

ORM V.S. N REV. 1/68)	io. 1-A	Registration District	OFFI CER	PARTMENT OF CE OF VITAL S TIFICATE O	TATISTICS	LEGISTRAR'S NO.	74	12054 446
	DECEASED—NAME	FIRST	MIDDLE		LAST SEX		DEATH (MONTH	, DAY, YEAR)
	1	Holman	Col	9	2. Ma	Le 3. Ap	ril 24,	1974
	RACE white, NEGRO, AMERICAN IN ETC. (SPECIFY) white	5a. 05	S) MOS. DAYS	HOURS MIN.	DATE OF BIRTH (MON-	.1888	Kento	
CEASED	CITY, TOWN, OR LOCATION 7b. Covington STATE OF BIRTHUF NOT IN U.S.		ISPECIFY YES OR NO!	. st 1	Tizaheth	2.7		
RESIDENCE DECEASED IF DEATH	8. Indiana SOCIAL SECURITY NUMBER	la Ui	WHAT COUNTRY SA	in mari.	111	DOTTO	WITT A TIT	
RED IN JITION, GIVE NCE BEFORE JION.	12.	WORKING LIFE, 13a.		graver	13b	Static	nary	
\rightarrow	14a. Ky 14b FATHER—NAME FIR	sī	14c. Crit	tenden w MC	tspecury yes 14d. NO THER-MAIDEN NA	ME	Route#	ALIPOLE LAST
ARENTS	15. James F INFORMANT—NAME	8 187 s		MAILING ADDR	Unknow ess sm ute#1 Cri	EET OR R.F.D. NO., C		
	***************************************	AS CAUSED BY:			NE CAUSE PER LIN			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	CONDITIONS, IF ANY, WHICH GAVE BISE TO IMMEDIATE CAUSE (G), STATING THE UNDER- LYING CAUSE LAST (C	E TO, OR AS A CONSEQUE E TO, OR AS A CONSEQUE	HICE OF:	re alze,	Paterso	rdes	l.	F YES WERE FINDINGS CON-
CAUSE	Intertrochant	er fracture	right hip	· Che			(YES OR NO) S	F TES WERE FINDINGS CON- DEFED IN DETERMINING CAUSE F DEATH 9b. RT I OR PART II, ITEM 18)
	ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (SPECIFC) 20a. 4-2-74 accld INJURY AT WORK PLACE	orter 1-5-71	(MONTH, DAY, YEAR) FARM, STREET, FACTORY,	m. 5:30P	Patient	loss bal	ance and	fell.
	CERTIFICATION— MONTH	DAY YEAR	MONTH DAY		SAW HIM/HER ALIVE ON		THE DEATH OCCU	RED AT THE PLACE, ON THE DATE, AND, TO THE BEST
	PHYSICIAN: I ATTENDED THE 4-8- 21a. DECEASED FROM CERTIFICATION—MEDICAL I EXAMINATION OF THE BODY AND/O	EXAMINER OR CORC	21b. 4-22-74 NER: ON THE BASIS OF MY OPINION.	21c.			YEAR	OF MY KNOWLEDGE, DUE OM. TO THE CAUSE(S) STATED.
CERTIFIER	DEATH OCCURRED ON THE DATE AND 22a. CERTIFIER—NAME (TYPE OR P 23a. Robert M. Rumally Control of the Control of	RINT) nge, M.D.	ATED.	IGNATURE 13b. 12b. 4	LOII CITY OR TOWN	23)	74 DATE 23c. STATE	6:00 PM M. SIGNED (MONTH, DAY, YEAR) 5-3-74 ZIP
	BURIAL, CREMATION, REMO	OVAL CEMETERY	OR CREMATORY— 11 Crest	NAME	LOCATION 24c.	Dry Rid		STATE
BURIAL	DATE (MONTH, DAY, 24d, 11 - 27 - 711 NAME OF EMBALMER 25b.	25a.	DIRECTOR—SIGNAT	REGISTRAR-	Dry SIGNATURE	Ridge.	Ky 410	35 CELYED BY LOCAL REGISTRAR May 7, 1974
BURIAL THE B	25b. J O	ili II. Zuk		126a. E/	rely of	havis		WHEALTH O



