of Return			
Date received by Division Registrar			

I certify that the foregoing are correct registrations of deaths made to me during the month of February 1920

E. E. Jess D.R. Address Rainy River Ont.



SCHEDULE C

District of San Francisco

Count

of San Francisco

DEATHS

Division of San Francisco

NAME OF DECEASED. (SURNAME FIRST.)	SEX. (M. OR F.)	DATE OF DEATH.		AGE.	RESIDENCE.		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.
		Month.	Year.		No. of HOUSE OR LOT.	CONCESSION OR STREET.							
August Francois 569	M.	July	8 04	30	San Francisco		Labour	Unknown	Accidently killed	Robt Moore M.D.	R.C.	Prof. Allard pp	Aug 1/04
McPherson Jane Mary 570	F.	Aug	5 04	1	San Francisco		Unknown	Indian Village	Pneumonia, 6 days	Robt Moore M.D.	R.C.	Prof. Allard pp	Aug 8/04
Jordan Elvira 571	F.	Aug	18 04	2	San Francisco		Unknown	Sanchez Padua	Cholera infantum 4 days	Robt Moore M.D.	R.C.	W. Harner	Aug 24/04
McPherson William 572	M.	Aug	4 04	28	San Francisco		Labour	Orilla	Diabetes one month	J. McKeon M.D.	R.C.	W. Harner	Aug 29/04
Jodgins Warren 573	M.	Sept	26 04	21	San Francisco		Labour	Lucan Ont.	Drowned		R.C.	W. Harner	Sept 28/04
Shimwood Samuel C 574	M.	Sept	27 04	27	San Francisco		Labour	San Francisco	Tuberc. Fever 2 months	J. McKeon M.D.	R.C.	W. Harner	Sept 28/04
Burns John R. 575	M.	Oct	11 04	55	San Francisco		Labour	Unknown	Reckless Poisoning	J. McKeon M.D.	R.C.	W. Harner	Oct 12/04
Hutchinson John 576	M.	Oct	22 04		Cash Point C.R.P.		Labour		Killed in Sawmill	J. McKeon M.D.	Unknown	W. Harner	Oct 27/04
Martin S.B. 577	M.	Nov	10 04		San Francisco		Labour	San Francisco	Still Born	J. McKeon M.D.	R.C.	J. McKeon M.D.	Nov 10/04
Hughes Chas 578	M.	Oct	29 04	19	Ramsey Lake		Labour	Unknown	Quinsy. Abscess		R.C.	W. Harner	Nov 18/04
Lewis Ernest Edwin 579	M.	Nov	5 04	2	San Francisco		Labour	Birmingham Eng.	Erysipela. Six weeks	J. McKeon M.D.	R.C.	St. Lewis	Nov 16/04
Winkler St 580	M.	Nov	20 04		Ramsey Lake		Labour	N. Brunswick	Typhoid. one week		R.C.	Castro	Dec 5/04
Wright Francis 581	M.	Dec	18 04	19th	San Francisco		Labour	San Francisco		J. McKeon M.D.	R.C.	John May	Dec 19/04
Beaudro Joseph 582	M.	Dec	19 04	10 days	San Francisco		Labour	Quebec	paralytic	J. McKeon M.D.	R.C.	J. McKeon M.D.	Dec 21/04

I hereby certify the foregoing to be the true and correct  
Given under my hand this 31<sup>st</sup> day of

copy of entries of deaths returned by me:

December A.D. 1904

Signed, J. W. Harner Div. Registrar



SCHEDULE C.

Count of *Algonia*

DEATHS.

