

Superintendent Registrar's District *Clontarf Dublin* Registrar's District *Co. Dub. No. 1*

18 *91* DEATHS Registered in the District of *Co. Dub. & Du. Co.* in the Union of *Clontarf Dublin* in the County of *Dublin*

No. (1.)	Date and Place of Death. (2.)	Name and Surname. (3.)	Sex. (4.)	Condition. (5.)	Age last Birthday (6.)	Rank, Profession, or Occupation. (7.)	Certified Cause of Death and Duration of Illness. (8.)	Signature, Qualification and Residence of Informant. (9.)	When Registered (10.)	Signature of Registrar. (11.)
329	18 <i>91</i> <i>Twentieth</i> <i>April</i> <i>Home</i>	<i>Johanna</i> <i>Keale</i>	<i>W.</i>	<i>Spinster</i>	<i>3</i> <i>M.</i>	<i>Pauper's</i> <i>Child</i>	<i>Measles</i> <i>Croup</i> <i>1 week</i> <i>Certified</i>	<i>Johanna</i> <i>Keale</i> <i>Present at death</i> <i>Home</i>	<i>Twentieth</i> <i>April</i> <i>1891</i>	<i>Richard</i> <i>Gibbs</i> <i>Registrar.</i>
330	18 <i>91</i> <i>Twentieth</i> <i>April</i> <i>Home</i>	<i>James</i> <i>Greene</i>	<i>M.</i>	<i>Bachelor</i>	<i>20</i> <i>M.</i>	<i>Patent</i> <i>Maker</i>	<i>Phtisis</i> <i>1 year</i> <i>Certified</i>	<i>Charlotte</i> <i>Greene</i> <i>Present at death</i> <i>Home</i>	<i>Twentieth</i> <i>April</i> <i>1891</i>	<i>Richard</i> <i>Gibbs</i> <i>Registrar.</i>
331	18 <i>91</i> <i>Seventh</i> <i>May</i> <i>Home</i>	<i>John</i> <i>Barrett</i>	<i>M.</i>	<i>Widower</i>	<i>83</i> <i>M.</i>	<i>Laborer</i>	<i>Bronchitis</i> <i>Fatty Heart</i> <i>1 week</i> <i>Certified</i>	<i>Maria</i> <i>Barrett</i> <i>Present at death</i> <i>Home</i>	<i>Eighth</i> <i>May</i> <i>1891</i>	<i>Richard</i> <i>Gibbs</i> <i>Registrar.</i>
332	18 <i>91</i> <i>Second</i> <i>May</i> <i>Co. Dub.</i>	<i>Rose</i> <i>Eller</i> <i>Colgan</i>	<i>W.</i>	<i>Widow</i>	<i>35</i> <i>M.</i>	<i>Publican's</i> <i>Wife</i>	<i>Acute</i> <i>1st stage</i> <i>Certified</i>	<i>Mary</i> <i>Eller</i> <i>Present at death</i> <i>Co. Dub.</i>	<i>Eighth</i> <i>May</i> <i>1891</i>	<i>Richard</i> <i>Gibbs</i> <i>Registrar.</i>
333	18 <i>91</i> <i>Thirteenth</i> <i>May</i> <i>Home</i>	<i>Grace</i> <i>Wally</i> <i>Richardson</i>	<i>W.</i>	<i>Spinster</i>	<i>14</i> <i>M.</i>	<i>Infant</i> <i>Child</i>	<i>Phtisis</i> <i>17 weeks</i> <i>1 month</i> <i>Certified</i>	<i>Teresa</i> <i>Wally</i> <i>Present at death</i> <i>Home</i>	<i>Thirteenth</i> <i>May</i> <i>1891</i>	<i>Richard</i> <i>Gibbs</i> <i>Registrar.</i>
334	18 <i>91</i> <i>Twentieth</i> <i>April</i> <i>Home</i>	<i>Gerald</i> <i>Mordant</i>	<i>M.</i>	<i>Widow</i>	<i>60</i> <i>M.</i>	<i>Carpenter</i>	<i>Cerebral</i> <i>Apoplexy</i> <i>1 day</i> <i>Suddenly</i>	<i>Information from</i> <i>Present at death</i> <i>Home</i>	<i>Twentieth</i> <i>April</i> <i>1891</i>	<i>Richard</i> <i>Gibbs</i> <i>Registrar.</i>
335	18 <i>91</i> <i>Eighth</i> <i>May</i> <i>Home</i>	<i>Anne</i> <i>Cliff</i> <i>Richardson</i>	<i>W.</i>	<i>Widow</i>	<i>77</i> <i>M.</i>	<i>Greens</i> <i>Wife</i>	<i>Paralysis</i> <i>1 year</i> <i>1 day</i> <i>Certified</i>	<i>Teresa</i> <i>Cliff</i> <i>Present at death</i> <i>Home</i>	<i>Eighth</i> <i>May</i> <i>1891</i>	<i>Richard</i> <i>Gibbs</i> <i>Registrar.</i>
336	18 <i>91</i> <i>Sixth</i> <i>May</i> <i>Home</i>	<i>Winnah</i> <i>Thomas</i>	<i>W.</i>	<i>Spinster</i>	<i>55</i> <i>M.</i>	<i>Daughter</i> <i>of Land</i> <i>Widow</i>	<i>Fatty</i> <i>degeneration</i> <i>of the heart</i> <i>1 week</i> <i>Suddenly</i>	<i>Information from</i> <i>Present at death</i> <i>Home</i>	<i>Sixth</i> <i>May</i> <i>1891</i>	<i>Richard</i> <i>Gibbs</i> <i>Registrar.</i>
337	18 <i>91</i> <i>Twentieth</i> <i>May</i> <i>Home</i>	<i>James</i> <i>Green</i>	<i>M.</i>	<i>Widow</i>	<i>46</i> <i>M.</i>	<i>Laborer</i>	<i>Ephraim</i> <i>10 days</i> <i>Certified</i>	<i>William</i> <i>Green</i> <i>Present at death</i> <i>Home</i>	<i>Twentieth</i> <i>May</i> <i>1891</i>	<i>Richard</i> <i>Gibbs</i> <i>Registrar.</i>
338	18 <i>91</i> <i>First</i> <i>May</i> <i>Hospital</i>	<i>Henry</i> <i>Wright</i>	<i>M.</i>	<i>Widow</i>	<i>70</i> <i>M.</i>	<i>Carman</i>	<i>Acute</i> <i>1st stage</i> <i>1 day</i> <i>Certified</i>	<i>Lizzie</i> <i>Wright</i> <i>Present at death</i> <i>Hospital</i>	<i>First</i> <i>May</i> <i>1891</i>	<i>Richard</i> <i>Gibbs</i> <i>Registrar.</i>

BINDING EDGE—(This Margin not to be written on).

SEE NEW CERTIFIED COPY

BINDING EDGE—(This Margin not to be written on).

I *Richard Gibbs* Registrar of Births and Deaths in the District of *Co. Dub. & Du. Co.* in the Union of *Clontarf Dublin* in the County of *Dublin* do hereby certify, that this is a true copy of the Registrar's Book of Deaths within the said District, from the Entry of the Death of *Johanna Keale* No. *329* to the Entry of the Death of *Henry Wright* No. *338*. Witness my hand, this *14th* day of *July* 18 *91*

I have examined the above, and have compared it with the said original Registrar's Book, and hereby certify that it is a true Copy. Witness my hand, this *20th* day of *July* 18 *91* *W. H. Atkinson* Superintendent Registrar.