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REV. F U.	FEDERAL SE . S. PUBLIC	-A CURITY AGENCY HEALTH SERVICE CE VITAL STATIST	DIVISION OF VI	TH OF KENTUCK T OF HEALTH TAL STATISTICS E OF DEATH	Y file no. 116 registrar's no	569
		Registration Dist	7	ary Registration District N	No. 2093.	
	ACE OF DEA			2. USUAL RESIDEN	b. COUNTY	ed lived. If institution: resident before admission
A NEW	OWN -	Campbell corporate limits, write	21VI cur mus brace			Campbell IS RESIDENCE ON A FARM YES □ NO □
d. F	ULL NAME OF IOSPITAL OR INSTITUTION	(If not in hospital location) Speers	or institution, give street address o	d. STREET ADDRESS	ghland Hights one Lane	IS RESIDENCE INSIDE CITY LIMITS? YES X NO
DEC	ME OF CEASED	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month) (Day) (Year)
S. SEX	pe or Print)		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specisy)	8. DATE OF BIRTH	9. AGE (In years last birthday)	9/2/64 If Under I Year If Under 24 H Months Days Hours Min
loa. US	etired)	White TION (Give kind of worl of working life, even	- V may 2/ may 2/20	8/22/92 11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY
3. FAT	Housewi THER'S NAME		Homemaker	English 14. MOTHER'S MAIDE		U.S.A.
5. WA	S DECEASED	Hicks EVER IN U. S. ARMEC (If yea, give war or da	FORCES? 16. SOCIAL SECURITY		Te / MO DECOTO	
N	0			Au	stin Cole	723
18. C	CAUSE OF DE/ PART I, DEATH 	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 2779. DUE TO (b)		1000 1000 and 1000 a	stin Colo segular Area Ladres	INTERVAL BETWEEN ONSET AND DEATH
18. (CAUSE OF DEA PART I, DEATH Conditions, if a which gave rie above cause stating the un lying cause	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) (a) DUE TO (c) Last. DUE TO (c)	MEDICAL	Le condition	segula Dec - Zadrie	ONSET AND DEATH
N-18.	CAUSE OF DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) (c) (d) (de) (de) (de) (de) (de) (de) (de)	MEDICAL QUITE : Jan Quite : Jan CONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL D	SEASE CONDITION GIVEN IN	ONSET AND DEATH 3 PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\sqrt{N} \) NO \(\sqrt{N} \)
N 18. 4	CAUSE OF DEA PART I, DEATH Conditions, if it which gave ria dove cause stating the un- lying cause PART II, OTHER SI TIME OF HOL BIJURY a. n	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) derright (a) derright (b) GNIFICANT CONDITIONS SUICIDE HOMICIDE The Month, Day, Year h.	MEDICAL AUTO S Jan CONTRIBUTING TO DEATH BUT NOT R 21a. DESCRIBE HOW INJURY OCCUR	ELATED TO THE TERMINAL D	SEASE CONDITION GIVEN IN	ONSET AND DEATH 3 PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\sigma \) NO \(\sigma \)
20. 21b.	CAUSE OF DEA PART I, DEATH Conditions, if conditions of c	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 2009. DUE TO (b) GONIFICANT CONDITIONS SUICIDE HOMICIDE Lar Month, Day, Year No. RED 21d, PLA	MEDICAL AUTO S Jan CONTRIBUTING TO DEATH BUT NOT R 21a. DESCRIBE HOW INJURY OCCUR	ELATED 10 THE TERMINAL D	SEASE CONDITION GIVEN IN	ONSET AND DEATH 3 19. WAS AUTOPSY PERFORMED? YES NO F
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20. 21b. 21c. WHII. WOR	CAUSE OF DEA PART I, DEATH Conditions, if it which gave ria above cause stating the win lying cause PART II, OTHER SI RIURY OCCUR INJURY OCCUR LE AT NOT AT AT SIGNED 2 10 6-1	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) dericate. DUE TO (c) IGNIFICANT CONDITIONS SUICIDE HOMICIDE IF Month, Day, Year IN WHILE WORK I far WORK I Stended the STATE OF THE CONDITIONS Last Address 21 L C	MEDICAL ACTION S Jan CONTRIBUTING TO DEATH BUT NOT R 21a. DESCRIBE HOW INJURY OCCUR ACE OF INJURY (e. g., in or about hom, factory, street, affice bidg., etc.) E deceased from Oct 19 Tand that death occurred The way the street of the street occurred The way the street	ELATED IO THE TERMINAL D REDI (Enter nature of in me, 21e. CITY, TOWN, O 1954to d at \(\lambda \) A m., from 23c. SIGNATURE	ISEASE CONDITION GIVEN IN RICHARD R LOCATION 9 - 2 19 64 The causes and on the causes and on the causes and the causes are the causes and the causes are the causes and the causes are	ONSET AND DEATH 3 19. WAS AUTOPSY PERFORMED? YES NO COUNTY STA that I last saw the decease the date stated above, (Degree or title)
20. 21b. 21c. WHII. WOR	CAUSE OF DEA PART I, DEATH Conditions, if the which gave rise above eause stating the unitying cause ACCIDENT TIME OF Hot INJURY OCCURI RINURY OCCURI EL AT NOTHER SI ACCIDENT THE AT NOTHER SI ACCIDENT ACCIDENT THE AT NOTHER SI ACCIDENT ACCI	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) dering and the to	CONTRIBUTING TO DEATH BUT NOT R 21a. DESCRIBE HOW INJURY OCCUR ACE OF INJURY (e. g., in or about hom, factory, street, office bldg., etc.) 24c. NAME OF CEMETER 24c. NAME OF CEMETER	ELATED IO THE TERMINAL D REDI (Enter nature of in me, 21e. CITY, TOWN, O 1954to d at \(\lambda \) A m., from 23c. SIGNATURE	ISEASE CONDITION GIVEN IN VILLY IN Part I or Part II R LOCATION 9 - 2 , 19 LY In the causes and on the causes and on the causes and the causes are caused to the causes and the causes and the causes are caused to the causes and the causes are caused to the cause are caused to the caused	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO FOR NO

