STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 904   File No. 11544

Primary Registration District No. 8390   Registered No. 279

1 PLACE OF DEATH
County Montgomery
Township
or Village
or City of Dayton, Ohio
No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number)   St., ____ Ward

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.

2 FULL NAME Hazel F. Dickman

Did Deceased Serve in U. S. Navy or Army _____

(a) Residence, No. 216 So Brown St., 9 Ward.
(Usual place of abode)   (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE
4. COLOR OR RACE WHITE
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph L. Dickman

6. DATE OF BIRTH (month, day, and year) Feb 12 – 1886

7. AGE Years 43 – Months 11 – Days 20   If LESS than 1 day, ___ hrs or ___ min

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dayton
(State or country) Ohio

FATHER
13. NAME O. R. Pyles
14. BIRTHPLACE (city or town) Ohio
(State or country)

MOTHER
15. MAIDEN NAME Ella Skiles
16. BIRTHPLACE (city or town) Ohio
(State or country)

17. The Signature of INFORMANT and (Address) J. L. Dickman
DAYTON, OHIO.

18. BURIAL, CREMATION, OR REMOVAL
Place Shiloh   Date 2-4 1931

19. UNDERTAKER Whitmer Bros.
(Address) DAYTON, OHIO
19a. Was body embalmed Yes   Embalmer's No. 338-B

20. FILED FEB 4 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 2 1931

22.   I HEREBY CERTIFY, That I attended deceased from
12-9 30 to 2-2 1931
I last saw her alive on 2-1 1931, death is said to have occurred on the date stated above at 12:30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

Cancer of Cervix
[Symptoms]

Date of onset Dec 9 1930

CONTRIBUTORY CAUSES of importance not related to principal cause:
2ndry Anemia

Name of operation None   Date of
What test confirmed diagnosis? Tissue   Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) G. L. Fbaugh

Address 215 023 [?] St   D.
Registrar   Date 2-2 1931