

MARGIN RESERVED FOR BINDING
 N. B.—WRITE MAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.

I. PLACE OF DEATH (Dist. No. 3161) Series No. 96 Division of Vital Statistics
 (TO BE INSERTED BY LOCAL REGISTRAR)
 County Monongalia West Virginia State Department of Health
 District Morgan CERTIFICATE OF DEATH 5346
 Town or City Morgantown No. Chestnut St. & Chancesy 3 Ward
 (IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)
 FULL NAME Charles Taylor Hickman
 (a) Residence. No. Sheriff's Res. 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. days. How long in U. S. A. if of foreign birth yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>		
5a. IF MARRIED, WIDOWED, OR DIVORCED Husband of _____ (or) Wife of _____				
6. DATE OF BIRTH (month, day, and year) <u>March 4 1876</u>				
7. AGE	Years	Months	Days	If LESS than day, _____ hrs. or _____ min.
	<u>58</u>	<u>1</u>	<u>15</u>	
OCCUPATION	8. TRADE PROFESSION or particular kind of work done, as spinner sawyer, bookkeeper, etc. <u>Sheriff</u>			
	9. INDUSTRY OR BUSINESS, in which work was done, as silk mill, saw mill, bank, etc.			
	10. DATE DECEASED LAST WORKED at this occupation (month and year) _____ occupation _____			
11. TOTAL TIME (years) spent in this occupation _____				
12. BIRTHPLACE (city or town) <u>Taylorstown,</u> (State or County) <u>Pa.</u>				
FATHER	13. NAME <u>I. N. Hickman</u>			
	14. BIRTHPLACE (city or town) _____ (State or Country) <u>Pa.</u>			
MOTHER	15. MAIDEN NAME <u>Josephine Taylor</u>			
	16. BIRTHPLACE (City or Town) _____ (State or Country) <u>W. Va.</u>			
17. INFORMANT <u>Mrs. Chas. T. Hickman</u> (Address) <u>Morgantown, W. Va.</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>T. O. Grove</u> Date <u>4;21</u> , 19 <u>34</u>				
19. UNDERTAKER <u>Davidson Bros.</u> (Address) <u>Morgantown, W. Va.</u>				
20. FILED <u>5/9</u> , 19 <u>34</u> <u>Pauline Steinbaugh</u> Registrar.				

MEDICAL CERTIFICATION OF DEATH	
21. DATE OF DEATH (month, day and year)	<u>April 19 1934</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec. 23</u> 19 <u>34</u> , to <u>Apr. 19</u> 19 <u>34</u> I last saw him alive on <u>Apr. 15</u> 19 <u>34</u> , death is said to have occurred on the date stated above, at <u>6:30</u> <u>9</u> m. The principal cause of death and related causes of importance in order of onset were as follows:	
<u>Angina Pectoris</u>	Date of onset <u>Dec. 1933</u>
<u>Hypertension</u>	<u>1925</u>
Contributory causes of importance not related to principal cause:	
Name of operation _____ Date of _____	
What test confirmed diagnosis? _____	
Was there an autopsy? <u>No</u>	
23. If death was due to external causes, fill in also the following: (Check) Accident—Suicide—Homicide? Date of injury _____ 19____ Where did injury occur? _____ (Specify City or Town, County, and State) Check whether injury occurred in Industry _____ home _____ public place _____ Manner of injury _____ Nature of injury _____	
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If, so, specify _____	
(Signed)	<u>C. J. Thompson</u> M. D.
(Address)	<u>Morgantown, W. Va.</u>