

Registrar of Vital Statistics

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FORM V.S. NO. 1-A
(REV. 1/68)

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF HEALTH
OFFICE OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILE NO. 116 **74 12054**

REGISTRAR'S NO. **446**

Registration District No. **790** Primary Registration District No. **2290**

DECEASED
USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

1. DECEASED—NAME FIRST: Holman MIDDLE: Cole LAST: Cole		2. SEX: Male	3. DATE OF DEATH (MONTH, DAY, YEAR): April 24, 1974
RACE (SPECIFY): white	AGE—LAST BIRTHDAY (YEARS): 85	UNDER 1 YEAR: 5a. UNDER 1 DAY: 5b.	DATE OF BIRTH (MONTH, DAY, YEAR): Aug 17, 1888
4. CITY, TOWN, OR LOCATION OF DEATH: Covington		7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes	7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): St. Elizabeth
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Indiana	9. CITIZEN OF WHAT COUNTRY: USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): married	11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Della Skirvin
12. SOCIAL SECURITY NUMBER:	13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Engraver	13b. KIND OF BUSINESS OR INDUSTRY: Stationary	
14a. RESIDENCE—STATE: Ky	14b. COUNTY: Grant	14c. CITY, TOWN, OR LOCATION: Crittenden	14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): No
		14e. STREET AND NUMBER: Route #1	

PARENTS

15. FATHER—NAME FIRST: James MIDDLE: Holman LAST: Holman	16. MOTHER—MAIDEN NAME FIRST: Unknown MIDDLE: Unknown LAST: Unknown
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17a. INFORMANT—NAME: Della Cole	17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Route #1 Crittenden, Ky 41030
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CAUSE

PART I: DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE
(a) ~~Generalized arteriosclerosis~~ **Generalized arteriosclerosis**

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST:
(b) ~~Generalized arteriosclerosis~~ **Generalized arteriosclerosis**

(c)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) AUTOPSY (YES OR NO) IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

Intertrochanter fracture right hip, Anemia 19a. **No** 19b. **No**

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY): 4-5-74 accident	DATE OF INJURY (MONTH, DAY, YEAR): 4-5-74	HOUR: 5:30P M.	20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18): Patient loss balance and fell.
20a. INJURY AT WORK (SPECIFY YES OR NO): no	20b. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY): home	20c. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE): R. R. #1 Box 97 Crittenden, Ky. 41030	

CERTIFIER

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM **4-8-74** TO **4-22-74** AND LAST SAW HIM/HER ALIVE ON **4-22-74** I DID/DID NOT VIEW THE BODY AFTER DEATH. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

21a. **4-8-74** 21b. **4-22-74** 21c. **4-22-74** 21d. **6:00 PM**

CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.

22a. **4-23-74** 22b. **4-23-74** 22c. **74** 22d. **6:00 PM**

23a. CERTIFIER—NAME (TYPE OR PRINT): Robert M. Runge, M.D.	SIGNATURE: <i>Robert M. Runge</i>	23b. DATE SIGNED (MONTH, DAY, YEAR): 5-3-74
23c. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 823 Scott Street Covington, Kentucky 41011		

BURIAL

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial	CEMETERY OR CREMATORY—NAME: Hill Crest	24b. LOCATION: Dry Ridge, Ky
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24c. DATE (MONTH, DAY, YEAR): 4-27-74	FUNERAL DIRECTOR—SIGNATURE (LIC. NO.): <i>John M. Eckler</i> 2593	24d. ADDRESS (ZIP CODE): Dry Ridge, Ky 41035
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25a. NAME OF EMBALMER: John M. Eckler 2593	REGISTRAR—SIGNATURE: <i>Evelyn Harris</i>	25b. DATE RECEIVED BY LOCAL REGISTRAR: May 7, 1974
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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 name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 2 day of June, 1974.