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

Rarbara E White State Pegistrar



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND 66 4471 COMMONWEALTH OF KENTUCKY FORM V.S. NO. T-A REV. 1-56 FILE NO. 116 DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS REGISTRAR'S NO. CERTIFICATE OF DEATH Primary Registration District No. Registration District No. d lived. If institution: residence 2. USUAL RESIDENCE 1. PLACE OF DEATH a. STATE b. COUNTY Ky. Campbel1 Campbe 11 IS RESIDENCE ON A FARM? C CITY OR TOWN b. CITY (If outside corporate limits, write RURAL an LENGTH OF OR Bellevue YES NO K Dayton day IS RESIDENCE INSIDE CITY LIMITS? d. FULL NAME OF HOSPITAL OR INSTITUTION A STREET ADDRESS 441 Ward Ave Speers Hospital YES X 4. DATE (Year) NAME OF DEATH DECEASED **BROOKS** HARRY Feb. 26. (Type or Print) 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Species) 8. DATE OF BIRTH 9. AGE (In years if Under 1 Year if Under 24 Hrs. isst birthday) Months Days Hours Min. widowed Jan. 18. 1885 white 11. BIRTHPLACE (SE 12, CITIZEN OF WHAT COUNTRY? 10g. USUAL OCCUPATION (Give kind of work done during most of working life, even if Retad. Mechanic-Metto. Buick Co. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Rosamond Thomas Brooks 15. WAS DECEASED EYER IN U. S. ARMED FORCES? (Yes. no. or unknown) (11 yes, give war or dates of service 16. SOCIAL SECURITY 17, INFORMANT 269-01-1684 Mr. Billy no MEDICAL CERTIFICATION 18. CAUSE OF DEATH PART L DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to cause (a) EATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTE YES NO INJURY OCCURRED! (Enter nature of injury in Part I or Part II of item 18.) Hour Month, Day, Yea 21e. CITY, TOWN, OR LOCATION COUNTY 21c. INJURY OCCURRED 21d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg_nets.) WHILE AT NOT WHILE 22. I hereby certify that ases and on the date stated above. 280. DATE SIGNED BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24b. DATE Southgate, burial 3/1/1966 26. FUNERAL DIRECTOR ADDRESS 25a. DATE REC'D BY 25b. REGISTRAR'S SIGNATURE & Son. Inc. Bellevue, Ky. REUBEN C. MORATH A.C. Dobbling GALTH OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO

I, Barbara F. White, State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the

person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my game and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this Barbara J. White



	SECURITY AGENCY C HEALTH SERVICE FICE VITAL STATISTICS Registration District No	COMMONWEALTI DEPARTMENT DIVISION OF VIT CERTIFICATE Prima	OF HEALTH FILE NO	5. 116 <u>62</u> RAR'S NO	448
. PLACE OF DE	EATH Campbell		2. USUAL RESIDENCE a. STATE Kv.	b. COUNTY	ved. If institution: residence before admission)
b. CITY (If outs OR TOWN	Newport	nship) c. LENGTH OF	c. CITY OR TOWN Newport		IS RESIDENCE ON A FARM?
d. FULL NAME OF	110 40	stitution, give street address or	d. STREET 648 York		ESIDENCE INSIDE CITY LIMITS? YES NO
B. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last) Brooks	4. DATE (Mo OF DEATH 7	nth) (Day) (Year)
(Type or Print 5. SEX Fe.	6. COLOR OR RACE 7. MA	ARRIED, NEVER MARRIED, DWED, DIVORCED (Specify)	8. DATE OF BIRTH Nov. 26-1892	last birthday) Mo	Under 1 Year If Under 24 Hrs. nths Days Hours Min.
10g, USUAL OCCU	11344 00	. KIND OF BUSINESS OR IN- DUSTRY	11. BIRTHPLACE (State or fore	69 eign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 13. FATHER'S NAM	AE .	Ноте	Ky. 14. MOTHER'S MAIDEN NAM Belle Hick	and ballen	TOSA
Conditions, which gave above cause stating the lying cause	if any Due TO (b) if any Due TO (b) if any Due TO (c) se (a) Under Due TO (c) Ex SIGNIFICANT CONDITIONS CONTI	ute lowna Coconary VIVIO C RIBUTING TO DEATH BUT NOT RE	CERTIFICATION		TIGO 19, WAS AUGOPSY PERFORMED? YES NO DELL'AND TO THE PERFORMED?
21b. TIME OF 1	Hour Month, Day, Year a. m. p. m. CURRED 21d, PLACE OF	INJURY (e.g., in or about hon tory, street, office bldg., stc.)			UNTY STATE
alive on	1/	eased from AN	d at the	causes and on the	t I last saw the deceased date stated above. (Degree or title)
23a, DATE SIGNED	Lellevo	24c. NAME OF CEMETER	Y OR CREMATORY 24d. L	OCATION (City, town,	m.0
7/6/6 Z	7-7-62	Evergreen	26. FUNERAL DIRECTOR	outhgate, Ky.	ADDRESS
Burial			The John J. F	Radel Co. New	port. Ky.
Burial		PANATH, H. A.			
Burial 25a. DATE REC'D B		yynaith, fl A			
25a. DATE REC'D B'		уулатн, ң д			OWWOOD THE WATER

I, Barbara F. White, State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof have hereunto subscribed my name and

caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this

U.S. PATENT NO.'s 4227720 4265469 4310180 4227719 4210346 4341404 4351547

Davara J. While



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND FORM V.S. NO. T-A REV. 1-56 FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS COMMONWEALTH OF KENTUCKY FILE NO. 116_ DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS CERTIFICATE OF DEATH REGISTRAR'S NO. 2090 Primary Registration District No. Registration District No 1. PLACE OF DEATH a. COUNTY CAMpbell. 2. USUAL RESIDENCE a. STATE c. CITY OR TOWN C. LENGTH OF IS RESIDENCE INSIDE CITY LIMITS? d. FULL NAME OF /If not in hospital or institution HOSPITAL OR INSTITUTION /033 Orch AR 1033 Orch ARA (Year) 3. NAME OF 57 DEATH JULY GABELMAN OFA (Type or Print) 9. AGE (In years 1 Year If Under 24 Hrs. 5. SEX 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH Female Dec 25-1908 MARRIEd. 10g. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR IN-11. BIRTHPLACE (State or fo 12 CITIZEN OF WHAT COUNTRY? CAROL Co. Ky 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Belle John EVER IN U. S. ARMED FORCES? 15. WAS DECEASED 16. SOCIAL SECURITY 17. INFORMANT RAIDH GABELMAN HUSBANG No INTERVAL BETWEEN MEDICAL CERTIFICATION IS. CAUSE OF DEATH Cardiac * Asthma. PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Chronic Bronchial asthma. Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (6) DUE TO (c) PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(G) 19. WAS AUTOPSY PERFORMED? -066-34 41 HOMICIDE 21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20. ACCIDENT MEDI 21b. TIME OF Hour Month, Day, Yea a. m. 21e. CITY, TOWN, OR LOCATION COUNTY STATE 21d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. INJURY OCCURRED WHILE AT AT WORK AT WORK July 26, 19 57 that I last saw the deceased 22. I hereby certify that I assended the deceased from July 26, 1957, to and that death occurred at 2.30, Pon Mbe causes and on the date stated above. 23c. SEGNATURE 23a. DATE SIGNED 1036 MadisonAve..Cov., Ky 24c. NAME OF CEMETERY OR CREMATORY 24a. BURIAL, CREMA TION, REMOVAL (Sp. Tul4 30,57 Evergreen Cem Burini ADDRESS 25b. REGISTRAR'S SIGNATURE 25a. DATE REC'D BY LOCAL REG. 3 E 6 th. Newbort, Ky. EALTH OF



