

Death

Name *Fred<sup>r</sup> Nichols*Maiden  
NamePlace of Death, No. *Hospital Grant St.* Ward *5* Town *Bpt*No. of families in House *—* Duration of Disease *In hospital 4 days*Date of Death *Aug 22* 189 *7* Residence *Bpt*  
Sex *M* Color *W* Race *—* Occupation *—* Age *46* Y. *—* M. *—* D *—*Condition *widower* Husband's Name *—*Birthplace *Bpt Ct.* Father's Name *Robert Nichols* Mother's Name *Cordelia Nichols*Father's Birthplace *Conn* Mother's Birthplace *Conn*Cause of Death { Primary *Phtisis*  
Secondary or  
Immediate *Pneumonia*(Signed) *J. M. Hammond*Received for record on the *23* day of *Aug* 189 *7*  
The above is a true copy of the record. Attest *J. M. Sackwood**Regisr* Registrar