

1. PLACE OF DEATH a. COUNTY Gregg		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas		b. COUNTY Gregg	
b. CITY OR TOWN (If outside city limits, give precinct no.) Kilgore		c. LENGTH OF STAY in 1 b. Yrs.		c. CITY OR TOWN (If outside city limits, give precinct no.) Kilgore	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION 2812 Stone Rd.		d. STREET ADDRESS (If rural, give location) 2810 Stone Rd.		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) (a) First Fred		(b) Middle (None)		(c) Last Nicholson	
5. SEX Male		6. COLOR OR RACE White		7. MARRIAGE STATUS Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF DEATH Jan. 23, 1972		9. AGE (In years last birthday) 77		10. IF UNDER 1 YEAR Months Days Hours Minutes	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Baseball Player		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (State or foreign country) Texas	
13. FATHER'S NAME A. J. Nicholson		14. MOTHER'S MAIDEN NAME Lela Jolly		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes War I		16. SOCIAL SECURITY NO. 153-10-7331		17. INFORMANT Mrs. Gertie Nicholson (Wife)	

TEXAS DEPARTMENT OF HEALTH IMMEDIATE CAUSE (a) Coronary Occlusion RECD FEB 10 1972 BUREAU OF VITAL STATISTICS		INTERVAL BETWEEN ONSET AND DEATH Instant 10 yrs.	
DUE TO (b) Arteriosclerotic Heart Disease		(c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month Day Year		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)			
20e. CITY, TOWN, OR LOCATION COUNTY STATE		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I hereby certify that I attended the deceased from Dec 10 19 71 to Jan 23 19 72 and last saw the deceased alive on Jan 21, 1972 at 7:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Betty Powell M.D.		22b. ADDRESS Kilgore, Texas	
23a. BURIAL CREMATION, REMOVAL (Specify) Removal & Burial		23b. DATE 1/26/1972		23c. NAME OF CEMETERY OR CREMATORY Lakeview Cemetery	
23d. LOCATION (City, town, or county) Marietta Okla.		24. FUNERAL DIRECTOR'S SIGNATURE Rader Funeral Home		25. REGISTRAR'S SIGNATURE Louise Flaney	
25a. REGISTRAR'S FILE NO. 16		25b. DATE REC'D BY LOCAL REGISTRAR January 29, 1972		25c. REGISTRAR'S SIGNATURE Louise Flaney	