Division of *Newatun*

NAME OF DECEASED.	SEX. (M. OR F.)	DATE OF DEATH.	AGE.	RESIDENCE.		OCCUPATION.	WHERE BORN.	CAUSE OF DEATH. LENGTH OF ILLNESS.	NAME OF PHYSICIAN IN ATTENDANCE.	RELIGIOUS DENOMINATION.	NAME OF PERSON MAKING RETURN.	DATE OF REGISTRATION.
				No. of HOUSE OR LOT.	CONCRESSION OR STREET.							
<i>James A. F. Hibson</i>	<i>M</i>	<i>July 11<sup>th</sup> 1897</i>	<i>26 yrs</i>	<i>Lot 1 B45</i>	<i>Newatun</i>	<i>Pl. D.</i>	<i>Ontwight Ont</i>	<i>Drowning</i>	<i>A. H. Edmison</i>	<i>Methodist</i>	<i>J. G. Nelson</i>	<i>July 18 1897</i> <i>022171</i>
<i>John Charles Francis</i>	<i>M</i>	<i>July 22<sup>nd</sup> 1897</i>	<i>18 Mins</i>		<i>Superior Street</i>		<i>Newatun</i>	<i>Scarlet Fever 4 days</i>	<i>A. H. Edmison</i>	<i>R Catholic</i>	<i>C. W. Grass</i>	<i>July 25 1897</i> <i>022172</i>
<i>Dorree Thararinson</i>	<i>M</i>	<i>July 31<sup>st</sup> 1897</i>	<i>8 Mins</i>		<i>Newatun</i>		<i>Newatun</i>	<i>Cholera Infant. 7 days</i>	<i>R. B. Aylesworth</i>	<i>Lutherian</i>	<i>R. B. Aylesworth</i>	<i>Aug 1 1897</i> <i>022173</i>
<i>Sadie McLeod</i>	<i>F</i>	<i>August 7<sup>th</sup> 1897</i>	<i>6 Mins</i>	<i>Lot 970</i>	<i>Ottawa Street</i>		<i>Newatun</i>	<i>Congestion of Brain 6 days</i>	<i>R. B. Aylesworth</i>	<i>Presbyterian</i>	<i>Donald McLeod</i>	<i>Sept 11 1897</i> <i>022174</i>
<i>Margaret McPherson</i>	<i>F</i>	<i>Aug 27<sup>th</sup> 1897</i>	<i>38 yrs</i>		<i>Newatun</i>	<i>Housewife</i>	<i>Scotland</i>	<i>Pulmonary Embolism 1/2 hour</i>	<i>R. B. Aylesworth</i>	<i>Presbyterian</i>	<i>R. B. Aylesworth</i>	<i>Sept 15 1897</i> <i>022175</i>
<i>Catharine Jane Kelly</i>	<i>F</i>	<i>Aug 28<sup>th</sup> 1897</i>	<i>26 yrs</i>		<i>Newatun</i>	<i>Housewife</i>	<i>Liverpool Eng</i>	<i>Bright's disease 2 yrs</i>	<i>R. B. Aylesworth</i>	<i>Methodist</i>	<i>David Kelly</i>	<i>Sept 13 1897</i> <i>022176</i>
<i>John McPherson</i>	<i>M</i>	<i>Sept 1<sup>st</sup> 1897</i>	<i>5 days</i>		<i>Newatun</i>	<i>Infant</i>	<i>Newatun</i>	<i>Infantile debility 5 days</i>	<i>R. B. Aylesworth</i>	<i>Presbyterian</i>	<i>R. B. Aylesworth</i>	<i>Sept 15 1897</i> <i>022177</i>
<i>James Nimmy</i>	<i>M</i>	<i>Sept 8<sup>th</sup> 1897</i>	<i>6 Mins</i>		<i>Main Street</i>		<i>Newatun</i>	<i>Colera Infantum 20 days</i>	<i>None</i>	<i>R Catholic</i>	<i>Joseph Nimmy</i>	<i>Sept 18 1897</i> <i>022178</i>
<i>Margaret McPherson</i>	<i>F</i>	<i>Sept 17<sup>th</sup> 1897</i>	<i>15 days</i>		<i>Newatun</i>		<i>Newatun</i>	<i>Stomatitis from Artificial Feeding 5 days</i>	<i>R. B. Aylesworth</i>	<i>Presbyterian</i>	<i>John McPherson</i>	<i>Sept 15 1897</i> <i>022179</i>
<i>Sarah Maria S Bellefeuille</i>	<i>F</i>	<i>Sept 27<sup>th</sup> 1897</i>	<i>1 Month</i>	<i>Lot 114</i>	<i>Superior Street</i>		<i>Newatun</i>	<i>Inflammation of Brain 6 days</i>	<i>R. B. Aylesworth</i>	<i>R Catholic</i>	<i>P Bellefeuille</i>	<i>Oct 11 1897</i> <i>022180</i>
<i>H Johnston Stephens</i>	<i>M</i>	<i>Oct 10<sup>th</sup> 1897</i>	<i>11 Months</i>	<i>Lot 15</i>	<i>West 18<sup>th</sup> Street</i>		<i>Hantsville</i>	<i>Myxcolic Diarrhoea</i>	<i>A. H. Edmison</i>	<i>Methodist</i>	<i>A. H. Edmison</i>	<i>Oct 14 1897</i> <i>022181</i>
<i>Leonal Norris</i>	<i>M</i>	<i>Oct 13<sup>th</sup> 1897</i>	<i>2 or 3 Mins</i>	<i>Lot 8</i>	<i>Wharf Street</i>		<i>Newatun</i>	<i>Premature birth 4 hours</i>	<i>R. B. Aylesworth</i>	<i>None</i>	<i>R. B. Aylesworth</i>	<i>Oct 14 1897</i> <i>022182</i>
<i>Ruth Abell</i>	<i>F</i>	<i>Nov 13<sup>th</sup> 1897</i>	<i>6 Mins</i>	<i>Drum</i>	<i>Sunny Gt Rd</i>		<i>Newatun</i>	<i>Convulsions 2 days</i>	<i>A. H. Edmison</i>	<i>None</i>	<i>Herbert Abell</i>	<i>Nov 15 1897</i> <i>022183</i>

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

copy of entries of deaths returned to me.

*January* A. D. 1898

Signed, *Thomas J. Cherry* Div. Registrar.



SCHEDULE C.

District Court of May New

Smearred Ink

NAME OF DECEASED. (SURNAME FIRST.)	SEX. (M. OR F.)	DATE OF DEATH.		AGE.	RESIDENCE.		OCCUPATION. MARRIED OR SINGLE.
		Month.	Year.		No. of HOUSE OR LOT.	CONCESSION OR STREET.	
39 Back John King	M	3 July	1898	29	Kat Palay	John King	
40 Murphy Donald Alexander	M	9 -	-	20	"	Clark	
41 Fogg Samuel Guy	M	13 -	-	40	"	Paluman	
42 Bealy May Sophia	F	16 -	-	40	"	M	
43 Bull Earl May	F	-	-	9 mo	"	T	
44 McAre Sabina Laypink	F	21 July	8	35	"	-	
45 Carpenter Frank C. I.	M	20 -	-	23	"	Deputy Sheriff	
46 Natuman Earl Mahel	F	22 -	-	6 mo	"	T	
47 Stevens -	M	26 -	-	2 mo	"	T	
48 Fulgaw James Dennis	M	31 -	-	59	"	Barber	
49 Barker -	F	1 Aug	-	8 mo	"	M	
50 Whithead Thomas	M	30 July	-	68	"	Sam	
51 Lamson Laura	F	1 Aug	-	9 mo	"	M	
52 Jewell Olive	F	5 Aug	-	2 mo	"	T	
53 Lunn Earl May	F	11 Aug	-	2 mo	"	T	
54 Lunn Isaac Grant	F	"	"	"	"	T	
55 McArthur May Seville	F	24 Aug	-	18 mo	"	T	
56 Abbott -	F	27 Aug	-	1. A	"	T	
57 Hall Edwin Howard	M	31 "	-	3 mo	"	T	
58 Thomson Charles	M	12 Sep	-	8 mo	"	T	
59 Pulchris Ellen Lannoy	F	17 -	-	57	Daman	M	
60 Carpenter Ellen	F	20 -	-	8 mo	"	T	
61 Walker with Sullivan	M	23 -	-	44	Kat Palay	Salun	
62 Lockhart James Edward	M	28 -	-	49	"	Blacksmith	
63 Grandlucky William Dany	M	10 Oct	-	4 mo	"	T	
64 O'Connell Louisa Edward	F	"	"	6 mo	"	T	
65 McPherson Mary Ann	F	12 Oct	-	65	"	T	

I hereby certify the foregoing to be the true and correct Given under my hand this 20th day of

DEATHS.