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TELEBRAT CHOTTOTAL ACTIVITY	EALTH OF KENTUCK Department of Health	Y NG. 116	11110
U. S. PUBLIC HEALTH SERVICE BUREAU	U OF VITAL STATISTICS	1.5	9
		DETIVINE NO. 100	
Registration District No	OO Primary Begistration Distr	let No. 2090	
PLACE OF DEATH		NCE (Where deceased lived. If i	nstitution: residence before
a. COUNTY Campbell	a. STATE Kentu		obell similation)
b. CITY (If outside corporate limits, write BURAL and give C. LENGT OR township) STAY(in thi	is place) OR	prate limits, write RURAL and g	re township)
TOWN Newport FULL NAME OF(If not in hospital or institution, give street address	TOWN NEWD	OPU rural, give location)	
HOSPITAL OR location) INSTITUTION 617 Hest 3rd St	ADDRESS	7 East 3rd St	
NAME OF a. (First) b. (Middle)	c. (Last)	4. DATE (Month)	(Day) (Year)
(Tupe or Print) Mr. John Bryant Hicks		DEATH Sent	5 1954
6. COLOR OR RACE 7. MARRIED, NEVER MARRI WIDOWED, DIVORCED(S)	IED, 8. DATE OF BIRTH	9. AGE(In years If Under last birthday) Months	
male white married	2-23-1902	52	
USUAL OCCUPATION(Give kind of work 10b. KIND OF BUSINESS Cone during most of working life, even if	USTRY		12. CITIZEN OF WHAT COUNTRY?
routed Used Car Dept Seiller Mo.	. Co. Carrol Co		U.S.A.
John Hicks	5 Rollo unk	n 0 14 70	
/AS DECEASED EVER IN U. S. ARMED FORCES? I.E. SOCIAL SEC no, or unknown) (If yee, give war or dates of service)			
XXX XXX	Mrs Floss	ie P. Hicks-	
	CAL GERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	Coronary Thrombo	215.	48 hre.
This does not mean Morbid conditions, if any, giv- DUE TO (b),			
mode of dying, ing rise to the above cause has heart failure. (a) station the underlying			
henia, etc. It means disease, injury, or polication which he is a little of the control of the c			
sed death. Conditions contributing to the death but not			
related to the disease or condition causing de DATE OF OPERA-19b. MAJOR FINDINGS OF OPERATION	sath.		20. AUTOPSY?
TION	4201-08	1-17	YES NO E
	. AL CITY TOWN OR TOW	(COUNTY)	(STATE)
SUICIDE home, farm, factory, street, off	n or about to (Citt, 10WH, OR 10W		
SUICIDE bome, farm, factory, street, off etc.) TIME (Month) (Day) (Year) (Hour) 21e, INJURY OCCUI	RRED 21f. HOW DID INJURY OCC	OUR?	
SUICIDE bome, farm, factory, street, off HOMICIDE etc.) TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCUI	RRED 21f. HOW DID INJURY OCC	ZUR?	
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SUICIDE home, farm, factory, street, off etc.) TIME (Mouth) (Day) (Year) (Hour) 21e. INJURY OCCUP WHILE AT NOT WE WORK AT WO WHILE AT NOT WE WORK AT WO AT WO AT SIGNED 23b. ADDRESS 23b. ADDR	RRED 21f. HOW DID INJURY OCK HILE THE SHOPE SHOPE STORY TO A M. FORM	the causes and on the da	(Degree or tith) Ounty) (State) DRESS Ky.
SUICIDE bone, farm, factory, street, off etc.) TIME (Mouth) (Day) (Year) (Hour) 21e. INJURY OCCUP WHILE AT NOT WE WORK AT WO I hereby certify that I attended the deceased from alive on Sept 1, 10 5, and that death occur DATE SIGNED 23b. ADDRESS Madiso n Ave., CO BURIAL, CREMA, REMOVAL(Specify) 125b. REGISTRAR'S SIGNATURE	RRED 21f. HOW DID INJURY OCK HILE THE SHOPE SHOPE STORY TO A M. FORM	the causes and on the da	(Degree or tith) Outy) (State)
SUICIDE home, farm, factory, street, off etc.) TIME (Mouth) (Day) (Year) (Hour) 21e. INJURY OCCUP WHILE AT NOT WE WORK AT WO WHILE AT NOT WE WORK AT WO AT WO AT SIGNED 23b. ADDRESS 23b. ADDR	RRED 21f. HOW DID INJURY OCK HILE THE SHOPE SHOPE STORY TO A M. FORM	the causes and on the da	(Degree or tith) Ounty) (State) DRESS Ky.

