

1 PLACE OF DEATH
County Eden
Township Vermontville
Village 11

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 13

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

2 FULL NAME Richard Nicky

(a) Residence No. _____ 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 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) Single

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

6 DATE OF BIRTH (Month, day and year) 12 13 1888

7 AGE Years Months Days If LESS than 1 day _____ hrs. OR _____ m'n.
36 8 16

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work laborer
(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) Vermontville

10 NAME OF FATHER Joseph Nicky

11 BIRTHPLACE OF FATHER (city or town) (state or country) N. York

12 MAIDEN NAME OF MOTHER Julia Bahalan

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

14 Informant (Address)

15 Filed 10/10, 1924 G. H. Fox Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 9/29 1924

17 I HEREBY CERTIFY, That I attended deceased from 9/22, 1924, to 9/29, 1924

that I last saw him alive on 9/29, 1924, and

that death occurred on the date stated above at 6:30 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) _____ yrs. _____ 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? _____

What test confirmed diagnosis?

(Signed) E. L. Snell M. D.

Date 10/1, 1924, Address _____

*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.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Date of Burial

10/1 1924

2 UNDERTAKER

Address

W. L. Fox

Vermontville

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

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