

DIVISION OF VITAL STATISTICS

18724

Reg. Dist. No. 904

State File No. 603

Primary Reg. Dist. No. 8396

CERTIFICATE OF DEATH

Registrar's No. 4200

1. PLACE OF DEATH
 a. COUNTY Montgomery
 b. CITY (If outside corporate limits, write RURAL OR and give township) Dayton O on arrival
 c. LENGTH OF STAY (In this place) on arrival
 d. FULL NAME OF HOSPITAL OR INSTITUTION Memphis Valley Hospital

2. USUAL RESIDENCE (Where declared lived, if institution; residence before admission)
 a. STATE Ohio
 b. COUNTY Montgomery
 c. CITY OR VILLAGE Dayton
 d. STREET (If rural, give location) ADDRESS 428 N 1st

3. NAME OF DECEASED (TYPE OR PRINT)
 a. (First) D
 b. (Middle) S
 c. (Last) Bickham

4. DATE OF DEATH (Month) (Day) (Year)
3 3 - 1951

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH Oct 31-1864

9. AGE (In years last birthday) Under 1 Year If Under 24 Hrs.
86 4 2

10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)
Real Estate Dealer

10b. KIND OF BUSINESS OR INDUSTRY
Dealer

11. BIRTHPLACE (State or foreign country)
Dayton Ohio

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME Mr D. Bickham

14. MOTHER'S MAIDEN NAME Maria Stickel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? No

16. SOCIAL SECURITY NO. 4200

17. INFORMANT'S SIGNATURE Sylvia C. Bickham

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 *This does not mean the mode of dying, such as heart failure, atherosclerosis, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b)
 DUE TO (c)
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
 20. AUTOPSY?
 Yes No

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, forest, etc.)

21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)
 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11:20 p.m., 1951, to 11:55 p.m., 1951, and that death occurred at 11:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. M. Donald M.D.

23b. ADDRESS 1000 Montgomery St. Dayton Ohio
 23c. DATE SIGNED 3-5-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Mar 7/51

24c. NAME OF CEMETERY OR CREMATORY Woodland

24d. LOCATION (City, town, or county) (State) Dayton O.

BIRTH NO. Do not write in this space

NAME OF EMBALMER (LIC. NO.) A. R. Johnston 4757

DATE REC'D BY LOCAL REG. 3/5/1951

REGISTRAR'S SIGNATURE W. M. Donald

25. FUNERAL DIRECTOR'S SIGNATURE (LIC. NO.) Thimner Bros 201

MARGIN RESERVED FOR BINDING THIS CERTIFICATE SHALL BE PRINTED LEGIBLY OR TYPEWRITTEN IN UNFADING INK.