

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH
 County Eden
 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 Joseph Hickey
 (a) Residence No. _____ 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.

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 14

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Widowed

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

6 DATE OF BIRTH (Month, day and year) Not known

7 AGE Years Months Days If LESS than 1 day.....hrs. OR.....min.
adult 69 3 1

8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work labore
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Oct 4th 1924

17 I HEREBY CERTIFY, That I attended deceased from Sept 30th, 1924, to Oct 4, 1924 that I last saw him alive on Oct 3, 1924 and that death occurred on the date stated above at 6:20 p.m.

The CAUSE OF DEATH* was as follows:
Labor Pneumonia
NR

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

PARENTS

9 BIRTHPLACE (city or town) (state or country) York Penn

10 NAME OF FATHER David Hickey

11 BIRTHPLACE OF FATHER (city or town) (state or country) Ireland

12 MAIDEN NAME OF MOTHER Tobia

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

14 Informant Ms. Lena Davis
 (Address) Vermontville

15 Filled 10/6, 1924 B. H. Lamb
 Registrar.

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) B. L. McLaughlin M. D.
10/4, 1924. Address Vermontville

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Imia Mich Date of Burial 10/6 1924

2 UNDERTAKER W. D. Hess Address Vermontville