Barbara F. White
Barbara F. White, State Registrar

Registrar of Vital Statistics

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FORM V.S. NO. T-A REV. 1-56 FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		COMMONWEALTH OF KENTUCKY DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS CERTIFICATE OF DEATH		FILE NO. 116	64 19691
Registration District No. <u>200</u>		Primary Registration District No. <u>2093</u>			
1. PLACE OF DEATH a. COUNTY <u>Campbell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ky.</u> b. COUNTY <u>Campbell</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dayton</u>		c. LENGTH OF STAY (in this place) <u>19 Days</u>		c. CITY OR TOWN <u>Highland Heights</u> IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Spears</u>		d. STREET ADDRESS <u>114 Hope Lane</u>		IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Try</u> b. (Middle) <u>Cole</u> c. (Last) <u>Cole</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9/2/64</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8/22/92</u>	9. AGE (in years last birthday) <u>72</u>	If Under 1 Year: Months <u>5</u> Days <u>15</u> Hours <u>3</u> Min. <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaker</u>	11. BIRTHPLACE (State or foreign country) <u>English, Ky.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Hicks</u>			14. MOTHER'S MAIDEN NAME <u>Belle (No Record)</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NO.</u>	17. INFORMANT <u>Austin Cole</u>		
18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute cardiac failure</u>		MEDICAL CERTIFICATION <u>acute cardiac failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u>	
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) <u>acute cardiac failure</u>		DUE TO (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"/>		20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			
21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)		21b. TIME OF INJURY Hour <u>9:20</u> Month, Day, Year <u>9/2/64</u>			
21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21e. CITY, TOWN, OR LOCATION COUNTY STATE	
22. I hereby certify that I attended the deceased from <u>Oct, 1954 to 9-2, 1964</u> that I last saw the deceased alive on <u>9/2, 1964</u> and that death occurred at <u>11A m.</u> , from the causes and on the date stated above.					
23a. DATE SIGNED <u>9/10/64</u>		23b. ADDRESS <u>222 E 6th Newport, Ky</u>		23c. SIGNATURE <u>[Signature]</u> (Degree or title)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/5/64</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen</u>	
24d. LOCATION (City, town, or county) (State) <u>Southgate Ky.</u>		25a. DATE REC'D BY LOCAL REG. <u>9-14-64</u>		25b. REGISTRAR'S SIGNATURE <u>REUBEN C. MORATH, R. A.</u>	
26. FUNERAL DIRECTOR <u>W.S. Muehlenkamp Sons Inc.</u>		ADDRESS <u>Newport, Ky.</u>			



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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 name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 2 day of June, 1968.

Barbara F. White

Barbara F. White, State Registrar

Registrar of Vital Statistics

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FORM V. S. NO. 1-A REV. 1-56		COMMONWEALTH OF KENTUCKY DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS CERTIFICATE OF DEATH		FILE NO. <u>116</u>	66 4471
Registration District No. <u>200</u>		Primary Registration District No. <u>2093</u>			
1. PLACE OF DEATH a. COUNTY <u>Campbell</u>		2. USUAL RESIDENCE a. STATE <u>Ky.</u> b. COUNTY <u>Campbell</u>			
b. CITY OR TOWN <u>Dayton</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY OR TOWN <u>Bellevue</u> IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Speers Hospital</u>		d. STREET ADDRESS <u>441 Ward Ave.</u>		IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED a. (First) <u>HARRY</u> b. (Middle) <u>D.</u> c. (Last) <u>BROOKS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 26, 1966</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>Jan. 18, 1885</u>		9. AGE (in years last birthday) <u>81</u>		If Under 1 Year: Months _____ Days _____ If Under 24 Hrs.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if part-time) <u>Ret'd. Mechanic-Metro. Buick Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Ky.</u>	
12. CITIZEN OF WHAT COUNTRY? _____		13. FATHER'S NAME <u>Thomas Brooks</u>		14. MOTHER'S MAIDEN NAME <u>Rosamond Davies</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>269-01-1684</u>		17. INFORMANT <u>Mr. Billy Brooks</u>	
18. CAUSE OF DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Cerebro-Vascular accident</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u>	
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		DUE TO (c) <u>Arteriosclerosis, Sclerosis</u>		<u>10 years</u>	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Stroke</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)			
21b. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21e. CITY, TOWN, OR LOCATION		COUNTY STATE	
22. I hereby certify that I attended the deceased from <u>Feb 25, 1966</u> to <u>Feb 26, 1966</u> that I last saw the deceased alive on <u>Feb 25, 1966</u> and that death occurred at <u>Bellevue, Ky.</u> from the causes and on the date stated above.					
23a. DATE SIGNED <u>3-1-66</u>		23b. ADDRESS <u>Bellevue Ky</u>		23c. SIGNATURE (Degree or title) <u>Stanley Walker MD</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3/1/1966</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen</u>	
24d. LOCATION (City, town, or county) (State) <u>Southgate, Ky.</u>		25a. DATE REC'D BY LOCAL REG. <u>3-3-66</u>			
25b. REGISTRAR'S SIGNATURE <u>REUBEN C. MORATH</u> By <u>S. J. Dep</u>		26. FUNERAL DIRECTOR ADDRESS <u>A.C. Dobbins & Son, Inc., Bellevue, Ky.</u>			



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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 name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 2 day of June, 1966.