Division of Kat Palay

WHERE BORN.	CAUSE OF DEATH. LENGTH OF ILLNESS.	NAME OF PHYSICIAN IN ATTENDANCE.	RELIGIOUS DENOMINATION.	NAME OF PERSON MAKING RETURN.	DATE OF REGISTRATION.
	x Typhoid Fever	D. Gunn	P.	James L. Gunn	4 July 1898 018399
Laden at	x Blood Poisoning	"	P.	A. H. Kern	9 - 018400
	x Typhoid Fever	"	Rb	"	13 - 018401
Marty	x And Consumption	D. Chapman	"	J. Klippert	15 - 018402
Kat Palay	x Consumption of Brain	D. Gunn	b.f.b	A. H. Kern	- 018403
Taont	x Typhoid Fever	-	-	E. W. Kichly	21 - 018404
Memardin	x Heart Failure	-	-	A. H. Kern	- 018405
Kat Palay	x Consumption of Brain	D. Edmason	-	"	22 - 018406
Kat Palay	x Measles	D. Gunn	-	"	27 - 018407
St Catharine	x Measles on C.M.	"	-	J. Klippert	10 Oct - 018108
Kat Palay	x Brain Fever	"	S. A.	"	- 018409
England	x Cancer	"	b.f.b	A. H. Kern	- 018410
Kat Palay	x Cholera Infantum	"	"	"	3 Oct - 018111
	x Scarbra	D. Chapman	"	J. Klippert	5 Oct - 018412
	x Cholera Infantum	D. Gunn	P.	A. H. Kern	12 - 018413
	x "	"	P.	John Lunn	- 018414
	x Scarbra	D. Brater	Rb	Don A. Artin	21 - 018415
	x Stiff Bow	D. Chapman	M.	A. H. Kern	27 - 018416
	x Heart Failure	D. Gunn	P.	J. Klippert	1 Oct - 018117
	x "	D. Brater	L.	"	12 Oct - 018418
Daman	x Scato Catarrh	"	b.f.b.	A. Kern	17 - 018419
	x Cholera Infantum	D. Gunn	Rb	"	24 Oct - 018420
	x Consumption	-	P.	-	- 018421
	x Mottled Throat	D. Prock	P.	R. J. Smith	4 Oct - 018122
	x Measles	D. Edmason	P.	A. H. Kern	10 Oct - 018423
	x "	"	P.	John Lunn	- 018424
May New	x Consumption	D. Hanson	C.F.B.	A. H. Kern	13 Oct - 018425

copy of entries of deaths returned to me.

January A. D. 1899

Signed, W. H. [Signature]

Div. Registrar.



SCHEDULE C-DEATHS

County of *Ray* No. *69* Division of *Rat Port*

Name and Surname of Deceased.	<i>Dan. McKenna</i>	<i>John Lippson</i>	<i>St. Thos. McKenna</i>
When Died.	<i>12 Dec 1896</i>	<i>21 Dec 1896</i>	<i>16 Oct 1896</i>
Sex-Male or Female.	<i>Male</i>	<i>Male</i>	<i>Female</i>
Age.	<i>56 yrs Ban-</i>	<i>36 yrs</i>	<i>11 years</i>
Rank or Profession.	-	-	-
Where Born.	<i>Rat Port</i>	<i>Rat Port</i>	<i>Rat Port</i>
Certified Cause of Death and duration of illness.	<i>Sci - Ban ✓</i>	<i>Measles ✓</i>	<i>Dropsy ✓</i>
Name of Physician, (if any).	<i>D. Macdaniel</i>	<i>D. Edmundson</i>	-
Signature, Description and Residence of Informant.	<i>Rev Father Cahill</i>	<i>John Lippson</i>	<i>Lucy McKenna</i>
When Registered.	<i>15 Dec 1896</i>	<i>22 Dec 1896</i>	<i>28 Dec 1896</i>
Religious Denomination of Deceased.	<i>R.C.</i>	<i>Methodian</i>	<i>Church of England</i>
Signature of Registrar.	<i>McKenryde S.N.</i>	<i>McKenryde S.N.</i>	<i>McKenryde S.N.</i>
REMARKS.			

001353

001354

001355

Name and Surname of Deceased.	<i>Annola Begg</i>	<i>Mam Lanyon</i>	<i>Infant of Lenard Perreault</i>
When Died.	<i>27 Dec 1896</i>	<i>22 Feb 1896</i>	<i>30 March 1896</i>
Sex-Male or Female.	<i>Female</i>	<i>Female</i>	<i>Male</i>
Age.	<i>9 days</i>	<i>4 days</i>	<i>1 day</i>
Rank or Profession.	-	-	-
Where Born.	<i>Rat Port</i>	<i>Rat Port</i>	<i>Rat Port</i>
Certified Cause of Death and duration of illness.	<i>Measles ✓</i>	<i>Infant debility ✓</i>	<i>Measles ✓</i>
Name of Physician, (if any).	<i>D. Hanson</i>	-	-
Signature, Description and Residence of Informant.	<i>John Begg</i>	<i>Rev Father Cahill</i>	<i>Rev Father Cahill</i>
When Registered.	<i>28 Dec 1896</i>	<i>30 Dec 1896</i>	<i>30 Dec 1896</i>
Religious Denomination of Deceased.	<i>Church of England</i>	<i>R.C.</i>	<i>R.C.</i>
Signature of Registrar.	<i>McKenryde S.N.</i>	<i>McKenryde S.N.</i>	<i>McKenryde S.N.</i>
REMARKS.			

001356

001357

001358

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the half year ending *31st Dec 96* day of *Jan* A.D. 18 *97* Given under my hand, this *1st* day of *Jan* 1897 Division Registrar *McKenryde* Rat Port

SCHEDULE C-DEATHS

County of *Ray* No. *75* Division of *Rat Port*

Name and Surname of Deceased.	<i>Infant of Lenard Perreault</i>	<i>Charles Laverde</i>	<i>Anton Belange</i>
When Died.	<i>30 March 1896</i>	<i>2 April 1896</i>	<i>18th June 1896</i>
Sex-Male or Female.	<i>Male</i>	<i>Male</i>	<i>Male</i>
Age.	<i>1 day</i>	<i>40</i>	<i>40</i>
Rank or Profession.	-	<i>Boat Builder</i>	-
Where Born.	<i>Rat Port</i>	<i>Leube</i>	<i>Rama</i>
Certified Cause of Death and duration of illness.	<i>Measles ✓</i>	<i>Inflammation ✓</i>	- ✓
Name of Physician, (if any).	-	-	-
Signature, Description and Residence of Informant.	<i>Rev Father Cahill</i>	<i>Rev Father Cahill</i>	<i>Rev Father Cahill</i>
When Registered.	<i>30 Dec 1896</i>	<i>30 Dec 1896</i>	<i>30 Dec 1896</i>
Religious Denomination of Deceased.	<i>R.C.</i>	<i>R.C.</i>	<i>R.C.</i>
Signature of Registrar.	<i>McKenryde S.N.</i>	<i>McKenryde S.N.</i>	<i>McKenryde S.N.</i>
REMARKS.			

