

87

[SCHEDULE B.]

DEATHS.

002845

RETURN OF CLERGYMAN, OCCUPIER OR OTHER PERSON

REGISTRATION DIVISION OF THE COUNTY OF GLOUCESTER

Name of Deceased..... *Dorothy Polichand*

Residence..... *Shippagan*

When and where Died..... *14 March 1894 Shippagan*

Sex and Age..... *Male 52 years*

Occupation..... *Farmer*

Where Born..... *Shippagan*

Religious Denomination..... *R. Catholic*

Cause of Death..... _____

Duration of Illness..... _____

Physician Attending [if any]..... _____

Signature of Party making
Return.

J. Doucet P.P.
Shippagan N.B.

NOTE—The above Return is to be filled in fully and accurately by the Clergyman, Occupier or other person, required by Act of Assembly, 50th Vic. Chap. 1, "An Act to provide for the Registration of Births, Deaths and Marriages." and forwarded to the Division Registrar.