Barbara F. White

Barbara F. White, State Registrar

Registrar of Vital Statistics

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FORM V.S. NO. T-A REV. 1-58 FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		COMMONWEALTH OF KENTUCKY DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS CERTIFICATE OF DEATH		FILE NO. 116 <u>62 14850</u>	REGISTRAR'S NO. <u>448</u>
Registration District No. <u>200</u>		Primary Registration District No. <u>2090</u>			
1. PLACE OF DEATH a. COUNTY <u>Campbell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ky.</u> b. COUNTY <u>Campbell</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Newport</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Newport</u> IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>648 York St.</u>		d. STREET ADDRESS <u>648 York St.</u>		IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) <u>Lula</u>		a. (First) <u>Lula</u> b. (Middle) <u>Brooks</u> c. (Last) <u>Brooks</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 3 62</u>	
5. SEX <u>Fe.</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Nov. 26-1892</u>		9. AGE (In years last birthday) <u>69</u>		If Under 1 Year: Months <u>7</u> Days <u>3</u> If Under 24 Hrs. Hours <u>62</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Ky.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		13. FATHER'S NAME <u>John Hicks</u>		14. MOTHER'S MAIDEN NAME <u>Belle Hicks</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Harry Brooks Husband</u>	
18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Acute Coronary occlusion</u> 4-201 Conditions, if any, which gave rise to above cause (d) stating the underlying cause last: DUE TO (b) <u>Coronary occlusion</u> DUE TO (c) <u>arterio occlusion</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> <u>2-5 yrs.</u> <u>5-60 yrs.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)			
21b. TIME OF INJURY Hour <u>4-201</u> Month, Day, Year a. m. p. m.		21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21e. CITY, TOWN, OR LOCATION		COUNTY STATE	
22. I hereby certify that I attended the deceased from <u>Jan 1961</u> to <u>death</u> , 19 <u>62</u> , that I last saw the deceased alive on <u>7/2</u> , 19 <u>62</u> , and that death occurred at <u>7/2</u> at <u>7:30</u> a. m., from the causes and on the date stated above.					
23a. DATE SIGNED <u>7/6/62</u>		23b. ADDRESS <u>Bellevue, Ky.</u>		23c. SIGNATURE (Degree or title) <u>R. C. Clear M.D.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-7-62</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen</u>	
24d. LOCATION (City, town, or county) (State) <u>Southgate, Ky.</u>		25a. DATE REC'D BY LOCAL REG. <u>7-10-62</u>		25b. REGISTRAR'S SIGNATURE <u>REUBEN C. MORATH, R. A.</u>	
26. FUNERAL DIRECTOR <u>The John J. Radel Co. Newport, Ky.</u>		ADDRESS			



