

EXACT STATEMENT OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

**RETURNED**

DEPARTMENT OF HEALTH  
 DIVISION OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

1 PLACE OF DEATH Ashtabula Hospital  
 County Ashtabula Registration District No. 5D-48 File No. 47680267  
 Township Jefferson Primary Registration District No. 48818010 Registered No. 5340  
 or Village Ashtabula No. Ashtabula General Hospital Ward 1  
 or City of Ashtabula (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 2 FULL NAME John Duncan Mackinnon Did Deceased Serve in U. S. Navy or Army ADG 1926  
 (a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed or Divorced (write the word) married  
 6a If married, widowed or divorced HUSBAND of (or) WIFE of \_\_\_\_\_  
 6 DATE OF BIRTH (month, day, and year) June 17 1854  
 7 AGE Years 72 Months \_\_\_\_\_ Days 25 If LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Retired  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_  
 9 BIRTHPLACE (city or town) Charlottetown  
 (State or country) P. E. I. Canada  
 10 NAME OF FATHER Donald Mackinnon  
 11 BIRTHPLACE OF FATHER (city or town) Pequot  
 (State or country) P. E. I. Canada  
 12 MAIDEN NAME OF MOTHER Elizabeth Jardine  
 13 BIRTHPLACE OF MOTHER (city or town) Pequot  
 (State or country) P. E. I. Canada  
 14 Informant Manola Mackinnon Miles  
 (Address) 66 Palmetto Hotel, Detroit  
 15 Filed 7/13 1926  
Aug. 12, 1926 C. C. Carter REGISTER

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH (month, day and year) July 12 1926  
 17 I HEREBY CERTIFY, That I attended deceased from July 11 1926, to July 12 1926 that I last saw him alive on July 12 1926 and that death occurred, on the date stated above, at 11:15 P.M.  
 The CAUSE OF DEATH\* was as follows:  
Coronary thrombosis in  
size on back.  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY Paralytic Cerebral  
 (SECONDARY) (duration) 10 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 18 Where was disease contracted Jefferson, O.  
 if not at place of death? \_\_\_\_\_  
 Did an operation precede death? No Date of July 11/26  
 Was there an autopsy? No  
 What test confirmed diagnosis? Clinical  
 (Signed) D. R. Dickson M. D.  
July 12, 1926 (Address) Jefferson, O.  
 \*State the DISEASE CAUSING DEATH, or in Deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)  
 19 PLACE OF BURIAL, CREMATION, OR REMOVAL Jefferson, O. DATE OF BURIAL July 14 1926  
 20 UNDERLYING LICENSE No. 1997 A ADDRESS 66 Palmetto Hotel, Detroit

Citation:

"Ohio, United States records," images, FamilySearch (<https://www.familysearch.org/ark:/61903/3:1:33S7-9PJ1-QQHQ?view=index> : Apr 10, 2026), image 788 of 3582;

Ohio Historical Society (Columbus, Ohio).

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