

**STAINED GLASS WINDOW  
GIVEN BY SUSIE TYLER  
HOOPES IN MEMORY OF HER  
HUSBAND, BENJAMIN  
FRANKLIN DICKERSON.**



IN MEMORY OF MY BELOVED HUSBAND  
BENJAMIN FRANKLIN DICKERSON  
1862 1932  
BY SUSIE TYLER HOOPES



## James M. Dickerson.

CHARLOTTESVILLE, VA., Sept. 3.—Funeral rites for James M. Dickerson, brother of B. F. Dickerson, of this city, were held at 2 o'clock this afternoon from Spring Hill Baptist Church. His death occurred at an early hour yesterday morning at the old Dickerson family place about two miles from Ruckersville, Greene County. He was in his seventy-third year, and was the oldest living member of the family. Four brothers and one sister survive—George W. Dickerson, of Bell Air, Va.; Josephus Dickerson, of Advance Mills, this county; Benjamin F. Dickerson, of this city; David D. Dickerson, of near Ruckersville, and Mrs. John C. Root, of Messy Creek, Va.

## MRS. B. F. DICKERSON

Mrs. Susie Hoopes Dickerson, 91, widow of Benjamin F. Dickerson, died this morning at her home at 1214 Rugby Rd. She was born Oct. 24, 1865, in Baltimore, Md., the daughter of the Late Edwin Davis and Lucy Tyler Hoopes.

She is survived by a sister, Mrs. J. Henry Irving of Charlottesville.

Funeral arrangements are incomplete.



**MRS. SUSIE DICKERSON**  
**CHARLOTTESVILLE, Sept. 24**—A funeral service will be held at 2 p.m. Thursday at Hill and Irving Funeral Home for Mrs. Susie Hoopes Dickerson, 91, widow of Benjamin F. Dickerson, who died Tuesday at her home on Rugby rd. Burial will be in Riverview Cemetery. Mrs. Dickerson, a native of Baltimore, is survived by a sister, Mrs. J. Henry Irving of Charlottesville.

CERTIFICATE OF DEATH			
COMMONWEALTH OF VIRGINIA			
DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS			
Registration District No. <u>2010</u>		Registered No. <u>201</u>	
1. PLACE OF DEATH a. COUNTY <b>Albemarle</b>		b. MAGISTERIAL DISTRICT	
c. CITY OR TOWN <b>Charlottesville</b>		d. IS PLACE OF DEATH INSIDE CITY OR TOWN LIMITS? } YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
e. HOSPITAL OR INSTITUTION <b>0</b>		f. LENGTH OF STAY	
3. NAME OF DECEASED (Type or Print) a. (First) <b>SUSIE</b>		b. (Middle) <b>HOOPES</b>	
c. (Last) <b>DICKERSON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 24, 1957</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH <b>Oct. 24, 1865</b>	
WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. AGE (In years last birthday) <b>91</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Edwin Davis Hoopes</b>		14. MOTHER'S MAIDEN NAME <b>Lucy Tyler</b>	
15. NAME OF HUSBAND OR WIFE OF DECEASED <b>Benjamin F. Dickerson</b>		17. INFORMANT'S SIGNATURE <b>Mrs. J. Henry Irving</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>congestive heart failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2-3 months</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>arteriosclerotic heart disease</b>		years	
DUE TO (c)		<b>4200</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Part I or Part II of item 18.]	
20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>4/29/52</b> , to <b>9/24/57</b> and last saw <sup>her</sup> <del>him</del> alive on <b>9/24/57</b>		Death occurred at <b>2:15 AM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.	
21a. SIGNATURE (Degree or title) <b>John R. Marrie Jr MD</b>		21b. ADDRESS <b>400 Locust Ave, Charlottesville Va</b>	
21c. DATE SIGNED <b>9/24/57</b>		21d. LOCATION (City, town or county) (State) <b>Charlottesville, Va.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Sept. 26, 1957</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Riverview</b>		23d. LOCATION (City, town or county) (State) <b>Charlottesville, Va.</b>	
DATE REC'D BY LOCAL REG. <b>9-24-57</b>		REGISTRAR'S SIGNATURE <b>Louise Van Lear</b>	
24. FUNERAL DIRECTOR'S SIGNATURE <b>Hill &amp; Irving, Inc.</b>		ADDRESS <b>Charlottesville, Va.</b>	