DEATHS

For Registration of DEATHS ~~other than those~~ occurring within the Municipality (Division) of Napanee County of
478 Lennox & Addington, for which Certificate of Registration of Death (Burial Permit) has been granted.

~~Note—The Deaths registered here are not to be entered on the White or Pale Blue sheets which are reserved for Deaths occurring WITHIN the Municipality (Division).~~

Municipality.	1 Napanee	1 Napanee	1 Napanee
County.	2 Lennox & Addington	2 Lennox & Addington	2 Lennox & Addington
FULL NAME of Deceased. Initials only not accepted.	3 Kirrell Eliza Jane	3 Evans. Henry	3 Mancur. Theresa
Sex, and Race.	4 F.	4 M.	4 F.
Date of Death.	5 Nov. 23/17	5 Nov. 28/17	5 Dec. 1/17
Date of Birth.	6	6	6
Age and Place of Birth.	7 64 yrs. 4 days North Fredericksburg	7 96 yrs. 1 mo. Napanee	7 81 yrs 6 mos. Limerick. Ireland
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	8 Napanee	8 Napanee	8 Napanee
Occupation.	9 Housekeeper	9	9
Single, Widowed, or Divorced.	10 Widow 019284	10 Widower 019285	10 Widow 019286
Full Name of Father.	11 Alexander Henry	11	11 George A. Mancur
Birthplace of Father.	12	12	12
Maiden Name of Mother.	13 Martha McKee	13	13 — Welsh
Birthplace of Mother.	14	14	14
Name of Physician who attended Deceased.	15 Dr. Simpson	15 Dr. Cowen	15 Dr. Simpson
Certified by	John Kirrell	Hiram Sager	G. [illegible]
Address.	Napanee	Napanee	Napanee
Date.	16 Nov. 24/17	16	16 Dec. 1/17
	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.	Kirrell. Eliza Jane	Evans. Henry	Mancur. Theresa
From.	19	19	19
To.	Nov. 23 1917	Nov. 28 1917	Dec. 1st. 1917
That I last saw h... alive on	19	19	19
That the Death occurred on	Nov. 23 1917	Nov. 28 1917	Dec. 1st. 1917
CAUSE OF DEATH. Primary.	64 Cerebral Hemorrhage	154 No special disease, a	154 Old age
Duration.	1 week	gradual failure of all the	Indef.
Immediate.		vital powers for about	
Duration.		1 yr.	
Physician's Name.	T. W. Simpson	G. H. Cowen	T. W. Simpson
Address.	Napanee.	Napanee	Napanee
Date.	Nov. 24/17	Nov. 29/17	Dec. 1/17
Remarks.			

I hereby certify the foregoing to be the true and correct entries of all Deaths, ~~other than those occurring within the Municipality~~, for which Certificates of Registration of Death (Burial Permits) have been issued by me for the quarter year ending 31st Dec 1917

Given under my hand this 9th day of January A.D. 1918

[signature]

Division Registrar of Napanee

*The reference numbers given are those found in Form 6 to assist in transcribing.