U.S. PATENT NO.'s 4227720 4265469 4310180 4227719 4210345 4341404 4351547



	SECURITY AG	ENCY	COMMONWEALTI DEPARTMENT DIVISION OF VIT CERTIFICATE	OF HEALTH FILE N	o. 116 <u>59</u>	- 6752 205,
	Registra	tion District No	200/ Prima	ry Registration District No	2088.	
PLACE OF DI	Campbe	e11		2. USUAL RESIDENCE a. STATE Ky.	(Where deceased b, COUNTY	Campbell
TOWN	Ft. The	omas	3 Hours	c. CITY OR TOWN Newpo		IS RESIDENCE ON A FARM
d. FULL NAME (HOSPITAL OI INSTITUTION	of (If not in location) St.	hospital or institut	on, give street address or		erton St.	S RESIDENCE INSIDE CITY LIMITS? YES NO
NAME OF DECEASED	a. (First)		b, (Middle)	c. (Last) Brooks	4. DATE (OF DEATH	(Month) (Day) (Year) 4/3/59
(Type or Print		R RACE 7. MARRI WIDOWE	ED, NEVER MARRIED, D, DIVORCED (Specify)	8. DATE OF BIRTH	last birthday)	If Under 1 Year If Under 24 Hr. Months Days Hours Min.
Male or USUAL OCCU done during in retired) Pump	PATION (Give king life	ite]	Married ND OF BUSINESS OR IN- DUSTRY	10/1/93 11. BIRTHPLACE (State or for	elgn country)	12. CITIZEN OF WHAT COUNTRY?
S. PATHER'S NAM	WE	or Dav Brooks	ison Ch emic a	14. MOTHER'S MAIDEN NAI	ngton, Ky. ME a Glacken	U.S.A.
5. WAS DECEASED Yes, no, or unknow Yes	D EVER IN U. S	. ARMED FORCES? war or dates of service	16. SOCIAL SECURITY NO. 402-07-032		nce Brooks	3
Yes 18. CAUSE OF PART 1. DE	DEATH ATH WAS CAUSED IMMEDIATE CA If any, rise to se (a) transfer to transfer	BY: (a) Acute	402-07-0320 MEDICAL O	Flores ERTIFICATION nfarct, massive	nce Brooks	Niterval serveen Niterval serveen Notest And Deart Notest And Deart Notest And Deart
Yes, no, or unknow Yes 18. CAUSE OF PART I. DE Conditions, which gave above caus stating the lying caus PART II, OTH	DEATH ATH WAS CAUSED IMMEDIATE CA (f any, rise to see (a) truder last. ER SIGNIFICANT CO	BY: (a) Acute TO (b) COPOL TO (c) NOTIONS CONTRIBUTIONS CONTRIBUTIONS	402-07-032 MEDICAL O myocardial i myocardial i	Flores ERTIFICATION nfarct, massive		INTERVAL SETWEEN ONSET AND DEATH 100 HOURS 1 year PART 1(a) 19. WAS AUTOPSY PERFORMED?
Yes, no, or unknow Yes Is. CAUSE OF PART I, DE Conditions, which gave above caus stating the lying caus PART II, OTH Dis 20. ACCIDENT 21b. TIME OF NUMY	DEATH DEATH ATH WAS CAUSED IMMEDIATE CA If any, rise to complete cap last. DUE SEE SIGNIFICANT CO CADE TO SUICIDE Hour Month, D. The complete cap last. The complete cap last. DUE BUICIDE Hour Month, D. The complete cap last.	BY: (a) Acute TO (b) Coror TO (c) COROR NOTIONS CONTRIBUT 11itus 12id. DES	MEDICAL OF MEDICAL OF MYOCARDIAL 1 INTERPRETATION OF THE PROPERTY APPEARS OF T	Flores ERTIFICATION nfarct, massive lerosis	CONDITION GIVEN IN P	INTERVAL SETWEEN ONSET AND DEATH 140 HOURS 1 year PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\begin{array}{c} \text{NO} \text{X} \\ \text{YES} \(\begin{array}{c} \text{NO} \\ \text{X} \\ \text{YES} \\ \ext{NO} \\ \text{YES} \\ \text{NO} \\ \text{YES} \\ \text{YES} \\ \text{NO} \\ \text{YES} \\ \text{YES} \\ \text{NO} \\ \text{YES} \\ \te
Yes, no, or unknow Yes 18. CAUSE OF PARI I. DE Conditions, which gates above caustating the lying caus PARI II, OTHI 20. ACCIDENT 21b. TIME OF INJURY OCCUPATION 21c. INJURY OCCUPATION WHILE AT	DEATH DEATH ATH WAS CAUSED IMMEDIATE CA If any, rise to complete to comple	BY. (a) Acute TO (b) Coror TO (c) NOTIONS CONTRIBUTE COMMICDE 21a, DES CARRY Year 21d, PLACE OF INJE	MEDICAL OF MEDICAL OF MYOCARDIA IN MYOCARDIA IN MYOCARDIA IN MYOCARD IN MYOCA	Flores ERTIFICATION Infarct, massive lerosis LATED 10 THE TERMINAL DISEASE	CONDITION GIVEN IN P	INTERVAL SETWEEN ONSET AND DEATH 140 HOURS 1 year PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\begin{array}{c} \text{NO} \text{X} \\ \text{YES} \(\begin{array}{c} \text{NO} \\ \text{X} \\ \text{YES} \\ \ext{NO} \\ \text{YES} \\ \text{NO} \\ \text{YES} \\ \text{YES} \\ \text{NO} \\ \text{YES} \\ \text{YES} \\ \text{NO} \\ \text{YES} \\ \te
Yes, no, or unknow Yes 18. CAUSE OF PART I, DE Conditions, which gave above cau stating the lying caus PART II, OTH Dis 20. ACCIDENT 21b. TIME OF INJURY OCC WHILE AT WORK 2. I hereby cert alive on	DEATH DEATH ATH WAS CAUSED If any, rise to se (a) indering better Experimental better SUICIDE Hour Month, Dane During many During many During better SUICIDE Hour Month, Dane During many During many During many During better SUICIDE Hour Month, Dane During many During man	BY: (a) Acute TO (b) COPOR TO (c) NOTIONS CONTRIBUT 11 itus 12 id. PLACE OF INII farm, factory aded the decease 19 59, a	MEDICAL O MEDICA	Flores ERTIFICATION Infarct, massive lerosis LATED 10 THE TERMINAL DISEASE () LEDI (Enter nature of injury in the continuous in the	CONDITION GIVEN IN P In Part I or Part II ATION , 19 59, 1.	INTERVAL SETWEEN ONSET AND DEATH 140 HOURS 1 year PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\backslash \) NO \(\backslash \) COUNTY STATE that I last saw the decease the dart stated above.
Yes, no, or unknow Yes 18. CAUSE OF PART I, DE Conditions, which gave above cau stating the lying caus PART II, OTH Dis 20. ACCIDENT 21b. TIME OF INJURY OCC WHILE AT WORK 2. I hereby cert alive on 3a. DATE SIGNED	EVER IN U. S If yes, give W. W. DEATH ATH WAS CAUSED IMMEDIATE CA If any, rise to se (a) Indering Due ER SIGNIFICANT CO Abetes Me SUICIDE Hour Month, D CURRED NOT WHILE AT WORK Lify that I atter Lify that I atter 23b. ADDRESS 30 E. 8	BY: (a) Acute TO (b) COPOR TO (c) NOTIONS CONTRIBUTE CONTINUE 21a. DES CONTRIBUTE And PLACE OF INITIATION, factory and the decease 19 59, a The Stee No. 19	MEDICAL OF	Flores ERTIFICATION Infarct, massive lerosis LATED 10 THE TERMINAL DISEASE O LED (Enter nature of injury in 10 19 58 to 14-3- d at 2:30 m, from the 23c. SIGNATURE	CONDITION GIVEN IN P in Part I or Part II ATION 19 59, to causes and on the	INTERVAL SETWEEN ONSET AND DEATH 100 HOURS 1 year PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \ NO \ \overline{\text{X}} of item 18.) COUNTY STATE that I last saw the decease the date stated above. (Degree or title)
Yes, no, or unknow Yes Yes 18. CAUSE OF PART I, DES Conditions, which gave above cause stating the lying cause PART II, OTH Dis 20. ACCIDENT 21b. TIME OF INJURY OCC WHILE AT INJURY O	EVER IN U. S If yes, give W. W. DEATH ATH WAS CAUSED IMMEDIATE CA If any, rise to se (a) IMMEDIATE CA If any, rise to se (a) IMMEDIATE CA EXAMPLE CA DUE RE SIGNIFICANT CO ADDETES MONTH MONTH, D AT WORK Lify that I atter L-3- D 23b. ADDRESS 30 E. 8 MA- Specify) 24b. DA A	BY: (a) Acute TO (b) COPOR TO (c) NOTIONS CONTRIBUTE CONTINUE 21a. DES CONTRIBUTE And PLACE OF INITIATION, factory and the decease 19 59, a The Stee No. 19	MEDICAL OF	Flores ERTIFICATION Infarct, massive lerosis LATED TO THE TERMINAL DISEASE O LEDI (Enter nature of injury in the continuous of the	CONDITION GIVEN IN P In Part I or Part II ATION , 19 59, 1.	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TO NO. T



THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

COLE, AUSTIN A. Internment No. 46873
Sec73 Lot 444 Single Grave Sec
Date of Death 4/25/70 Date of Internment 4/28/70 Ag 56
Single
Name of Parents Holman Cole and Ivy Hicks
Place of Nativity Newport, Ky. Undertaker Muehlenkamp&Erschell
Residence 302 Knollwood Dr. Ft. Thomas, Ky.
Place of Death Cinn. Ohio
Lot Owner
What Relation
Vault Wilbert vault
Name of Nearest Relative Virginia Cole-wife
Address
2M - 4-66 8381

BROOKS, HARRY D.	Internment No44916
Sec. 63 Lot. 158N	Single Grave Sec
Date of Death 2/26/66	Date of Internment 3/1/66 Age 81
Single Married	WidowedX WhiteX Colored
Name of Parents Thomas Breek	ks & Resamend Davies
Place of Nativity Ky.	Undertaker Debbling
Residence 441 Ward Ave.,	Bellevue, Ky.
Place of Death Speers Hosy	p. Dayten, Ky.
Lot Owner	
Vault Our slab	
Name of Nearest Relative Billy	Breeks (grandsen)
	Bellevue, Ky.
2M. 4-62 8381 MICHAELS	

TITA	Internment No. 43287
BROOKS, LULA	Sec
	50 NaSingle Grave
	C. L. termment 6-7-1906AgeAge
Date of Death	X. WidowedWhiteX. Colored
Place of NativityCarrol	ton Ky. Undertaker Radel St. Newport Ky.
Harry Harry	3rooka
Name of Nearest Relative	same
Address	
Zux)	

COLE, IVY	Internment No
Sec73 Lot. 444 N	part Single Grave Sec
Date of Death. 9-2-1964	ate of Internment. 9-5-1964 8-23-1892
Single Married X	Widowed White Colored Colored
Name of Parents	Bella
Place of Nativity. English K	y. Undertaker Muehlenkamp
Residence 114 Hope Lane	e Highland Heights, Kv.
Place of Death Speers Hesp	
Lot Owner Austin Cole	
What Relation mother	
Vault Wilbert va	ult
Name of Nearest Relative	Austin Cele son
Address	same
2M, 4-62 8381 MICHAELS	