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Barbara F. White

Barbara F. White, State Registrar

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FORM V.S. NO. T-A REV. 1-56 FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		COMMONWEALTH OF KENTUCKY DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS CERTIFICATE OF DEATH		FILE NO. 116 57- 13601	REGISTRAR'S NO. 512
Registration District No. 200		Primary Registration District No. 2090			
1. PLACE OF DEATH a. COUNTY Campbell		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE Ky b. COUNTY Campbell			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Newport		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Newport	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1033 Orchard St.		d. STREET ADDRESS 1033 Orchard		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED a. (First) FLORA		b. (Middle) GABELMAN		c. (Last) GABELMAN	
4. DATE OF DEATH July 26 57		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Dec 25-1908		9. AGE (In years last birthday) 48	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) CAROL Co. Ky	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME John Hicks		14. MOTHER'S MAIDEN NAME Belle Hicks	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT Ralph GABELMAN (Husband)	
18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cardiac * Asthma.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Chronic.	
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) Chronic Bronchial asthma.		DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 241 X - 066 - 34		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)			
21b. TIME OF INJURY Hour Month, Day, Year		21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21e. CITY, TOWN, OR LOCATION		COUNTY STATE	
22. I hereby certify that I attended the deceased from July 26, 1957 to July 26, 1957 that I last saw the deceased alive on July 26, 1957 and that death occurred at 2:30 P.M. due to the causes and on the date stated above.					
23a. DATE SIGNED 7-29-57		23b. ADDRESS 1036 Madison Ave., Cov., Ky.		23c. SIGNATURE (Degree or title)	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 30, 57		24c. NAME OF CEMETERY OR CREMATORY Evergreen Cem.	
24d. LOCATION (City, town, or county) (State) Southgate Ky		25a. DATE REC'D BY LOCAL REG. 7-31-57			
25b. REGISTRAR'S SIGNATURE REUBEN C. MORATH, R. A. By [Signature]		26. FUNERAL DIRECTOR H. C. Betz, Sons 23 E 6th St. Newort, Ky.			



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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 name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 2 day of June, 1958.

Barbara F. White

Barbara F. White, State Registrar

Registrar of Vital Statistics

Certified Copy



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

Form V. S. 1-A		COMMONWEALTH OF KENTUCKY		54 17116
FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		Department of Health BUREAU OF VITAL STATISTICS		FILE NO. 116
		CERTIFICATE OF DEATH		REGISTRATION NO. 129
Registration District No. <u>200</u>		Primary Registration District No. <u>2090</u>		
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
a. COUNTY <u>Campbell</u>		a. STATE <u>Kentucky</u> b. COUNTY <u>Cambell</u>		
b. CITY OR TOWN <u>Newport</u>		c. CITY OR TOWN <u>Newport</u>		
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS <u>617 East 3rd St.</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or hospital or location) <u>617 East 3rd St.</u>		d. STREET ADDRESS <u>617 East 3rd St.</u>		
3. NAME OF DECEASED		4. DATE OF DEATH		
a. (First) <u>Mr. John Bryant Hicks</u>		b. (Middle)		
c. (Last)		c. (Month) (Day) (Year) <u>Sept 5 1954</u>		
(Type or Print)				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>2-23-1902</u>	
9. AGE (In years last birthday) <u>52</u>		9. AGE (In years last birthday) If Under 1 Year: Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mgr. Used Car Dept.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Seiller Mo. Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Carroll Co., Ky.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>John Hicks</u>		
14. MOTHER'S MAIDEN NAME <u>Belle unknown</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>XXX</u>		
16. SOCIAL SECURITY NO. <u>65</u>		17. INFORMANT <u>Mrs Flossie P. Hicks - wife</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>
		ANTECEDENT CAUSES		
		DUE TO (b)		
		DUE TO (c)		
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201-081-17</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>Sept. 3 54</u> to <u>Sept 5 54</u>, 19<u>54</u>, that I last saw the deceased alive on <u>Sept. 4, 1954</u>, and that death occurred at <u>4:00 A. M.</u>, from the causes and on the date stated above.				
23a. DATE SIGNED <u>9-7-54</u>		23b. ADDRESS <u>1036 Madison Ave., Cov., Ky.</u>		23c. SIGNATURE <u>[Signature]</u> (Degree or title)
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9-8-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cemetery, Southgate, Ky.</u>
24d. LOCATION (City, town, or county) (State)		25a. DATE REC'D BY REG. <u>9-8-54</u>		
25b. REGISTRAR'S SIGNATURE <u>Josephine S. Magnus</u>		26. FUNERAL DIRECTOR ADDRESS <u>Allison & Rose-Covington, Ky.</u>		



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Barbara F. White
Barbara F. White, State Registrar

