

PLACE OF DEATH.

County of BelmontTownship of Registration District No. 99 File No. 8031or
Village of Primary Registration District No. 8041 Registered No. 64or
City of Dallam (No. 4431, Waffle, St., Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]= FULL NAME Thomas E. Nicholson

PERSONAL AND STATISTICAL PARTICULARS

1 SEX M 2 COLOR OR RACE W. 3 SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) Married4 DATE OF BIRTH Apr 14 - 1868
(Month) (Day) (Year)5 AGE 53 yrs. 10 mos. 14 ds. If LESS than 1 day, hrs. or min.?6 OCCUPATION
(a) Trade, profession, or particular kind of work Iron Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)7 BIRTHPLACE (State or country) Ohio10 NAME OF FATHER Wm. Nicholson11 BIRTHPLACE OF FATHER (State or country) England12 MAIDEN NAME OF MOTHER Jane Dixon13 BIRTHPLACE OF MOTHER (State or country) England

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. T. E. Nicholson
(Address) Dallam O.15 Filed Mar 7 1917 D. W. Boone
Registrar

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH Feb 28 - 1917
(Month) (Day) (Year)11 I HEREBY CERTIFY, That I attended deceased from Feb 24, 1917, to Feb 27, 1917, that I last saw him alive on Feb 27, 1917, and that death occurred, on the date stated above, at 5 P.M.
The CAUSE OF DEATH* was as follows:Lobar pneumonia
Left lobe
(Duration) yrs. mos. 5 ds.Contributory Pulmonary tuberculosis
(SECONDARY) (Duration) yrs. mos. ds.
(Signed) C. St. Eastland M. D.
1917 (Address) Dallam O.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

15 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, If not at place of death? ..
Former or usual residence.16 PLACE OF BURIAL OR REMOVAL Dallam O. DATE OF BURIAL Mar 7 1917TAKER Wm. Melton ADDRESS Dallam O.