001359

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Name and Surname of Deceased.	<i>Marie Vallerneux</i>	<i>Joseph Bellange</i>	<i>Jean Anne Loyer</i>
When Died.	<i>16 July 1896</i>	<i>10th August 1896</i>	<i>11 March 1895</i>
Sex-Male or Female.	<i>Female</i>	<i>Male</i>	<i>Male</i>
Age.	<i>10</i>	<i>4 months</i>	<i>29 yrs 8 months 25 days</i>
Rank or Profession.	-	-	<i>Miner</i>
Where Born.	<i>Rat Port</i>	<i>Rat Port</i>	<i>A. Bonne Haut Capes France</i>
Certified Cause of Death and duration of illness.	<i>Scarlet ✓</i>	<i>Convulsions ✓</i>	<i>Killed by accident</i>
Name of Physician, (if any).	-	-	-
Signature, Description and Residence of Informant.	<i>Rev Father Cahill</i>	<i>Rev Father Cahill</i>	<i>Rev Father Cahill</i>
When Registered.	<i>30 Dec 1896</i>	<i>30 Dec 1896</i>	<i>30 Dec 1896</i>
Religious Denomination of Deceased.	<i>R.C.</i>	<i>R.C.</i>	<i>R.C.</i>
Signature of Registrar.	<i>McKenryde S.N.</i>	<i>McKenryde S.N.</i>	<i>McKenryde S.N.</i>
REMARKS.			

001362

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001364

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the half year ending *31st Dec 96* day of *Jan* A.D. 18 *97* Given under my hand, this *1st* day of *Jan* 1897 Division Registrar *McKenryde* Rat Port



# DEATHS

88

District of Rainy River

Division of FORT FRANCES, AGENCY

No. 7

028712 No. 8

028713 No. 9

Surname of Deceased

Jourdain 028711

Abetansquote

Hawtakeek

Full given Name

Mrs John,

Not known  
If in a Hospital or Institution give name

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

Place of Death, street and number or

Couchiching Reserve,  
If in a Hospital or Institution give name

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

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

Age

101 yrs. 85 yrs. 7 yrs.

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

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

Trade or Occupation

Kind of Industry

Date from which to which employed

Length of Residence

Name of Father

Shorty,

Not known,

Necanwaypayness

Birthplace of Father

Not Known

Not known,

North West Bay, Reserve,

Maiden Name of Mother

Not Known,

Not known,

Kabageasegoke

Birthplace of Mother

Not Known,

Not known,

Manitou Reserve,

Name of Physician

Address

Name of Informant

Chief, of Couchiching, Res.

Chief of Couchiching Reserve

Necanwaypayness

Address

Ft Frances, Ont,

Ft Frances, Ont,

Bears Pass, Ont,

Relation to Deceased

None,

None,

Father,

Place of Burial

Couchiching Reserve,

Couchiching Reserve,

North west Bay, Reserve,

Date of Burial

June, 1926,

Jan, 15 th, 1927,

July 23rd 1926,

Name of Undertaker

Address

Cause of Death if no Physician attended

Old Age,

Old Age,

Tub.

Date of Death

June, 1926, ?

Jan, 14th, 1927,

July 21st, 1926,

Name of Deceased

MEDICAL CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

Date of Death

Dates from which to which Medical Practitioner attended Deceased

Primary

Duration

Contributory

Duration

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

Name of Physician

Address

Date of Return

Date received by Division Registrar

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

D.R. or Sub-Registrar.

Address Ft Frances,



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# DEATHS

*Ind. Res.*

85

DISTRICT of Rainy River

Division of FORT FRANCES, AGENCY

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

I certify that the foregoing are correct registrations of Deaths made to me during the month of June 1927  
 D.R. or Sub-Registrar. Address Fort Frances

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# DEATHS

126

District City of Mainy River unorganized Division of Fort Frances East.

Surname of Deceased	<u>Keruchuk</u> <sup>9</sup> <u>Koruchuk</u>	<u>Kenny</u> <u>Richard Herricks</u>
Full given Name	<u>William</u> <u>028760</u>	<u>Richard Herricks</u>
Place of Death, street and number or	<u>Seine River</u>	<u>Seine River</u>
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed	<u>M.</u> <u>White Ruthenian</u>	<u>M.</u> <u>Scotch-German</u> <u>Married</u>
Age	<u>40</u> yrs. <u>7</u> mos. <u>17</u> days	<u>40</u> yrs. <u>7</u> mos. <u>17</u> days
(a) Place of Birth (b) Date of Birth	<u>Pembroke, Ont.</u> <u>22. Jan. 1887</u>	<u>Pembroke, Ont.</u> <u>22. Jan. 1887</u>
Trade or Occupation	<u>Labourer</u>	<u>Mariner</u>
Kind of Industry	<u>Railway</u>	<u>Capt. on Lake Boat</u>
Date from which to which employed	from <u>4 yrs.</u> to <u>life</u>	from <u>4 yrs.</u> to <u>life</u>
Length of Residence	<u>at place of death</u> <u>in Ontario</u> <u>in Canada</u>	<u>at place of death</u> <u>in Ontario</u> <u>in Canada</u>
Name of Father		<u>James Kenny</u>
Birthplace of Father		<u>Christine Herricks</u>
Maiden Name of Mother		
Birthplace of Mother		
Name of Physician	<u>(Coroner) R. Moore</u>	<u>R. Moore (Coroner)</u>
Address	<u>Fort Frances, Ont.</u>	<u>Fort Frances, Ont.</u>
Name of Informant		<u>Mrs. R. H. Kenny</u>
Address		<u>Fort Frances, Ont.</u>
Relation to Deceased		<u>Wife</u>
Place of Burial	<u>Fort William, Ont.</u>	<u>Fort Frances, Ont.</u>
Date of Burial		<u>14th Sept. 1927</u>
Name of Undertaker	<u>H. Smart</u>	<u>R. V. Green</u>
Address	<u>Fort Frances, Ont.</u>	<u>Fort Frances, Ont.</u>
Cause of Death if no Physician attended	<u>Railroad Accident</u>	<u>Accidental Drowning</u>
Date of Death	<u>Sept. 26th, 1927</u>	<u>Sept. 8th, 1927</u>
Name of Deceased	<u>WILLIAM KERUCHUK</u>	<u>MEDICAL CERTIFICATE OF DEATH</u> <u>Richard Kenny</u>
Date of Death	<u>Sept. 26th, 1927</u>	<u>Sept. 8th, 1927</u>
Primary Cause of Death	<u>Railroad Accident</u>	<u>Accidental Drowning</u>
Contributory Cause of Death		
(a) Did an operation precede death? (b) Was there an autopsy?		
Name of Physician	<u>R. Moore, (Coroner)</u>	<u>R. Moore (Coroner)</u>
Address	<u>Fort Frances, Ont.</u>	<u>Fort Frances, Ont.</u>
Date of Return	<u>Sept. 26th, 1927</u>	<u>Sept. 26th, 1927</u>
Date received by Division Registrar		<u>September 27 1927</u>

