STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Reported Sept. 2-1938 to county clerk.

Registered No. 3

I PLACE OF DEATH

County Eaton

Township

Village Vermontville

City (No. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mathew C. Dickey

(a) Residence. No. Vermontville St., Ward.
(Usual place of abode.) (If non-resident give city or town and State.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 ~~Single~~, Married, ~~Widowed or Divorced~~ (*write* the word.)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND ~~of~~ (~~or~~) ~~WIFE~~ of Kitt Dickey

6 DATE OF BIRTH (Month, day and year.) 1-28-1869

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. OR ..... min.
69	4	5	

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) Penn.

PARENTS

10 NAME OF FATHER James Dickey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn.

12 MAIDEN NAME OF MOTHER Priscilla Kennedy

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Penn

14 Informant Eugene Dickey

(Address) Vermontville. Mich.

15 Filed June 6, 1938 a. L. Barningham
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 6-3 1938

17 I HEREBY CERTIFY, That I attended deceased from Jan 2", 1938, to 6/3, 1938

that I last saw h~~e~~r alive on 6/3, 1938 and

that death occurred on the date stated above at 9:30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of
Right Lung

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

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

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) C. L. D. M^c Laughlin M. D.

June 6, 1938, Address Vermontville Mich

*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 Woodlawn Cemetery — Date of Burial June 6 1938

2 UNDERTAKER K K. Ward — Address Vermontville Mich.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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