

County Eaton

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 17

Township.....

Village Vernontville

City..... (No..... St..... Ward.....)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William Hickson

(a) Residence. No. 1355 Madison Blvd 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. (If non-resident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <i>Male</i>	4 Color or Race <i>white</i>	5 Single, Married, Widowed or Divorced (write the word.) <i>Married</i>
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5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of *Emma Zickus*

6 DATE OF BIRTH (Month, day and year.) June, 18, 1957

7 AGE	Years	Months	Days	If LESS than 1 day,.....hrs. OR.....min.
	73	2	28	

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)
(State or country) *Albany, N.Y.*

10 NAME OF FATHER Don Hickey

11 BIRTHPLACE
OF FATHER (city or town)
(State or country) *Indian*

12 MAIDEN NAME OF MOTHER *R. L. L. L. L. L.*

13 BIRTHPLACE
OF MOTHER (city or town)
(state or country) *Leland*

14 Informant Camara, Henry
(Address) 1150 1st St. N.E.

15 Filed Sept 19, 1930 Harry L. Line Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Sept 16 1930

17 I HEREBY CERTIFY, That I attended deceased from Sept 3, 1950, to Sept 16, 1950 that I last saw h^e alive on Sept 16, 1950 and that death occurred on the date stated above at 6 P.m.

The CAUSE OF DEATH* was as follows:
 Effects of drugs following
 influenza & Bronchitis

.....(duration).....yrs.....mos. 13 ds.

CONTRIBUTORY *Arterio Sclerosis &*
(Secondary) *myocarditis* (duration) *5* yrs. mos. ~~18~~ yrs.

15 Where was disease contracted
if not at place of death?

Did an operation precede death?.....Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) G. L. H. [Signature] M. D.
Sept 17, 190, Address Lebanonville

*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 further instructions.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	Date of Burial
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Hastings Cath Penn 9-19 1937

2 UNDERTAKER	Address
K. K. Ward	Summitville

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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