

Nova Scotia Historical Vital Statistics

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Alexander H MacKinnon, died 1959 in South Lake Ainslie, Inverness County

Item can be found in Registration Year: 1959 - Page: 4628



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 P. Bonista

Office of the Provincial Archivist

8 February 2019

FORM 8

9004-3.2
22-10-52

SEC. 14 - 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.)

This form, if placed in an envelope, on which is printed "Dominion Statistics—Free, penalty for improper use \$50," and properly addressed will pass through the mail "FREE"

02- 004628

PROVINCE OF NOVA SCOTIA—REGISTRATION OF DEATH

1. PLACE OF DEATH { County of Inverness Municipality of Inverness
If in City or Town South Lake Ainslie 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 87 yrs (b) In Province Life (c) In Canada (if immigrant) _____

3. PRINT NAME OF DECEASED Surname or Last Name MAC KINNON
All Given or Christian Names ALEXANDER | MEDIA | ON

RESIDENCE No. _____ Street _____ City, Town or Rural Division South Lake Ainslie Province N.S.
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex <u>Male</u>	5. Citizenship (Nationality) <u>Canadian</u>	6. Racial Origin <u>Scotch</u>	7. Single, Married, Widowed or Divorced (write the word) <u>married</u>
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8. BIRTHPLACE South Lake Ainslie N.S.
(Province or Country)

9. DATE OF BIRTH Jan 27th 1872
(Month) (Day) (Year)

10. AGE in	Years <u>87</u>	Months <u>5</u>	Days <u>22</u>	If less than one day old hrs. or min.
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11. Trade, profession, or kind of work as spinner, teamster, office clerk, etc. Farming

12. Kind of industry or business, as cotton-mill, lumbering, bank, etc. at Home

13. Date deceased last worked at this occupation 1956

14. Total yrs. spent in this occupation 60 yrs

15. If married give name of wife or husband of deceased Sadie Jane MacKinnon

FATHER: 16. NAME Hector MacKinnon
17. BIRTHPLACE West Lake Ainslie N.S.
(Province or Country)

MOTHER: 18. MAIDEN NAME Annie MacKinnon
19. BIRTHPLACE Mount Zion, N.S.
(Province or Country)

20. Signature of informant Mrs Farguhar Matheson
Address Whipcord St. N.S.
Relationship to deceased Sister

21. Place of burial, cremation or removal South Lake Ainslie N.S.
Date of burial or removal July 25th 1959

22. UNDERTAKER Angus MacKinnon
(Name and address) Port Harbourside N.S.

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MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH July 2nd 1959
(Month) (Day) (Year)

24. I HEREBY CERTIFY that I attended deceased from: June 1959 to 22 July 1959 87-5-22-00
and last saw him alive on 31 July 1959

CAUSE OF DEATH	Approximate interval between onset and 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.) <u>Coronary arterial fibrosis</u>	<u>1 week</u>
Antecedent causes Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last. (a) _____ (b) <u>Hypertension</u> (c) _____	<u>several years</u>
II Other significant conditions contributing to the death, but not related to the disease or condition causing it. <u>Senility</u>	—

25. If a woman, was the death associated with pregnancy? _____ Duration _____ weeks. Was there a delivery? 7.22.9

26. Was there a surgical operation? No Date of operation _____ 19____
State findings _____ Was there an autopsy? No

27. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide? _____ Date of injury _____ 19____
(State which) 443X
Manner of injury _____ (How sustained)
Nature of injury _____
Specify whether injury occurred in industry, in home, or in public place.

Signed by John S. Egan M.B.Ch.B. M.D.
Address Highway 108 N.S. Date 23 July 1959

28. Division Registrar's Record Number _____
29. Filed July 25/59 (Mrs) Mary Campbell
(Division Registrar)