U.S. PATENT NO. 4 227720 4265469 4310180 4227719
4218246 4361404 4351547

Registrar of Vital Statistics

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FORM V.S. NO. 1-A REV. 1-56 FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		COMMONWEALTH OF KENTUCKY DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS CERTIFICATE OF DEATH		FILE NO. 116 59- 6762
Registration District No. <u>2001</u>		Primary Registration District No. <u>2088</u>		
1. PLACE OF DEATH a. COUNTY Campbell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Ky. b. COUNTY Campbell		
b. CITY (If outside corporate limits, write RURAL and give township) St. Thomas		c. LENGTH OF STAY (in this place) 3 Hours		c. CITY OR TOWN Newport
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke		d. STREET ADDRESS 616 Overton St.		
3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) A. c. (Last) Brooks		4. DATE OF DEATH (Month) (Day) (Year) 4/3/59		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10/1/93	9. AGE (In years last birthday) 65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pump Operator		10b. KIND OF BUSINESS OR INDUSTRY Daivson Chemical		11. BIRTHPLACE (State or foreign country) Covington, Ky.
13. FATHER'S NAME Oliver Brooks		14. MOTHER'S MAIDEN NAME Martha Glacken		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I		16. SOCIAL SECURITY NO. 402-07-0326		17. INFORMANT Florence Brooks
18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarct, massive		INTERVAL BETWEEN ONSET AND DEATH 48 hours		
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis		1 year		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Diabetes Mellitus		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		21a. DESCRIBE HOW INJURY OCCURRED! (Enter nature of injury in Part I or Part II of item 18.) 4201		
21b. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21e. CITY, TOWN, OR LOCATION COUNTY STATE		
22. I hereby certify that I attended the deceased from <u>Nov. 9</u> , 19 <u>58</u> to <u>4-3</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>4-3</u> , 19 <u>59</u> , and that death occurred at <u>2:30P</u> m., from the causes and on the date stated above.				
23a. DATE SIGNED 4-6-59	23b. ADDRESS 30 E. 8th St., Newport, Ky.	23c. SIGNATURE (Degree or title) <i>[Signature]</i>		
24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/7/59	24c. NAME OF CEMETERY OR CREMATORY Floral Hills	24d. LOCATION (City, town, or county) (State) Kenton Co. Ky.	
25a. DATE REC'D BY LOCAL REG. 4-10-59	25b. REGISTRAR'S SIGNATURE REUBEN C. MORATH, R. A.	26. FUNERAL DIRECTOR ADDRESS W.S. Muehlenkamp & Sons Newport, Ky.		

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Barbara F. White

Barbara F. White, State Registrar

COLE, AUSTIN A. Internment No. 46873
Sec. 73 Lot. 444 Single Grave..... Sec.....
Date of Death 4/25/70 Date of Internment 4/28/70 Age 56
Single..... Married X Widowed..... White X Colored.....
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 same
2M - 4-66 8381

BROOKS, LULA Internment No. 43287
Sec. 55-6-3 Lot. 158 N¹/₂ Single Grave..... Sec.....
Date of Death 7-3-1962 Date of Internment 6-7-1962 Age 69
Single..... Married X Widowed..... White X Colored.....
Name of Parents John Hicks and Belle Hicks
Place of Nativity Carrollton Ky. Undertaker Radal
Residence 648 York St. Newport Ky.
Place of Death residence
Lot Owner Harry Brooks
What Relation wife
Vault Peerless sectional
Name of Nearest Relative Harry Brooks husband
Address same
2M, 4-62 8381 MICHAELS

BROOKS, HARRY D. Internment No. 44916
Sec. 63 Lot. 158N¹/₂ Single Grave..... Sec.....
Date of Death 2/26/66 Date of Internment 3/1/66 Age 81
Single..... Married..... Widowed X White X Colored.....
Name of Parents Thomas Brooks & Rosamond Davies
Place of Nativity Ky. Undertaker Debbling
Residence 441 Ward Ave., Bellevue, Ky.
Place of Death Speers Hosp. Dayton, Ky.
Lot Owner
What Relation
Vault Our slab
Name of Nearest Relative Billy Brooks (grandson)
Address 441 Ward Ave., Bellevue, Ky.
2M, 4-62 8381 MICHAELS

COLE, IVY Internment No. 44262
Sec. 73 Lot. 444 N part Single Grave..... Sec.....
Date of Death 9-2-1964 Date of Internment 9-5-1964 Age 8-23-1892
Single..... Married X Widowed..... White X Colored.....
Name of Parents John Hicks and Bella
Place of Nativity English Ky. Undertaker Muehlenkamp
Residence 114 Hope Lane Highland Heights, Ky.
Place of Death Speers Hosp.
Lot Owner Austin Cole
What Relation mother
Vault Wilbert vault
Name of Nearest Relative Austin Cole son
Address same
2M, 4-62 8381 MICHAELS

