

# DEATHS

1921 County of Brant Division of City of Brantford

	No. 10	No. 11	No. 12
Burname of Deceased	Ukrow	Hurlburt	Clausie
Full given Name	Nebronic	Jane Ann	Cornelia
Place of Death, street and number or <small>If in a Hospital or Institution give name</small>	37 Pearl Street	215 Sheridan	223 Chatham St.
(a) Sex, (b) Racial Origin, (c) Single, Married, Widowed	M. S.	F. white W.	M. W. S.
Age	7 mos.	76 yrs. 11 mos.	1 day
(a) Place of Birth (b) Date of Birth	Brantford Nov 17.	Sumville Oct. 15.	Brantford Sep. 2/21.
Trade or Occupation	Baby	Housewife	Infant
Kind of Industry			
Date from which to which employed			
Trade or Occupation			
Kind of Industry			
Date from which to which employed			
Length of Residence	at place of death in Ontario in Canada	15 yrs. at place of death in Ontario in Canada	1 day at place of death in Ontario in Canada
Name of Father	Poland -	Thomas Gilmour	William Clausie
Birthplace of Father	George Ukrow	Ireland	Canada
Maiden Name of Mother	Luwanski Nusk.	Mary Reed	
Birthplace of Mother	Poland -	Ireland	
Name of Informant	George Ukrow	John E. Hurlburt	William Clausie
Address	37 Pearl Street	173 Marlboro. St.	223 Chatham St.
Relation to Deceased	Father	Son	Father
Place of Burial	St. Josephs Cemetery	Mt Hope Cemetery	St. Josephs Cemetery
Date of Burial	Sep. 3rd	Sept. 9. 1921	Sep. 9. 1921
Name of Undertaker	H.B. Beckett & Son	Reid & Brown	Thorpe & Wood
Address	Brantford	Brantford	Brantford
Cause of Death if no Physician attended			
Date of Death	September 27th 1921.	September 7. 1921.	Sep. 9 th 1921
<small>MEDICAL CERTIFICATE OF DEATH</small>			
Name of Deceased	Nebronic Ukrow	Jane Ann Hurlburt	Cornelia Clausie
Date of Death	Sept 27th	Sept 7. 1921	Sep. 9 th 1921
Dates from which to which Medical Practitioner Attended Deceased	from Sept 27th -	from Jan. 1921. to Sept. 6 th 1921	from Sep 8 th to Sep 9 th 1921
Primary Cause of Death	Whooping Cough -	Senility	Congenital heart lesion
Duration	2 mos.		
Contributory Cause of Death	Pulmonary apoplexy	Heart Dropsy	Patent foramen ovale
Duration	Sudden	3 mos.	
(a) Did an operation precede death? (b) Was there an autopsy?		No	No
Name of Physician	Dr. C.C. Firoette	Dr. J.W. Robinson	Dr. S.B. Stinson
Address	Brantford	Brantford	Brantford
Date of Return	Sep. 3. 1921	Sep. 8 th 1921	Sep. 12 th 1921
Date received by Division Registrar	Sep. 6. 1921 -	Sep 9. 1921	Sep 12. 1921

I certify that the foregoing are correct registrations of deaths made to me during the month of September 1921.

*[Signature]* D.E. Brantford