

# CENSUS OF IRELAND, 1911.

## FORM I.—RETURN OF LUNATICS AND IDIOTS IN PUBLIC INSTITUTIONS AND PRIVATE LUNATIC ASYLUMS.

No. on Form B. 19

County, Cavan Parliamentary Division, West Cavan Poor Law Union, Gawnboy District Electoral Division, Gawnboy Townland, Gawnboy  
 Parliamentary Borough, \_\_\_\_\_ City, \_\_\_\_\_ Urban District, \_\_\_\_\_ Town or Village, \_\_\_\_\_ Street, \_\_\_\_\_

RETURN of all Lunatics and Idiots who were under treatment in the Public Lunatic Asylum of \_\_\_\_\_ or Private Lunatic Asylum of \_\_\_\_\_ or Workhouse of Gawnboy  
 or Hospital of \_\_\_\_\_ or Prison of \_\_\_\_\_ on the Night of SUNDAY, the 2nd APRIL, 1911, and of those Persons received on MONDAY, the 3rd of APRIL, who were not enumerated elsewhere.

NOTE.—Officers of the Institution and their families, together with the Porters and Nurses, are to be enumerated not on this Form but on "Form A."

NOTE.—Officers of the Institution and their families, together with the Porters and Nurses, are to be examined.																		
Number.	Initial Letters of Christian Name or Names and of Surname.		Religious Profession.  State here the particular Religion, or Religious Denomination, to which each person belongs. (Members of Protestant Denominations should be described by the name of the particular Church, Denomination, or Body, which they belong should be stated.)	Education.  Whether he or she can "Read and Write," can "Read" only, or "Cannot Read."	Age (last Birthday) and Sex.		Rank, Profession, or Occupation.  State the Particular Rank, Profession, Trade, or other Employment of each Person, when in Health.	Particulars as to Marriage.				Locality.		Irish Language.  Write the word "Irish" in this column opposite the initials of each person who speaks Irish only, and the words "Irish and English" opposite the initials of those who can speak both languages. In other cases no entry should be made in this column.	Disease.		If Deaf and Dumb; Dumb only; Blind; Lame; or Deceitful;  Write the respective infirmities opposite the initials of the afflicted person.	
					Insert opposite each name the Ages of Males and of Females in their respective columns.			Whether "Married," "Widowed," "Single."	State for each Married Woman entered in this Schedule the number of	Completed years the present Marriage has lasted. If less than one year write "under one."	Children born alive to present Marriage. If no children born alive write "none."	Where Born.  If in Ireland, state in what County or City; if elsewhere state the name of the Country.	Where From.  Town or Townland from whence admitted.		State the kind of Insanity under which each Patient labours, as:—Mania, Melancholia, Dementia, and whether with tendency to Violence, or whether complicated by Epilepsy.	How long affected.		State ascertained or presumed cause of Insanity.
Christian Name.	Surname.	Ages of Males.	Ages of Females.	Years.	Months.													
1	W	C	R.C.	Cannot read	70	-	nil	Single	✓	-	-	Cavan	Townland	Irish	Subility	x	Congenital	
2	M	A	R.C.	do	-	80	nil	do	✓	-	-	Bougal	Derryglasson	"	do		do	Deceitful
3	C	B	R.C.	Read	-	75	Housekeeper	Widow	✓	-	-	Leitrim	Doozary	"	do		Unknown	Deceitful
4	M	C	R.C.	do	-	70	nil	Single	✓	-	-	do	Geradice	Irish	do	x	Congenital	Deceitful
5	M	M	R.C.	Cannot read	-	73	nil	do	✓	-	-	do	Dramcroghan	"	do		do	Deceitful

OVER.

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