

STATE OF MICHIGAN

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Department of State—Division of Vital Statistics

CERTIFICATE OF DEATH

Registered No. _____

County Alcona
 Township Adams
 Village _____
 City _____

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

2 FULL NAME Julietta C. Hickox

APR 6 1920

(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 10 yrs. mo. da. New born in U. S. of foreign birth _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DE.

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

16 DATE OF DEATH March 25th, 1920
 (Month, day and year)

6a If married, widowed, or divorced
 HUSBAND of Chester J Hickox
 (or) WIFE of _____

17 I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1920, to Mar. 25, 1920
 that I last saw her alive on Mar. 15, 1920 and
 that death occurred on the date stated above at _____

6b DATE OF BIRTH (Month, day and year.) Aug. 23d. 1846

The CAUSE OF DEATH* was as follows:
Organic Heart Disease
(Ventricular "infarct") 79

7 AGE Years Months Days If LESS than 1 day _____ hr. OR _____ min.
75 7 2

8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

(duration) _____ yrs. mos. da.
 CONTRIBUTORY Accident
 (Secondary) (duration) _____ yrs. 2 mos. da.

9 BIRTHPLACE (city or town) (State or country) Adams Twp., Mich.

18 Where was disease contracted If not at place of death? _____

10 NAME OF FATHER Hiram Collins

19 Was there an operation preceding death? No
 Was there an autopsy? No

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

What test confirmed diagnosis? (State.)
B. F. Green M.D.
March 6, 1920, Adams Health Lake Mich.

12 MAIDEN NAME OF MOTHER Johanna Barnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

*State the DISEASE OR INJURY, or its cause from VITALITY CAUSE, state (1) MEANS AND MANNER OF DEATH, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. Give proper title for further instructions.)

14 Informant Mrs. Edgar Kempton
 (Address) North Adams.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Peace Cemetery Date of Burial 3/27/ 1920

15 Filed Mar 29, 1920 L. R. Kempton Registrar

20 UNDERTAKER H. E. Young & Son. Address North Adams.

PARENTS