

# DEATHS

493

County of Mont Division of Paris

	Surname first	Surname first	Surname first
SURNAME of Deceased.	<u>McInnes</u>	<u>Moore</u>	<u>Knowles</u>
Christian Name.	<u>Malcolm</u>	<u>Robert John</u>	<u>Isabel Nora C</u>
Sex.	<u>Male</u>	<u>Male</u>	<u>Female</u>
Age.	<u>89 yrs</u>	<u>4 months</u>	<u>3 months</u>
Date of Death.	<u>Oct 4<sup>th</sup> 1915</u>	<u>Oct 7<sup>th</sup> 1915</u>	<u>Nov 2<sup>nd</sup> 1915</u>
Place of Birth.	<u>Scotland</u>	<u>Paris</u>	<u>Caledonia</u>
Place of Death, City, Town, Village, or Concession and Lot.	<u>Paris</u>	<u>Paris</u>	<u>Paris</u>
Place of Burial.	<u>Paris</u>	<u>Paris</u>	<u>Paris</u>
Occupation.	<u>Fanner</u>	<u>Child</u>	<u>Child</u>
Single, Married or Widowed	<u>Widower</u>	<u>Single</u>	<u>Single</u>
Name of Father.	<u>Unknown</u>	<u>H. J. Moore</u>	<u>James Knowles</u>
Maiden Name of Mother.	<u>"</u>	<u>Isabella Sedgato</u>	<u>Annie H Knowles</u>
Cause of Death, if known.	<u>Senility</u>	<u>Diarrhoea</u>	<u>Acute indigestion</u>
Name of Physician who attended Deceased.	<u>D. Lovett</u>	<u>D. Duntov</u>	<u>D. Lovett</u>
Name of Informant.	<u>Charles Stewart</u>	<u>Mrs H. J. Moore</u>	<u>Annie H Knowles</u>
Address.	<u>Paris</u>	<u>Paris</u>	<u>Paris</u>
Date of Return.	<u>Oct 4<sup>th</sup> 1915</u>	<u>Oct 8<sup>th</sup> 1915</u>	<u>Nov 3<sup>rd</sup> 1915</u>
	Physician's Return of Death	Physician's Return of Death	Physician's Return of Death
Surname of Deceased.	<u>McInnes</u>	<u>Moore</u>	<u>Knowles</u>
Christian Name.	<u>Malcolm</u>	<u>Robert John</u>	<u>Isabel Nora C</u>
Date of Death.	<u>Oct 4<sup>th</sup> 1915</u>	<u>Oct 7<sup>th</sup> 1915</u>	<u>Nov 3<sup>rd</sup> 1915</u>
DISEASE CAUSING DEATH.	<u>Senility</u>	<u>Diarrhoea &amp; Inanition</u>	<u>Acute indigestion</u>
Duration.	<u>-</u>	<u>one month</u>	<u>3 days</u>
Immediate Cause of Death.	<u>-</u>	<u>Diarrhoea</u>	<u>Convulsions</u>
Duration.	<u>-</u>	<u>4 days</u>	<u>-</u>
Physician's Name.	<u>D. A. Lovett</u>	<u>D. D. Duntov</u>	<u>D. A. Lovett</u>
Address.	<u>Paris</u>	<u>Paris</u>	<u>Paris</u>
Date of Return.	<u>Oct 4<sup>th</sup> 1915</u>	<u>Oct 7<sup>th</sup> 1915</u>	<u>Nov 3<sup>rd</sup> 1915</u>
Remarks.			

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the quarter ending 31<sup>st</sup> December 1915  
 Given under my hand, this 5<sup>th</sup> day of January A.D. 1916  
John McCook Division Registrar of Paris