

Ontario, Canada, Deaths, 1869-1938

County of (2) *Kent*Division of (1) *Orford*

	Surname first.	Surname first.	Surname first.
FULL NAME of Deceased. Initials only not accepted.	<i>Tobias Edward</i>	<i>Gosnell George</i>	<i>Moomaw Cheney</i>
Sex, and Race.	<i>male Indian</i>	<i>male white</i>	<i>male white</i>
Date of Death.	<i>Jan 28 - 1912</i>	<i>April 26 - 1912</i>	<i>May 2 - 1912</i>
Date of Birth.	<i>Nov 23 - 1842</i>	<i>Feb 16 - 1836</i>	<i>April 2 - 1905</i>
Age and Place of Birth.	<i>69 yrs. 2 mos - 5 days. Moraviantown</i>	<i>76 years - 2 mos - 10 days. Orford Tp.</i>	<i>7 years 1 month Orford Tp.</i>
Place of Death, City, Town, Village, or Concession and Lot. If in Hospital, give name, how long deceased was an inmate, and former or usual place of residence.	<i>Moraviantown</i>	<i>Highgate</i>	<i>W¹/₂ Lot 17 - Con. 14.</i>
Occupation.	<i>Farmer</i> ✓	<i>Gentleman</i> ✓	
Single, Widowed, or Divorced.	<i>married</i> 016833	<i>married</i> 016864	<i>single</i> 016365
Full Name of Father.	<i>Conrad Tobias</i>	<i>George Gosnell</i>	<i>Geo. W. Moomaw</i>
Birthplace of Father.	<i>Moraviantown</i>	<i>Ireland</i>	<i>Ohio. U.S.A.</i>
Maiden Name of Mother.	<i>Reatta Hank.</i>	<i>Mary Ann Roe</i>	<i>Alma Dawson</i>
Birthplace of Mother.	<i>Six Nation Reserve. Grand River</i>	<i>Ireland.</i>	<i>Ohio. U.S.A.</i>
Name of Physician who attended Deceased.	<i>R. N. Fraser</i>	<i>D. J. McLachlan</i>	<i>A. A. McLean</i>
Certified by	<i>Camelia Stonefish</i>	<i>Earl Gosnell</i>	<i>Sam Dawson</i>
Address	<i>Moraviantown</i>	<i>Highgate</i>	<i>Muirkirk.</i>
Date	<i>April 4 - 1912</i> ✓	<i>April 26 - 1912</i> ✓	<i>May 3 - 1912</i>
16.	Medical Certificate of Death. I hereby certify that I attended the deceased.	Medical Certificate of Death. I hereby certify that I attended the deceased.	Medical Certificate of Death. I hereby certify that I attended the deceased.

Name	From	To	That I last saw this person alive on	That the Death occurred on	CAUSE OF DEATH.	Primary.	Duration.	Immediate.	Duration.	Physician's name.	Address.	Date.	Remarks.			
<i>Edward Tobias</i>	<i>Jan 20</i>	<i>19 12</i>	<i>Jan 28</i>	<i>19 12</i>	<i>Jan 20</i>	<i>19 12</i>	<i>Jan 28</i>	<i>19 12</i>	<i>Heart disease</i> ✓	<i>Several years</i>	<i>Heart failure</i>	<i>a few hours.</i>	<i>R. N. Fraser</i>	<i>Thamesville</i>	<i>Jan 29-1912.</i>	<i>(Could not obtain family history to make returns last quarter)</i>
<i>George Gosnell</i>	<i>April 1</i>	<i>19 12</i>	<i>April 20</i>	<i>19 12</i>	<i>April 16</i>	<i>19 12</i>	<i>April 26</i>	<i>19 12</i>	<i>Ascending Paralysis</i>	<i>Several years</i>	<i>Paralysis</i>	<i>Several days</i>	<i>D. J. McLachlan</i>	<i>Highgate</i>	<i>April 27-1912</i>	
<i>Cheney Moomaw.</i>	<i>May 1</i>	<i>19 12</i>	<i>May 2</i>	<i>19 12</i>	<i>May 2</i>	<i>19 12</i>	<i>May 2</i>	<i>19 12</i>	<i>Diabetes</i> ✓	<i>1 month</i>	<i>Coma</i>	<i>12 hours</i>	<i>A. A. McLean</i>	<i>Quart</i>	<i>May 3-1912.</i>	

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending
Given under my hand, this _____ day of _____ A.D. 19

Division Registrar of