	Burial Permit No	1431C
Hicks, Robert A.	Interment No. 21	532
93 RZ	Single Grave	Sec
	11-13-1937	7-22-1870
Date of Interment	Not ivit.v-	Louisville My.
Single Married X Widowed and	Sarah Cather	ine Jones
Parents' Names John A Hicks dia	, i	F Fuldher
Lot Owner Anna F H1CKS 320 Overton St.	Newport Kyall	
Place of Death	Interment	
Size and Kind of Grave H & B Sla		
Removed	,	
Remarks:		
	Laterment No.	3835]
HICKS, ANNA FLORENCE	Interment 140	Sec
Sec. 71 Lot 93 E2	Single Grave	_1951 11-22-1874
Date of Death 12-18-1951 Date of	Interment 12-23	eXColored
Single Married With FIRE	STONE AND NAC	ÖBE UTLEY
Name of farcing	Kv Underta	kerULUIOI
1817 N. ". 4(01	10 000	
Cerebral nemo	TTHASO	mermen +
anna Hicks		Single Grave \$
What Relationself What Relationsect:	ional	
Kind of Grave	Lonar	Cemetery Box \$
Name of Nearest Relative <u>Frances</u> Address 1815 II. V. 47th	. St. Miani	Elia \$ 5.00
Address		
	in.	
		No. 15455
Hicks Many Polls	4.	
Hicks, Mary Belle		
SecLot	Single Grave	Sec
Date of Interment 5/10/1940	5 -7-1940	Age 6-5-1386
Single	Born- Carı	roll Co. Ky.
Parents' Names Jos, Hicks and	Mabraley Grin	nes
Lot Owner Myrtle Browder	Undertaker	Betz
Place of Death 3807 Brotherto	on R. Cintil vad	Ahio
07		
Size dia 11111 of Control		
Removed John Hic	oks	

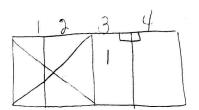
Gabelman, Leroy
Internment No. 52793
Single Grave 526 956
Date of Deeth 5/4/1985
Married
Name of Pares, Ralph Francisco 12/14/1947
Place of Nethrity Ohio Vondania Wordania
Place of Netwity Ohio Understanderhaar-Stetter-Betz
Place of Death Cincinnati Ohio
Lot Owner
What Relation
Vault concrete box
Name of Nearest Relation Edward Col.
Address 350 Riddle Road, Newport, Ky.

•

GABELMAN, FLORA	Interment No40995
Sec. Lot.	
Sec	7-30-1957 Are 12-25-1908
Date of Death Date of I	nterment 7-30-1957 Age 12-25-1908
Y	White A Colored
CAROL CO. M.	Undertoker
1022 Omahand St	NewDor't IV
Residence	
Disease single	
Lot Owner single self	
What Relation havter sia	0
Vault	D.J. L. Cabalman
Vault	-Raiph Gabelman
Address	

SECTION	78	LOT	23	OWNER GABLEMAN, SHERRY	DZ
Purchased 1/2	4/94	GRAVE	3 & 4	ADDRESS .88 Azalea Terrace, Ft. Thomas,	
DEED BOOK	7			PERMANENT CARE 41075	<u> </u>
PAGE 48					
GRAVE NO.	DATE	OF BURIAL	NAME	TYPE OF CONTAINER	
	T	- 25 100/	Corold W Ga	helman Monticello	

5/2/94-has monument a vuse



SABELMAN, GERALD WAYNE
Sec. 78
Sec. 78 Lot 23 Sind Control of the C
Single Grave 3
Sec. 78
Single Date of t
Name of Internment 1/25/94 5/25/194
Ralph Gabal Widowed Age
Single Date of Internment 1/25/94 5/25/194 Name of Parents Ralph Gabelman & Flora Hicks Place of Nativity Cinti, Ohio
Name of Parents Ralph Gabelman & Flora Hicks Place of Nativity Cinti, Ohio Residence 88 Azalea 7 Undertak Muchlowicz Mu
Place of Parents Ralph Gabelman & Flora Hicks Place of Nativity Cinti, Ohio Residence 88 Azalea Terrace, Ft. Thomas, Ky. 41075 Lot Owner Montain Montain March Carlot Country Lot Owner Montain Montain Montain March Carlot Country Lot Owner Montain Montain Montain March Carlot Country Lot Montain Montain Montain March Carlot Country Lot Owner March Carlot Coun
Lot Owner
V-1
Vault Monticello
Next of VI
Add Sherry Gabal
Next of Kin/Relationship Sherry Gabelman (wife) Address 88 Azalea Terrace - Ft. Thomas, Ky. 41075
refrace - Ft Th
Inomas, Ky. 41075

SECTION NO. 64 LOT	NO. 142 ^N Ø WNER	John Landers		
ADDRESS	119 Newman	Fort Thomas.	Kentucky 41075	
DEED BOOK X PAGE	23 -2- GRAVE NO.		PERMANENT CARE	ANNUAL CARE
GRAVE DATE OF	Purchased 3/14/1973	Pernetual Car	e # 8592 TYPE OF	ANNUAL CARE
NO. BURIAL	NAME	- orpecuar oar	CONT.	

