

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

26434

1 PLACE OF DEATH

County Jefferson Registration District No. 651 File No. 26434
Township South Piquette Primary Registration District No. 8278 Registered No. 250
or Village No. 443 South Piquette St. 1st Ward
or City of Steubenville (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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2 FULL NAME Samuel Anderson Nicholl Did Deceased Serve in U. S. Navy or Army
(a) Residence. No. 443 South Piquette St., 1st Ward. (If nonresident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR or RACE White
5. SINGLE, MARRIED, Write the word Widowed or Divorced Married
6a. If Married, Widowed, or Divorced: Husband of Agnes Fleming (or) Wife of
6. DATE OF BIRTH (month, day, and year) April 18 - 1871
7. AGE (years) Months Days 66 0 1 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel
10. Date deceased last worked at this occupation (month and year) 9/2 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 19 1937
22. I HEREBY CERTIFY, That I attended deceased from Feb 3 1937, to April 19 1937.
I last saw him alive on 11:15 P.M. 4-19 1937, death is said to have occurred on the date stated above at 11:25 P.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:
Chronic Endocarditis
Chronic Myocarditis
Date of onset

CONTRIBUTORY CAUSES of importance not related to principal cause:
Hypertension
Arterio-sclerosis

12. BIRTHPLACE (city or town) (State or country) Ireland
13. NAME James Nicholl
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Margaret Anderson
16. BIRTHPLACE (city or town) (State or country) Ireland
17. The Signature of Informant Mrs. Agnes Nicholl and (Address) Steubenville, Ohio

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? 3

18. BURIAL, CREMATION OR REMOVAL Place Whitcomb, W. Va. Date 4-23 1937
19. FUNERAL FIRM James J. Betts
19a. BURIED BY James J. Betts No. 1296
Address Whitcomb, W. Va.
19b. EMBALMER J. P. Alfano Lic. No. 2419
20. FILED 4-20 1937 Registrar

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) J. P. Alfano M.D.
Date 4-20 1937 Address Steubenville, Ohio