

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.		

SCHEDULE C.-DEATHS.

County of Peel Division of Strathville.

No. 1	No. 2.	No. 3
Name and Surname of Deceased.	John Marchmont.	Grace Rhodes.
When Died.	13th January, 1895.	30th December, 1894.
Sex—Male or Female.	Male.	Female.
Age.	1 year.	1 month.
Rank or Profession.	Labourer's Son.	Gardener's Daughter.
Where Born.	Strathville.	Strathville.
Certified Cause of Death and duration of Illness.	Bronchitis. Two Weeks. 013836	Septicaemia. Five Days. ✓
Name of Physician, (if any).	Dr. Wood.	Dr. Rutledge.
Signature, Description and Residence of Informant.	Mary A. Marchmont. Labourer's wife, Strathville.	John ^{his} Rhodes. Gardener, Strathville.
When Registered.	31st January, 1895.	25th February, 1895.
Religious Denomination of Deceased.	Methodist	Church of England.
Signature of Registrar.	Wm. J. Pinney.	Wm. J. Pinney.
REMARKS.		

No. 4	No. 5	No. 6
Name and Surname of Deceased.	Jane Gardiner Edmonds.	Edith Gertrude Marshall.
When Died.	10th February, 1895.	16th March, 1895.
Sex—Male or Female.	Female.	Female.
Age.	48 years. 013839	10 years 8 months.
Rank or Profession.	Domestic Servant.	Veterinary Surgeon's Daughter.
Where Born.	Pulfard, near Wusham, Denbighshire, Wales.	Strathville.
Certified Cause of Death and duration of Illness.	Diphtheria. Five Days. ✓	Diphtheria. Three Weeks. ✓
Name of Physician, (if any).	Dr. Glendinning.	Dr. Glendinning.
Signature, Description and Residence of Informant.	Signed, Agnes Jane Brooks. Victoria, B. C.	H. S. Marshall. Veterinary Surgeon. Strathville.
When Registered.	22nd March, 1895.	8th April, 1895.
Religious Denomination of Deceased.	Church of England.	Church of England.
Signature of Registrar.	Wm. J. Pinney.	Wm. J. Pinney.
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

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