

FIFTH CENSUS OF  
CANADA, 1911.  
UNORGANIZED REGIONS.

SCHEDULE I  
TABLEAU I A1.

{ Name of Territory or Province.  
Nom du territoire ou de la province. }

*Yukon*

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Division no 1 District no 1

| NUMBERED IN THE<br>ORDER OF VISITATION. |                              | PERSONAL DESCRIPTION.                      |        |  |  |                            |   | CITIZENSHIP, ORIGIN AND RELIGION. |                                       |            | EDUCATION AND LANGUAGE.                 |            |              |                                  | INFIRMITIES      |                    |        |
|---|------------------------------|--|--------|--|--|----------------------------|---|-----------------------------------|---------------------------------------|------------|---|------------|--------------|----------------------------------|------------------|--------------------|--------|
| Dwelling<br>house.                      | Family<br>or house-<br>hold. | Name of each person in family.             | Sex.   | Relation<br>to head of<br>family.            | Single,<br>widowed,<br>divorced<br>or legally<br>separated.                  | Month<br>of birth.         | Age<br>last<br>birth-<br>day.           | Country or<br>place of birth.     | Racial or<br>tribal origin.           | Religion.  | Months at<br>school in 1910.            | Can read.  | Can write.   | Language<br>commonly<br>spoken.  | a. Blind.        | b. Deaf and dumb.  |        |
| NUMEROLES DANS<br>L'ORDRE DES VISITES   |                              | RENSEIGNEMENTS PERSONNELS.                 |        |  |  |                            |   | CITOYENNETÉ, ORIGINE ET RELIGION. |                                       |            | INSTRUCTION ET LANGUE.                  |            |              |                                  | INFIRMITÉS       |                    |        |
| Domicile.                               | Famille<br>ou ménage.        | Nom de chaque personne<br>dans la famille. | Sexe.  | Parenté<br>avec le<br>chef de la<br>famille. | Céliba-<br>taire,<br>marié,<br>veuf,<br>divorcée<br>ou séparé<br>légalement. | Mois<br>de naiss-<br>ance. | Age au<br>dernier<br>anniver-<br>saire. | Pays ou lieu<br>de naissance.     | Origine selon la<br>race ou la tribu. | Religion.  | Nombre de<br>mois à l'école<br>en 1910. | Sait lire. | Sait écrire. | Langue<br>communément<br>parlée. | c. Sourds muets. | d. Idiot ou silly. |        |
| Ligne.                                  | 1                            | 2  | 3      | 4  | 5  | 6                          | 7                                       | 8                                 | 9                                     | 10         | 11                                      | 12         | 13           | 14                               | 15               | 16                 | Ligne. |
| 1                                       | 56                           | E. E. Hartin, Hunter                       | M. Hd. | S  | Jan 45   |                            |   | California                        | U.S.                                  | Baptist    |   | yes        | yes          | English                          | prostethique     |                    |        |
| 2                                       | 57                           | Jurless, Nellie S.                         | M. Hd. | S  | Jan 36   |                            |   | Connecticut                       | U.S.                                  | Protestant |   | yes        | yes          | English                          | prosthetique     | 1                  |        |
| 3                                       | 58                           | Conrad, George                             | M. Hd. | S  | Sept 43  |                            |   | Ohio                              | U.S.                                  | Methodist  |   | yes        | yes          | English                          | prosthetique     | 2                  |        |
| 4                                       | 59                           | Zetter, M. W.                              | M. Hd. | W.   | July 48  |                            |   | Louisiana                         | U.S.                                  | Christian  |   | yes        | yes          | English                          | prosthetique     | 3                  |        |
| 5                                       |                              |  |        |  |  |                            |   |                                   |                                       |            |   |            |              |                                  |                  | 4                  |        |
| 6                                       |                              |  |        |  |  |                            |   |                                   |                                       |            |   |            |              |                                  |                  | 5                  |        |
| 7                                       |                              |  |        |  |  |                            |   |                                   |                                       |            |   |            |              |                                  |                  | 6                  |        |
| 8                                       |                              |  |        |  |  |                            |   |                                   |                                       |            |   |            |              |                                  |                  | 7                  |        |
| 9                                       |                              |  |        |  |  |                            |   |                                   |                                       |            |   |            |              |                                  |                  | 8                  |        |
| 10                                      |                              |  |        |  |  |                            |   |                                   |                                       |            |   |            |              |                                  |                  | 9                  |        |
| 11                                      |                              |  |        |  |  |                            |   |                                   |                                       |            |   |            |              |                                  |                  | 10                 |        |
| 12                                      |                              |  |        |  |  |                            |   |                                   |                                       |            |   |            |              |                                  |                  | 11                 |        |
| 13                                      |                              |  |        |  |  |                            |   |                                   |                                       |            |   |            |              |                                  |                  | 12                 |        |
| 14                                      |                              |  |        |  |  |                            |   |                                   |                                       |            |   |            |              |                                  |                  | 13                 |        |
| 15                                      |                              |  |        |  |  |                            |   |                                   |                                       |            |   |            |              |                                  |                  | 14                 |        |
| 16                                      |                              |  |        |  |  |                            |   |                                   |                                       |            |   |            |              |                                  |                  | 15                 |        |
| 17                                      |                              |  |        |  |  |                            |   |                                   |                                       |            |   |            |              |                                  |                  | 16                 |        |
| 18                                      |                              |  |        |  |  |                            |   |                                   |                                       |            |   |            |              |                                  |                  | 17                 |        |
| 19                                      |                              |  |        |  |  |                            |   |                                   |                                       |            |   |            |              |                                  |                  | 18                 |        |
| 20                                      |                              |  |        |  |  |                            |   |                                   |                                       |            |   |            |              |                                  |                  | 19                 |        |
| 21                                      |                              |  |        |  |  |                            |   |                                   |                                       |            |   |            |              |                                  |                  | 20                 |        |
| 22                                      |                              |  |        |  |  |                            |   |                                   |                                       |            |   |            |              |                                  |                  | 21                 |        |
| 23                                      |                              |  |        |  |  |                            |   |                                   |                                       |            |   |            |              |                                  |                  | 22                 |        |
| 24                                      |                              |  |        |  |  |                            |   |                                   |                                       |            |   |            |              |                                  |                  | 23                 |        |
| 25                                      |                              |  |        |  |  |                            |   |                                   |                                       |            |   |            |              |                                  |                  | 24                 |        |

POPULATION.

CINQUIÈME RECENSEMENT  
DU CANADA, 1911.  
RÉGIONS NON ORGANISÉES.

{ Name of Locality, Post or other description.  
Nom de la localité, du poste ou autre description.

*Yukon & Black River*

Enumerator.  
Recenseur.

I. O. Stringer

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