Hicks, Robert A. Burial Permit No. 14310
 Interment No. 31532
 Sec. 71 Lot 93 E $\frac{1}{2}$ Single Grave Sec.
 Date of Interment 11-13-1937 11-13-1937 Age 7-22-1870
 Single Married Widowed Nativity- Louisville Ky.
 Parents' Names John A Hicks and Sarah Catherine Jones
 Lot Owner Anna F Hicks Undertaker W F Fuldner
 Place of Death 320 Overton St. Newport Ky. Public Vault
 Size and Kind of Grave H & B Slab
 Removed
 Remarks:

HICKS, ANNA FLORENCE Interment No. 38351
 Sec. 71 Lot 93 E $\frac{1}{2}$ Single Grave Sec.
 Date of Death 12-18-1951 Date of Interment 12-21-1951 Age 11-22-1874
 Single Married Widowed White Colored
 Name of Parents BENJAMIN FIRESTONE AND NAOBE UTLEY
 Place of Nativity Frank fort Ky Undertaker Fuldner
 Place of Death 1815 N. W. 47th. St. Miami Fla
 Disease Cerebral Hemorrhage Interment \$ 50.00
 Lot Owner Anna Hicks Single Grave \$
 What Relation self Reserve \$
 Kind of Grave Baxter sectional Lot \$
 Name of Nearest Relative Frances McGarry Cemetery Box \$
 Address 1815 N. W. 47th. St., Miami Fla \$ 5.00

Hicks, Mary Belle Burial Permit No. 15455
 Interment No. 32677
 Sec. 71 Lot 112W $\frac{1}{2}$ Single Grave Sec.
 Date of Interment 5/10/1940 5-7-1940 Age 6-5-1886
 Single Married Widowed Born- Carroll Co. Ky.
 Parents' Names Jos. Hicks and Mabraley Grimes
 Lot Owner Myrtle Browder Undertaker Betz
 Place of Death 3807 Brotherton R. Cincinnati Ohio
 Size and Kind of Grave Clark Steel Vault
 Removed John Hicks
 Remarks: 118 E. 4th. New port Ky.

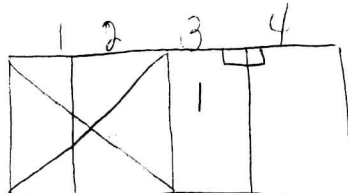
Gabelman, Leroy Internment No. 52793
 Sec. 68 Lot Single Grave 896 956
 Date of Death 5/4/1985 Date of Internment 5/8/1985 Age 37
 Single Married Widowed divorced 12/14/1947
 Name of Parents Ralph Franklin Gabelman / Flora Hicks
 Place of Nativity Ohio Undertaker Vonderhaar-Stetter-Betz
 Residence Cincinnati, Ohio
 Place of Death Cincinnati, Ohio
 Lot Owner
 What Relation
 Vault concrete box
 Name of Nearest Relative Edward Gabelman brother
 Address 350 Riddle Road, Newport, Ky.

GABELMAN, FLORA Internment No. 40995
 Sec. Lot Single Grave 926 Sec. 68
 Date of Death 7-26-1957 Date of Internment 7-30-1957 Age 12-25-1908
 Single Married Widowed White Colored
 Name of Parents John Hicks and Belle Hicks
 Place of Nativity Cadol Co. Ky Undertaker Betz
 Residence 1033 Orchard St. Newport Ky.
 Disease pending
 Lot Owner single
 What Relation self
 Vault baxter slab
 Name of Nearest Relative husband-Ralph Gabelman
 Address same

SECTION	78	LOT	23	OWNER	GABLEMAN, SHERRY	DZ	
Purchased	1/24/94	GRAVE	3 & 4	ADDRESS	88 Azalea Terrace, Ft. Thomas, Ky.		
DEED BOOK	7					PERMANENT CARE	41075
PAGE	48						

GRAVE NO.	DATE OF BURIAL	NAME	TYPE OF CONTAINER
1	January 25, 1994	Gerald W. Gabelman	Monticello