I certify that the foregoing are correct registrations of Deaths made to me during the month of September 1927  
Fort Frances, Ont.  
 D.R. or Sub-Registrar. Address Fort Frances, Ont.



PROVINCE OF ONTARIO  
VITAL STATISTICS ACT  
REGISTRATION OF DEATH

Registration Number  
For use of Registrar General only.

705994

1. PLACE OF DEATH  
City, Town or Village of **IN THE FIELD (FRANCE)**

2. LENGTH OF STAY  
In Municipality where death occurred In Province In Canada (if immigrant)  
(In years, months and days)

3. PRINT FULL NAME OF DECEASED **McPHERSON Rudolph**

4. PERMANENT RESIDENCE OF DECEASED:  
City, Town or Village of **Rainy Lake**  
County or District of **Ontario**

5. SEX **M** 6. CITIZENSHIP **Canadian** 7. RACIAL ORIGIN **Edgar (Saw Mill)** 8. Single, Married, Widowed or Divorced **Single** 9. BIRTHPLACE (Province or Country) **Ontario**

10. Date of Birth **July 17th, 1924** 11. AGE **20** Years Months Days If less than one day hrs. or min.

12. (a) Trade, profession or kind of work as spinner, grader, clerk, etc. **Edgar (Saw Mill)**  
(b) Kind of industry or business, as paper mill, lumber, bank, etc.

13. Date deceased last worked at this occupation. 14. Total years spent in this occupation.

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased.

16. Name of father (Surname or last name) (Given or Christian name)

17. Maiden name of mother (Surname or last name) (Given or Christian name)

18. Birthplace: Father (Province or Country) Mother (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 **Ottawa, Ontario**, this **26th** day of **October**, 19**44**.

Signature of informant **McPHERSON** Relationship to deceased  
Address **Director of Records, Dept. of National Defense**

20. Burial, Cremation or Removal **France** Date (Month by name) (Day) (Year)

21. Funeral Director: Name Address

22. Marginal notations (Office use only)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH **September 27th, 1944**

24. I HEREBY CERTIFY that I attended deceased from 19 to 19, and last saw h. alive on 19.

Table with columns: CAUSE OF DEATH, DURATION (Yrs., Mos., Dys.). Includes text: Killed in action.

25. If a woman, was the death associated with pregnancy? Duration. Was there a delivery?

26. Was there a surgical operation? Date operation. Was there an autopsy?

27. If death was due to external causes (violence) fill in also the following:  
Accident, suicide or homicide? Date of injury. 19.

Manner of injury (How sustained)  
Nature of injury

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Signed by Designation M.D., Coroner, etc.  
Address Date 19

Division Registrar's Record No. Date of Registration (For use of Division Registrar only) (Signature of Division Registrar)

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.  
CITIZENSHIP (NATIONALITY) is defined in terms of the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of a person who was born in Canada or who has rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country.  
RACIAL ORIGIN is defined in terms of the people or race to which the person—traced through the father—belongs, whether English, Irish, Scottish, French, German, Russian, Ukrainian, etc. The terms "Canadian" or "American" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

OVERSEAS CASUALTY  
CANADIAN ARMY

In case of sumbath consent reverse side before making out certificate.

1299

# DEATHS

133

104-JAN-1929

District  
County of Kenora

Division of Kenora

		No. 68	No. 69	No. 70
Surname of Deceased		Lincavish	McPherson	Hermansson
Full given Name		Unnamed	Sophia	Ernest Holgar
Place of Death, street and number or If in a Hospital or Institution give name		Kenora General Hospital	Sabasosing, Lake of the Woods	Ignace, Ontario.
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed		M Polish	F Canadian	M Swedish
Age		STILLBORN	79 yrs.	27 yrs.
(a) Place of Birth (b) Date of Birth		Kenora May 30th, 1929	Fort Frances Not known	Sweden Not known
Trade or Occupation			Housewife	Laborer
Kind of Industry				Keewatin Lumber Co.
Date from which to which employed				
Length of Residence			50 years 79 years	
Name of Father		Nick Lincavish	Michael Morrison	Not known
Birthplace of Father		Poland	Not known	" "
Maiden Name of Mother		Olga ?	Not known	" "
Birthplace of Mother		Poland	Around Fort Frances, Ont.	" "
Name of Physician		Dr. L.G. Gunne	J.A. Kinney, Coroner	J.A. Kinney, Coroner
Address		Kenora, Ontario	Kenora, Ontario	Kenora, Ontario
Name of Informant		Nick Lincavish	Daniel McPherson	Keewatin Lumber Co. Ltd.
Address		Kenora, Ontario	Kenora, Ontario	Kenora, Ontario
Relation to Deceased		Father	Son	None
Place of Burial		Lake of the Woods Cemetery	Sabasosing, Ontario.	Lake of the Woods Cemetery
Date of Burial		May 31st, 1929	October 8th, 1929	November 15th, 1929
Name of Undertaker		Messrs. Taylor & Tackaberry	Messrs. Taylor & Tackaberry	Messrs. Taylor & Tackaberry
Address		Kenora, Ontario	Kenora, Ontario	Kenora, Ontario
Cause of Death if no Physician attended				<i>To be included in November returns</i>
Date of Death		May 30th, 1929	October 5th, 1929	November
Name of Deceased		MEDICAL CERTIFICATE OF DEATH Baby Lincavish	MEDICAL CERTIFICATE OF DEATH Sophia McPherson	MEDICAL CERTIFICATE OF DEATH
Date of Death		May 30th, 1929	October 5th, 1929	
Dates from which to which Medical Practitioner attended Deceased		from to	from to	from to
Primary		Stillborn	Natural causes due to old age	
Duration		yrs. mos. dys.	yrs. mos. dys.	yrs. mos. dys.
Contributory				
Duration		yrs. mos. dys.	yrs. mos. dys.	yrs. mos. dys.
(a) Did an operation precede death? (b) Was there an autopsy?		a NO b	a NO b NO	a b
Name of Physician		Dr. L.G. Gunne	J.A. Kinney (Coroner)	
Address		Kenora, Ontario	Kenora, Ontario	
Date of Return		November 1st, 1929	November 7th, 1929	
Date received by Division Registrar		November 1st, 1929	November 7th, 1929.	

