



JAMES CALDWELL WICKER
RICHMOND, VIRGINIA

*Phi Kappa Sigma; 'Varsity Football, 1913-'14;
'Varsity Baseball, 1914*

This blue-eyed sprout is some conundrum around college. Just when you think you've got him, you find out that he's slipped away. The great trouble with "Tiney" is that he has so overworked himself that many mornings he falls asleep from sheer exhaustion and does not awake until dinner time.



JAMES CALDWELL WICKER, B.A., Th.B., D.D.
PRESIDENT



JOHN JORDAN WICKER, JR.

City of Richmond

CITY

COUNTY OF _____

CERTIFICATE OF MARRIAGE
COMMONWEALTH OF VIRGINIA

65 035457

FULL NAME OF GROOM

James Caldwell Wicker, Jr.

CLERK'S No.

PRESENT NAME
OF BRIDE

Mary Theresa Moates

MAIDEN
NAME

GROOM			
AGE	RACE	SINGLE, WIDOWED, OR DIVORCED	NO. TIMES PREV. MARRIED
35	Wh	Single	

BRIDE			
AGE	RACE	SINGLE, WIDOWED, OR DIVORCED	NO. TIMES PREV. MARRIED
24	Wh	Single	

OCCUPATION **Attorney** INDUSTRY
OR BUSINESS

OCCUPATION **Secretary** INDUSTRY
OR BUSINESS

BIRTHPLACE **Louisville, Ky.**

BIRTHPLACE **Fairfax Co., Va.**

FATHER'S
FULL NAME **James Caldwell Wicker**

FATHER'S
FULL NAME **David G. Moates**

MOTHER'S
MAIDEN NAME **Lula J. Fickett**

MOTHER'S
MAIDEN NAME **Audrey M. Shelton**

RESIDENCE:
CITY OR COUNTY
MAILING ADDRESS **;802 Oakdale Ave.** 222

RESIDENCE:
CITY OR COUNTY
MAILING ADDRESS **3017 W. Grace St.**
Richmond, Va. 222

Proposed
Date of Marriage **Oct. 9, 1965**

Proposed
Place of Marriage **Richmond, Va.**

Given under my hand this **4th** day of **October**, 19 **65**.

Hos Miller, Clerk of **Hustings** Court.

CERTIFICATE OF DATE AND PLACE OF MARRIAGE 222

I, **Rembert J. Codd, OSB**, a **priest** of the **Roman Catholic** Church,
(Denomination)
or religious order of that name, do hereby certify that on the **9th** day of **October** 19 **65**, in
the county, city, or town of **Richmond**, Virginia, under authority of this license I joined
together in the Holy State of Matrimony the persons named and described therein. I qualified and gave bond in
the county or city of **Richmond**, year 19**39**, which authorizes me to cele-
brate the rites of marriage in the Commonwealth of Virginia.

Given under my hand this **9th** day of **October**, 19 **65**.
Address of celebrant **304 N. Sheppard St.**
Richmond, Va. *Rembert J. Codd OSB.*
(Person who performs ceremony sign here.) 16

COMMONWEALTH OF VIRGINIA – CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH – BUREAU OF VITAL RECORDS AND HEALTH STATISTICS – RICHMOND

REGISTRATION AREA NUMBER 222	CERTIFICATE NUMBER 1437	STATE FILE NUMBER 73-011679
1. FULL NAME OF DECEASED James Caldwell Wicker		2. SEX male <input checked="" type="checkbox"/> female <input type="checkbox"/>
3. DATE OF DEATH April 6, 1973	4. AGE OF DECEASED 78 77 years	5. COLOR OR RACE White
6. NAME OF HOSPITAL OR INSTITUTION OF DEATH Stratt Circle Hospital		7. COUNTY OF DEATH (if independent city, leave blank)
8. CITY OR TOWN OF DEATH Richmond	inside city or town limits? yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	9. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH Monument Avenue & Lombardy Street
10. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE Virginia		11. COUNTY OF DECEASED'S RESIDENCE (if independent city, leave blank)
12. CITY OR TOWN OF RESIDENCE Richmond	inside city or town limits? yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	13. STREET ADDRESS OR RT. NO. OF RESIDENCE 612 W. Franklin St. ZIP CODE 23220
14. NAME OF FATHER OF DECEASED John J. Wicker, Sr.		15. MAIDEN NAME OF MOTHER OF DECEASED Lizzie Pumphrey
16. DECEASED CITIZEN OF WHAT COUNTRY U. S. A.	17. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	18. IF MARRIED OR WIDOWED, NAME OF SPOUSE IF DIVORCED, LEAVE BLANK. Lula Puckett Wicker
20. IF VETERAN, name war, or if peacetime only, so state WW II		22. DATE OF BIRTH OF DECEASED (mo.) (day) (year) December 8, 1895
23. USUAL OR LAST OCCUPATION Retired	24. KIND OF BUSINESS OR INDUSTRY Pres. Fork Union M.A.	25. INFORMANT – OR SOURCE OF INFORMATION James C. Wicker, Jr.
26. CAUSE OF DEATH (Enter only one cause per line for (A), (B), and (C). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A) Carcinoma of Lung		Months
DUE TO (B) Generalized Atherosclerosis		Months
DUE TO (C) Chronic Brain Syndrome		Months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)		
		1621
26b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>		26a. AUTOPSY? AUTHORIZED BY: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
26c. IF EXTERNAL CAUSE, IT WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> TO CAUSE OF DEATH. NOTE: IF EXTERNAL CAUSE, NOTIFY MED. EXAMINER		26d. DESCRIBE HOW INJURY OCCURRED. (enter nature of injury in part I or part II)
26e. TIME OF INJURY (mo.) (day) (year) A.M. _____ P.M. _____	26f. INJURY OCCURRED while at work <input type="checkbox"/> not while at work <input type="checkbox"/>	26g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.)
26i. I CERTIFY that I attended the deceased from (date) 1968 to 4/6/73 and that death occurred at 3:20 (AM/PM) from the cause stated above.		26h. (city or town) (county) (state) Richmond, Va
ACTUAL SIGNATURE F. M. Blanton	M.D. Richmond, Va	DATE SIGNED 4/10/73
27. BURIAL <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/> CREMATION <input type="checkbox"/>	28. PLACE OF BURIAL, REMOVAL, ETC. Hollywood Cemetery Richmond, Virginia	
29. (signature of funeral director or person acting as such) M. R. Etheridge		NAME OF FUNERAL HOME AND ADDRESS Woody Funeral Home Sutherland Brown Chapel, Richmond, Va.
30. (signature of registrar) L. L. Micklem		DATE RECORD FILED 4-12-73