

Nova Scotia Historical Vital Statistics

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Flora MacKinnon died August 23, 1952 at Brook Village, Inverness County

Item can be found in Registration Year: 1952 - Book: 1952 - Page: 4922 -



Communities, Culture and Heritage Nova Scotia Archives

As authorized by Section 21 of the Public Archives Act, S.N.S. 1998, c. 24, I hereby certify this copy of an historical vital statistics record in the custody of the Public Archives of Nova Scotia to be a true copy that can be admitted in evidence as prima facie proof of the authenticity and correctness of this historical vital statistics record and its contents without proof of the signature or appointment of the Provincial Archivist.

Signature J.L. Mc

Office of the Provincial Archivist

22 October 2020

FORM 6

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02- 004922

PROVINCE OF NOVA SCOTIA—REGISTRATION OF DEATH

For use of the Department only

1. PLACE OF DEATH { County of Inverness Municipality of Inverness  
 { If in City or Town Brook Village Street \_\_\_\_\_ House No. \_\_\_\_\_  
 (Name) (If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days)  
 (a) In City, Town or Rural Division where death occurred 88 years (b) In Province 88 years (c) In Canada (if immigrant) \_\_\_\_\_

3. PRINT NAME OF DECEASED Surname or Last Name Mac Kinnon  
 All Given or Christian Names Flora

RESIDENCE No. \_\_\_\_\_ Street Brook Village City, Town or Rural Division Brook Village Province Nova Scotia  
 (Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

SEC. 46—VITAL STATISTICS ACT MAKES IT THE DUTY OF THE UNDERTAKER OR PERSON ACTING AS UNDERTAKER TO OBTAIN ALL THE PARTICULARS REQUIRED IN THE "REGISTRATION OF DEATH" AND TO FILE THE SAME WITH THE DIVISION REGISTRAR WHO SHALL ISSUE THE BURIAL PERMIT. WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.  
 Every item of information should be carefully supplied. (See reverse side for instructions.)

4. Sex Female 5. Citizenship (Nationality) Canadian 6. Racial Origin Scottish 7. Single, Married, Widowed or Divorced (write the word) Widowed

8. BIRTHPLACE Nova Scotia (Province or Country)

9. DATE OF BIRTH June 10 1864 (Month) (Day) (Year)

10. AGE in 88 Years 2 Months - Days If less than one day old hrs. or min.

11. Trade, profession, or kind of work as spinner, teamster, office clerk, etc. House Wife

12. Kind of industry or business, as cotton-mill, lumbering, bank, etc. \_\_\_\_\_

13. Date deceased last worked at this occupation 1945 14. Total yrs. spent in this occupation 40

15. If married give name of wife or husband of deceased Archie N. Mac Kinnon

FATHER 16. NAME Colin Chisholm  
 17. BIRTHPLACE Scotland (Province or Country)

MOTHER 18. MAIDEN NAME Annie Mac Kinnon  
 19. BIRTHPLACE Scotland (Province or Country)

20. Signature of informant Dan H. Mac Kinnon  
 Address Brook Village  
 Relationship to deceased Son

21. Place of burial, cremation or removal Strathblone P.C.  
 Date of burial or removal August 23, 1952

22. UNDERTAKER \_\_\_\_\_ (Name and address)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH August 23 1952 (Month) (Day) (Year)

24. I HEREBY CERTIFY that I attended deceased from: Aug 18 1952 to Aug 23 1952  
 and last saw him/her alive on Aug 20 1952

CAUSE OF DEATH

I Disease or condition directly leading to death (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.) (a) Influenza due to (or as a consequence of) \_\_\_\_\_

Antecedent causes (b) \_\_\_\_\_ due to (or as a consequence of) \_\_\_\_\_

Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last. (c) \_\_\_\_\_

II Other significant conditions contributing to the death, but not related to the disease or condition causing it. \_\_\_\_\_

25. If a woman, was the death associated with pregnancy? \_\_\_\_\_ Duration \_\_\_\_\_ weeks. Was there a delivery? 8-23-52

26. Was there a surgical operation? no Date of operation \_\_\_\_\_  
 State findings \_\_\_\_\_ Was there an autopsy? 481X

27. If death was due to external causes (violence) fill in also the following:—  
 Accident, suicide or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_  
 Manner of injury \_\_\_\_\_ (State which) \_\_\_\_\_  
 Nature of injury \_\_\_\_\_ (How sustained) \_\_\_\_\_  
 Specify whether injury occurred in industry, in home, or in public place \_\_\_\_\_

Signed by D. H. Mac Kinnon M.D.  
 Address Brook Village Date Aug 23 1952

28. Division Registrar's Record Number \_\_\_\_\_

29. Filed August 25 1952 by Mrs Catherine McDonald (Division Registrar)