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

*H. J. Kinney* D.R. or Sub-Registrar. Address Kenora, Ontario.







SCHEDULE C.—DEATHS.

County of *Lanark* Division of *Drummond*

	No. 1	No. 2	No. 3
Name and Surname of Deceased.	<i>Mrs Joseph McIntyre</i>	<i>Mary O. Lanchlin</i>	<i>Robt E. Thomson</i>
When Died.	<i>December 28th 1879</i>	<i>February 5th 1880</i>	<i>February 11th 1880</i>
Sex—Male or Female.	<i>Female</i>	<i>Females</i>	<i>Male</i>
Age.	<i>83 years</i>	<i>86 years</i>	<i>32 years</i>
Rank or Profession.	<i>Farmer</i>	<i>Farmer</i>	<i>Yeoman</i>
Where Born.	<i>Highlands of Scotland</i>	<i>Ireland</i>	<i>Drummond Anterior</i>
Certified cause of Death, and duration of Illness.	<i>Old age Six weeks</i>	<i>General debility 10 years</i>	<i>Heart Disease Suddenly</i>
Name of Physician, if any.	<i>Dr McEwen</i>		
Signature, Description and Residence of Informant.	<i>Miss McEwen Perth</i>	<i>John O. Lanchlin Drummond</i>	<i>John R. Thomson Drummond</i>
When Registered.	<i>February 4th 1880</i>	<i>March 1st 1880</i>	<i>February 17th 1880</i>
Religious Denomination of Deceased.	<i>Presbyterian</i>	<i>Roman Catholic</i>	<i>Presbyterian</i>
Signature of Registrar.	<i>Thos B Moore</i>	<i>Thos B Moore</i>	<i>Thos B Moore</i>
REMARKS.	<i>007724</i>	<i>007725</i>	<i>007726</i>

SCHEDULE C.—DEATHS.

County of *Lanark* Division of *Elmley North*

	No. 1	No. 2	No. 3
Name and Surname of Deceased.	<i>Mary McIntyre</i>	<i>Isabella Coull's wife</i>	<i>Catharine Panathin's wife</i>
When Died.	<i>July 29<sup>th</sup> 1880</i>	<i>September 30<sup>th</sup> 1880</i>	<i>November 11<sup>th</sup> 1880</i>
Sex—Male or Female.	<i>Female</i>	<i>Female</i>	<i>Female</i>
Age.	<i>49 years and 8 months</i>	<i>Sixty four years</i>	<i>Forty three years</i>
Rank or Profession.	<i>Farmer's Wife</i>	<i>Farmer's Wife</i>	<i>Farmer's Wife</i>
Where Born.	<i>Scotland (Co. West Lothian)</i>	<i>Perthshire Scotland</i>	<i>Ireland</i>
Certified cause of Death, and duration of Illness.	<i>Old age. Two years</i>	<i>Dropy. 3 years</i>	<i>Consumption 3 years</i>
Name of Physician, if any.	<i>James Archibald M.D.</i>	<i>Doctor Howden</i>	<i>Dr McCallum</i>
Signature, Description and Residence of Informant.	<i>Janet McIntyre Elmley North</i>	<i>James Morrison Elmley North</i>	<i>Daniel Murphy Elmley North</i>
When Registered.	<i>July 31<sup>st</sup> 1880</i>	<i>October 26<sup>th</sup> 1880</i>	<i>Nov 3<sup>rd</sup> 1880</i>
Religious Denomination of Deceased.	<i>Presbyterian</i>	<i>Presbyterian</i>	<i>Roman Catholic</i>
Signature of Registrar.	<i>James M. McGregor</i>	<i>James M. McGregor</i>	<i>James M. McGregor</i>
REMARKS.	<i>007730</i>	<i>007731</i>	<i>007732</i>

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the half-year ending *July 5th* 1880  
 Given under my hand, this *5th* day of *July* A.D. 1880  
*Thos B Moore* Division Registrar of *Drummond*

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the half-year ending *Nov 30<sup>th</sup>* 1880  
 Given under my hand, this *30<sup>th</sup>* day of *Nov* A.D. 1880  
*James McGregor* Division Registrar of *Elmley North*



SCHEDULE C.-DEATHS.

