DO NOT TEAR OUT

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

File No. 2990

Registered No. 2985

1 PLACE OF DEATH

County .....

Civil Dist. ..... OR

Village ..... OR

City ..... (No. Baptist Mem. Hospt St.; ..... Ward)

Registration District No. .....

Primary Registration District No. .....

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME P. A. Nicholson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): M

6 DATE OF BIRTH: ..... (Month) ..... (Day) 1888 (Year)

7 AGE: 30 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: Butcher

(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Tenn

PARENTS

10 NAME OF FATHER: Joe Nicholson

11 BIRTHPLACE OF FATHER [State or country]: Tenn

12 MAIDEN NAME OF MOTHER: Viola Little

13 BIRTHPLACE OF MOTHER [State or country]: Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Katie S. Nicholson

[Address] City

15

Filed 10-21 19 18

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct [Month] 20 [Day] 19 18 [Year]

17 I HEREBY CERTIFY, That I attended deceased from 10-15 1918, to 10-20, 19 18,

that I last saw him alive on 10-20, 19 18

and that death occurred, on the date stated above, at 7 A M

The CAUSE OF DEATH* was as follows:

Peritonitis

..... [Duration] ..... yrs. ..... mos. ..... ds.

Contributory [SECONDARY] Appendicitis

..... [Duration] ..... yrs. ..... mos. ..... ds.

Signed J. C. Ayres, M. D.

10-21, 19 18 Address .....

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

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. 8 ds. In the State 14 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Tenn

19 PLACE OF BURIAL OR REMOVAL: Elmwood

DATE OF BURIAL: 10-21, 19 18

20 UNDERTAKER: J. T. Hinton & Son

ADDRESS