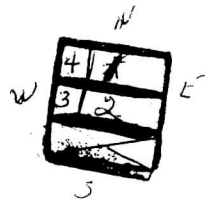
5/2/94 - Has monument & vase



GABELMAN, GERALD WAYNE
 Sec. 78 Lot 23 Internment No. 55511
 Single Grave 3
 Date of Death 1/22/94 Date of Internment 1/25/94 5/25/1943
 Single Married Widowed Age
 Name of Parents Ralph Gabelman & Flora Hicks
 Place of Nativity Cinti, Ohio Undertaker Muehlenkamp-Erschell
 Residence 88 Azalea Terrace, Ft. Thomas, Ky. 41075
 Place of Death 88 Azalea Terrace
 Lot Owner Monticello
 Vault Monticello
 Next of Kin/Relationship Sherry Gabelman (wife)
 Address 88 Azalea Terrace - Ft. Thomas, Ky. 41075

SECTION NO. 64 LOT NO. 142 ^{N $\frac{1}{2}$} OWNER John Landers
 ADDRESS 119 Newman Fort Thomas, Kentucky 41075
 DEED BOOK X PAGE 23 -2- GRAVE NO. MONUMENT LOT PERMANENT CARE ANNUAL CARE
 GRAVE NO. DATE OF BURIAL Purchased 3/14/1973 Perpetual Care # 8592 TYPE OF CONT.
 NAME

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. 64 Lot. 142 N $\frac{1}{2}$ Single Grave. Sec.
 Date of Death 1-10-78 Date of Internment 1-11-1978 Age 1 Day
 Single..... Married..... Widowed..... White..... Colored.....
 Name of Parents Gerald Gabelman &
 Place of Nativity Ky. Undertaker Muehlenkamp-Erschell
 Residence 88 Azalea Terrace, Ft. Thomas
 Place of Death.....
 Lot Owner
 What Relation Casket
 Vault
 Name of Nearest Relative Father Gerald Gabelman
 Address Same
 2M - 4-66 8381

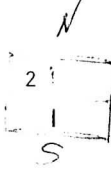
Gabelman, Dwayne (Stillborn) Internment No. 40140
 Sec. 64 Lot. 142 N $\frac{1}{2}$ Single Grave. Sec.
 Date of Death 1-10-1978 Date of Internment 1-11-1978 Age Stillborn
 Single..... Married..... Widowed..... White..... Colored.....
 Name of Parents Gerald Gabelman &
 Place of Nativity Ky. Undertaker Muehlenkamp-Erschell
 Residence 88 Azalea Terrace, Ft. Thomas, Ky.
 Place of Death Ft. Thomas, Ky.
 Lot Owner
 What Relation
 Vault Casket
 Name of Nearest Relative Same father Gerald Gabelman
 Address Same
 2M - 4-66 8381

SECTION NO. 71 LOT NO 132 E 1/2 OWNER JOHN & FLOSSIE HICKS

ADDRESS

DEED BOOK	PAGE	GRAVE NO. MONUMENT LOT	PERMANENT CARE <input type="checkbox"/>	ANNUAL CARE <input type="checkbox"/>
GRAVE NO.	DATE OF BURIAL	NAME	TYPE OF CONT.	

1-September 8, 1954	John Hicks		Steel Vault	
2 May 22, 1993	Flossie Edna Hicks		Monticello	



HICKS, JOHN BRYANT Intermment No. 39651

Sec. 71 Lot 132 E 1/2 Single Grave Sec.

Date of Death 9-5-1954 Date of Intermment 9-8-1954 Age 52

Single _____ Married Widowed _____ White Colored _____

Name of Parents John and Belle Hicks

Place of Nativity Carrol County Ky. Undertaker Allison & Rose

Place of Death home Public Vault _____

Disease John & Flossie Hicks Intermment \$ 70.00

Lot Owner self Single Grave \$ _____

What Relation steel vault Reserve \$ _____

Kind of Grave Flossie P Hicks Lot \$ _____

Name of Nearest Relative 617 E. 3rd. St. Newport Ky. Cemetery Box \$ _____

Address _____ Tent \$ _____

HICKS, FLOSSIE EDNA Intermment No. 55306

Sec. 71 Lot 132 E 1/2 Single Grave 1-20-06

Date of Death 5/17/93 Date of Intermment 5/22/93 Age 87

Single _____ Married _____ Widowed _____

Name of Parents John Henry Pape/Dora Tarvin

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 _____

Vault Monticello

Next of Kin/Relationship Jack Pape (Nephew)

Address 11 Thatcher Ct. Alex. Ky. 41001