County of District of New York Division of New York City

	No. 7	No. 8	No. 9
Name and Surname of Deceased.	Florence Isabel Chalmer	Thomas A Findlay	May Carr
When Died.	31 <sup>st</sup> March 1888.	17 <sup>th</sup> December 1887	7 <sup>th</sup> January 1888
Sex—Male or Female.	Female	Male	Female
Age.	one year & nine months	47 years	two days.
Rank or Profession.	-	Cash Dresser and	-
Where Born.	Kat Katoy	County of Hancock	Roman
Certified Cause of Death and duration of Illness.	Scarlet Fever	Inflammation of lungs.	-
Name of Physician, if any.	D. Leach	D. Hoadward	D. Hanson
Signature, Description and Residence of Informant.	John W Chalmer Kat Katoy	Frank Jordan Kat Katoy	J.B. Carr Roman
When Registered.	30 <sup>th</sup> April 1888.	4 May 1888	8 <sup>th</sup> May 1888.
Religious Denomination of Deceased.	Roman Catholic	Presbyterian	Roman Catholic
Signature of Registrar.	M. K. Byrd District Registrar	M. K. Byrd District Registrar	M. K. Byrd District Registrar
REMARKS.	001019	001020	001021
	No. 10	No. 11	No. 12
Name and Surname of Deceased.	Kary Goldthorp	Charles Mason	Janet Lang
When Died.	7 <sup>th</sup> May 1888.	23 March 1888.	18 May 1888.
Sex—Male or Female.	Male	Male	Female
Age.	65 years	75 years	28
Rank or Profession.	Blacksmith	Carpenter & P.T.	-
Where Born.	England	Gloucestershire	Scotland
Certified Cause of Death and duration of Illness.	Measles	two weeks.	two weeks
Name of Physician, if any.	D. Leach	D. Leach	D. Leach
Signature, Description and Residence of Informant.	Alexander Christie Newark	C. W. Chadwick Kat Katoy	Martin Lang Kat Katoy
When Registered.	8 <sup>th</sup> May 1888	17 May 1888.	18 May 1888.
Religious Denomination of Deceased.	Church of England	Church of England	Presbyterian
Signature of Registrar.	M. K. Byrd District Registrar	M. K. Byrd District Registrar	M. K. Byrd District Registrar
REMARKS.	001022	001023	001024

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the half-year ending 30<sup>th</sup> June 1888.  
 Given under my hand, this 1<sup>st</sup> day of July 1888.  
 M. K. Byrd  
 Division Registrar  
 Kat Katoy.

SCHEDULE C.-DEATHS.

County of District of New York Division of New York City

	No. 26.	No. 27	No. 28
Name and Surname of Deceased.	Joseph A. Lam	Thomas Speer	Eliza Jeffers
When Died.	30 May 1888	19 August 1888.	4 Sep 1888.
Sex—Male or Female.	Male	Male	Female
Age.	-	-	-
Rank or Profession.	Laborer	Laborer	-
Where Born.	-	-	-
Certified Cause of Death and duration of Illness.	Pneumonia	Inflammation of Bronchi two weeks	Croup of the Lungs one week.
Name of Physician, if any.	D. Hanson	D. Hanson	D. Hanson
Signature, Description and Residence of Informant.	Thomas Hanson M.D.	Thomas Hanson M.D.	Thomas Hanson M.D.
When Registered.	18 October 1888.	18 <sup>th</sup> October 1888.	18 October 1888.
Religious Denomination of Deceased.	Catholic	-	-
Signature of Registrar.	M. K. Byrd District Registrar	M. K. Byrd District Registrar	M. K. Byrd District Registrar
REMARKS.	001025	001026	001027
	No. 29	No. 30	No. 31
Name and Surname of Deceased.	Philip Dauphin	Jane Aranson Salbach	William H. Baker
When Died.	5 October 1888	9 <sup>th</sup> May 1888.	20 <sup>th</sup> December 1888
Sex—Male or Female.	Male	Female	Male
Age.	-	33 years	40 years
Rank or Profession.	-	Wife to A. Stinson	-
Where Born.	Kat Katoy	Canada	Haltow N. S.
Certified Cause of Death and duration of Illness.	Dysentery - two weeks	Bruise and after two days.	Indecent death
Name of Physician, if any.	D. Hanson	D. Leach	D. McNeill
Signature, Description and Residence of Informant.	Thomas Hanson M.D.	C. W. Chadwick Kat Katoy	A. S. McNeill M.D.
When Registered.	18 <sup>th</sup> October 1888	24 <sup>th</sup> October 1888	24 <sup>th</sup> Decem 1888
Religious Denomination of Deceased.	-	Church of England	Presbyterian
Signature of Registrar.	M. K. Byrd District Registrar	M. K. Byrd District Registrar	M. K. Byrd District Registrar
REMARKS.	001028	001029	001030

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the half-year ending 30<sup>th</sup> December 1888.  
 Given under my hand, this 1<sup>st</sup> day of January 1889.  
 M. K. Byrd  
 Division Registrar  
 Kat Katoy.



# DEATHS

County of (2)

Division of (1)

# DEATHS

County of (2) *Rainy River*

Division of (1) *Fort Frances*

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

1. FULL NAME of Deceased. Initials only not accepted.	2. Sex, and Race.	3. Date of Death.	4. Date of Birth.	5. Age and Place of Birth.	6. Place of Death, City, Town, Village or Corporation and Loc. If in Hospital, give name, how long deceased was in Hospital, and former or usual place of residence.	7. Occupation.	8. Single, Widowed, or Divorced.	9. Full name of Father.	10. Birthplace of Father.	11. Maiden Name of Mother.	12. Birthplace of Mother.	13. Name of Physician who attended Deceased.	14. Certified by.	15. Address.	16. Date.
<i>Everson John</i>	<i>M</i>	<i>January 9<sup>th</sup> 1909</i>	<i>January 3<sup>rd</sup> 1909</i>	<i>North West Bay</i>	<i>Fort Frances Hospital</i>	<i>025331</i>		<i>William Baldwin</i>	<i>John Lyons Jr.</i>	<i>Fanny Rabb</i>	<i>North West Bay</i>	<i>Dr. McKenzie</i>	<i>William Baldwin</i>	<i>Fort Frances, Ont.</i>	<i>14-1-1909</i>
<i>Baldwell Willie</i>	<i>Male</i>	<i>Jan 25 09</i>	<i>Feb 22 09</i>	<i>North West Bay</i>	<i>North West Bay</i>	<i>025332</i>		<i>John Lyons Jr.</i>	<i>Kenora, Ont.</i>	<i>Mary Ashawa</i>	<i>North West Bay</i>	<i>None</i>	<i>John Lyons Sr.</i>	<i>Fort Frances, Ont.</i>	<i>26-1-09</i>

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

Name	From	To	That I last saw him alive on	That the death occurred on	CAUSE OF DEATH. Primary.	Duration.	Immediate.	Duration.	Physician's name.	Address.	Date.	Remarks.
<i>Everson John</i>	<i>14-1-1909</i>	<i>1909</i>	<i>did not see him alive</i>	<i>14<sup>th</sup> day of Jan. 1909</i>	<i>slipping from lead gate of Fort Frances dam</i>	<i>after drop of 27 feet contact with angle of sq. log - immediate</i>			<i>Robt. Moore</i>	<i>Fort Frances, Ont.</i>	<i>14-1-1909</i>	
<i>Lyons Flora</i>	<i>was not attended</i>	<i>190</i>	<i>by Doctor</i>	<i>25 January 1909</i>	<i>La Grippe</i>	<i>one week</i>	<i>convulsions</i>	<i>2 hours</i>	<i>Robert Moore</i>	<i>Fort Frances, Ont.</i>	<i>26-1-09</i>	

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

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter year ending  
 Given under my hand, this *5<sup>th</sup>* day of *April* A.D. 1909  
 Division Registrar of *Fort Frances, Ont.*

\*N.B. - The following information given on these forms is for the use of the Registrar only and should be kept confidential.