1-March 14, 1973 Louise Landers Wilbert Monticello
2-January 9, 1978 John J. Landers Monticello
3-January 11, 1978 Dwayne Gabelman Casket
4-January 11, 1978 Christy Lynn Gabelman Casket



Gabelman, Christy Lynn Internment No. 50141
Sec Lot
Date of Death 1-10-78 Date of Internment 1-11-1978 Age 1 Day
Single
Name of ParentsGerald Gabelman &
Place of Nativity My.
Residence 88 Azalea Terrace, Ft. Thomas
Place of Death
Lot Owner
What Relation
Vault
Vault Father Gerald Gabelman
Address Same
2M - 4-66 8381
2M - 4-66 8381
2M - 4-66 8381
2.11 - 4-66 8381
Gabelman, Dwayne (Stillborn) 40140
Gabelman, Dwayne (Stillborn) 40140 Sec. 64 Lot. 142N½ Single Grave. Sec.
Gabelman, Dwayne (Stillborn) 40140 Sec. 64 Lot. 142N Single Grave. Sec. Date of Death 3-10-1978 Date of Internment 1-11-1978 Stillborn
Gabelman, Dwayne (Stillborn) 40140
Gabelman, Dwayne (Stillborn) 40140 Sec. 64 Lot 142N Single Grave Sec. Date of Death 1-10-1978 Date of Internment 1-11-1978 Stillborn Single Married Widowed White Colored Name of Parents Gerald Gabelman &
Gabelman, Dwayne (Stillborn) 40140 Sec. 64 Lot. 142N½ Single Grave Sec. Date of Death 3-10-1978 Date of Internment 1-11-1978 Stillborn Single Married Widowed White Colored Name of Parents Gerald Gabelman & Place of Nativity Ky. Underthe Muchlenkamp-Erschell
Gabelman, Dwayne (Stillborn) 40140 Sec. 64 Lot. 142N½ Single Grave Sec. Date of Death 3-10-1978 Date of Internment 1-11-1978 Stillborn Single Married Widowed White Colored Name of Parents Gerald Gabelman & Place of Nativity Ky. Underthe Muchlenkamp-Erschell
Gabelman, Dwayne (Stillborn) 40140 Sec. 64 Lot. 142N½ Single Grave. Sec. Date of Death 1-10-1978 Date of Internment 1-11-1978 Stillborn Single. Married. Widowed. White. Colored. Name of Parents. Gerald Gabelman & Muchlenkamp-Erschell Residence 88 Azalea Terrace, Ft. Thomas, Ky.
Gabelman, Dwayne (Stillborn) 40140 Sec. 64 Lot. 142N½ Single Grave Sec. Date of Death 3-10-1978 Date of Internment 1-11-1978 Stillborn Single Married Widowed White Colored Name of Parents Gerald Gabelman & Place of Nativity Ky. Underthe Muchlenkamp-Erschell
Gabelman, Dwayne (Stillborn) 40140 Sec. 64 Lot. 142N½ Single Grave. Sec. Date of Death 1-10-1978 Date of Internment 1-11-1978 Stillborn Single. Married. Widowed. White. Colored. Name of Parents. Gerald Gabelman & Muehlenkamp-Erschell Residence 88 Azalea Terrace, Ft. Thomas, Ky. Place of Death. Ft. Thomas, Ky. Lot Owner What Relation
Gabelman, Dwayne (Stillborn) 40140 Sec. 64 Lot 142N½ Single Grave. Sec. Date of Death 1-10-1978 Date of Internment 1-11-1978 Stillborn Single. Married. Widowed. White. Colored. Name of Parents. Gerald Gabelman & Muehlenkamp-Erschell Residence 88 Azalea Terrace, Ft. Thomas, Ky. Place of Death. Ft. Thomas, Ky. Lot Owner What Relation Vault Casket
Gabelman, Dwayne (Stillborn) 40140 Sec. 64 Lot 142N½ Single Grave. Sec. Date of Death 1-10-1978 Date of Internment 1-11-1978 Stillborn Single. Married. Widowed. White. Colored. Name of Parents. Gerald Gabelman & Muehlenkamp-Erschell Residence 88 Azalea Terrace, Ft. Thomas, Ky. Place of Death. Ft. Thomas, Ky. Lot Owner What Relation Vault Casket
Gabelman, Dwayne (Stillborn) 40140 Sec. 64 Lot. 142N½ Single Grave. Sec. Date of Death 1-10-1978 Date of Internment 1-11-1978 Stillborn Single. Married. Widowed. White. Colored. Name of Parents. Gerald Gabelman & Muehlenkamp-Erschell Residence 88 Azalea Terrace, Ft. Thomas, Ky. Place of Death. Ft. Thomas, Ky. Lot Owner What Relation

SECTION NO.	71 LOT N	O132E/2 OWNER	JOHN & F	LOSSIE HICKS		
ADDRESS						98
DEED BOOK	PAGE	GRAVE	NO. MO	NUMENT LOT	PERMANENT CARE	ANNUAL CARE
GRAVE	DATE OF	*****			TYPE OF	
NO.	BURIAL	NAME			CONT.	
7 0 1 7	0.305/	John Hicks			Steel Vault	t.
l-Septem b er	8,1954	John Hicks				
2 May 22, 1	993	Flossie Edna	Hicks		Monticello	

2 1

HICKS, JOHN BRYANT	Interment No	39651	
Sec. 71 Lot 132 $E_2^{\frac{1}{2}}$	Single Grave	Sec	
Date of Death 9-5-1954 Date of Inter	ment 9-8-1954	Age 52	
Single Married_X Widowed John and Belle		Colored_	
Name of Parents Sound and Belle Place of Nativity Carrol County K		Allison	1 & Rose
home	Public Vault	171	0.00
John & Flossie Hick	rs	3	
self	Single Gro	ove \$	
What Relationsteel_vault	Reserve	\$	
Kind of Grave Plossue P	icks Lot	\$	
Name of Nearest Re 6149 13. 3rd. St.	Newport Kegmetery	Box \$	
	Tent	\$	

HICKS, FLOSSIE EDNA 55306
Sec. 71 Lot 132 E½ Single Grave
Date of Death
Single
Place of Nativity Campbell Cty. Undertaker Alex. Funeral Home Residence Baptist Convalescent Center, Nept. Ky.
Place of Death Baptist Home, Nept., Ky. 41071
Lot Owner Monticello Vault Monticello
Next of Kin/Relationship Jack Pape (Nephew) Address 11 Thatcher Ct. Alex. Ky. 41001