

## 1. PLACE OF DEATH

STATE OF TENNESSEE  
STATE DEPARTMENT OF HEALTH  
Division of Vital Statistics  
CERTIFICATE OF DEATH

4895

282

File No. ....

Reg. No. ....

County HamiltonCivil Dis. 1

Registration District No. ....

Village or Primary Registration District No. ....

City Chattanooga (No. Erlanger Hosp. St.; ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. .... mos. .... d. How long in U. S. if of foreign birth? ..... yrs. .... mos. .... d.

2. FULL NAME Samuel Strang Nicklin

(a) Residence: No. .... St., ..... Ward. ....

(Usual place of abode)

(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (month, day, and year) Dec. 15 - 18767. AGE Years 55 Months Days If LESS than 1 day, ..... hrs. or ..... min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
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) Tenn. (State or country)13. NAME John B. Nicklin14. BIRTHPLACE (city or town) Tenn. (State or country)15. MAIDEN NAME DK16. BIRTHPLACE (city or town) 11 (State or country)

17. INFORMANT (Address) .....

18. BURIAL, CREMATION, OR REMOVAL Place National Cem. Date 3-15-193119. UNDERTAKER (Address) Chattanooga20. FILED 3, 15, 32 MRS. JAMES M. HALE Registrar.21. DATE OF DEATH (month, day, and year) Mar, 18, 193222. I HEREBY CERTIFY, That I attended deceased from March 10<sup>th</sup>, 1932, to March 13<sup>th</sup>, 1932I last saw him alive on March 13, 1932, death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Ruptured gastric ulcerContributory causes of importance not related to principal cause HowName of operation no Date of 117A

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....

If so, specify.....

(Signed) Guilbert Horton M. D.(Address) Chattanooga Tenn