

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. 48818910 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)
 Did Deceased Serve in U. S. Navy or Army ADG 1926
 2 FULL NAME John Duncan Mackinnon
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode)
 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
 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 Gardiner
 13 BIRTHPLACE OF MOTHER (city or town) Pequot
 (State or country) P. E. I. Canada
 14 Informant Manola Mackinnon Miles
 (Address) 106 Palmetto Hotel, Detroit
 15 Filed 7/13 1926
Aug. 12, 1926 Arthur C. Carter

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 Insufficiency in
age on back.
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY Prostatic Enlargement
 (SECONDARY) (duration) 12 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 15/26
 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 10 Duttons Jefferson, O.