\*N.B. - The following information given on these forms is for the use of the Registrar only and should be kept confidential.



## SCHEDULE C-DEATHS.

County of

Division of

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

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the half-year ending  
 Given under my hand, this \_\_\_\_\_ day of \_\_\_\_\_  
 Division Registrar A.D. 1888

## SCHEDULE C-DEATHS.

County of

Division of

No. 1	No. 2	No. 3
Name and surname of Deceased.		
When Died.		
Sex—Male or Female.		
Age.		
Rank or Profession.		
Where Born.		
Certified Cause of Death and duration of Illness.		
Name of Physician, if any.		
Signature, Description and Residence of Informant.		
When Registered.		
Religious Denomination of Deceased.		
Signature of Registrar.		
REMARKS.		
No. 4	No. 5	No. 6
Name and surname of Deceased.		
When Died.		
Sex—Male or Female.		
Age.		
Rank or Profession.		
Where Born.		
Certified Cause of Death and duration of Illness.		
Name of Physician, if any.		
Signature, Description and Residence of Informant.		
When Registered.		
Religious Denomination of Deceased.		
Signature of Registrar.		
REMARKS.		

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the half-year ending \_\_\_\_\_  
 Given under my hand, this \_\_\_\_\_ day of \_\_\_\_\_  
 Division Registrar of \_\_\_\_\_ A.D. 1888



SCHEDULE C.—DEATHS.

County of

Division of

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

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

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the half-year ending  
 Given under my hand, this \_\_\_\_\_ day of \_\_\_\_\_ A.P. 19

SCHEDULE C.—DEATHS.

County of Municipality of Alberta Division of District of Rainy River (Form 10.)

No. 1	No. 2	No. 3
Name and Surname of Deceased. <i>Mary Smith</i>	Name and Surname of Deceased. <i>Helen Frances Cline</i>	Name and Surname of Deceased. <i>Mary Lyons</i>
When Died. <i>March 17<sup>th</sup> 1896</i>	When Died. <i>April 5<sup>th</sup> 1896</i>	When Died. <i>May 5<sup>th</sup> 1896</i>
Sex—Male or Female. <i>Female</i>	Sex—Male or Female. <i>Female</i>	Sex—Male or Female. <i>Female</i>
Age. <i>61</i>	Age. <i>Four years (less 3 days)</i>	Age. <i>10 months</i>
Rank or Profession.	Rank or Profession.	Rank or Profession.
Where Born. <i>Deaford House, Newater</i>	Where Born. <i>Duluth, Minnesota</i>	Where Born. <i>Ft Frances, Ont.</i>
Certified Cause of Death and duration of Illness. <i>Consumption 2 years</i>	Certified Cause of Death and duration of Illness. <i>Pneumonia, 3 days</i>	Certified Cause of Death and duration of Illness. <i>Pneumonia</i>
Name of Physician (if any). <i>None</i>	Name of Physician (if any). <i>Dr. W. W. Birdsell</i>	Name of Physician (if any). <i>Dr. W. W. Birdsell</i>
Signature, Description and Residence of Informant. <i>Wm Woods Ft Frances, Ont.</i>	Signature, Description and Residence of Informant. <i>A. E. Cline Ft Frances, Ont.</i>	Signature, Description and Residence of Informant. <i>Richard Lyons Ft Frances Ont</i>
When Registered. <i>April 16<sup>th</sup> 1896</i>	When Registered. <i>May 12<sup>th</sup> 1896</i>	When Registered. <i>May 7<sup>th</sup> 1896</i>
Religious Denomination of Deceased. <i>English Church</i>	Religious Denomination of Deceased. <i>Presbyterian</i>	Religious Denomination of Deceased. <i>—</i>
Signature of Registrar. <i>Wm Floyd</i>	Signature of Registrar. <i>Wm Floyd</i>	Signature of Registrar. <i>Wm Floyd</i>
REMARKS. <i>001159</i>	REMARKS. <i>001160</i>	REMARKS. <i>001161</i>

No. 4	No. 5
Name and Surname of Deceased. <i>John Mc Kelvie</i>	Name and Surname of Deceased. <i>Linnethy Sullivan</i>
When Died. <i>June 9<sup>th</sup> 1896</i>	When Died. <i>June 1<sup>st</sup> 1896</i>
Sex—Male or Female. <i>Male</i>	Sex—Male or Female. <i>Male</i>
Age. <i>60</i>	Age. <i>54</i>
Rank or Profession. <i>Farmer</i>	Rank or Profession. <i>Farmer</i>
Where Born. <i>Ireland</i>	Where Born. <i>Peterboro Co. Ont</i>
Certified Cause of Death and duration of Illness. <i>Heart Disease</i>	Certified Cause of Death and duration of Illness. <i>Asthma</i>
Name of Physician (if any).	Name of Physician (if any). <i>Dr. W. W. Birdsell</i>
Signature, Description and Residence of Informant. <i>Mrs Mc Kelvie Ft Frances, Ont.</i>	Signature, Description and Residence of Informant. <i>Thomas Mc Kinstry Little Forks R.R. Dist</i>
When Registered. <i>June 13<sup>th</sup> 1896</i>	When Registered. <i>June 16<sup>th</sup> 1896</i>
Religious Denomination of Deceased. <i>English Church</i>	Religious Denomination of Deceased. <i>Roman Catholic</i>
Signature of Registrar. <i>Wm Floyd</i>	Signature of Registrar. <i>Wm Floyd</i>
REMARKS. <i>001162</i>	REMARKS. <i>001163</i>

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the half year ending *June 30<sup>th</sup> 1896*  
 Given under my hand, this *third* day of *July* A.D. 1896  
*Wm Floyd* Division Registrar, Municipality of Alberta District of Rainy River



