

Ellison, Anna Maud Culbertson 1867 - 1943

Form T. S. 1-A
 DEPARTMENT OF COMMERCE
 Bureau of the Census
 COMMONWEALTH OF KENTUCKY
 Department of Health
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
 State File No. _____
 Registrar's No. 2177
 Registration District No. 790 X Primary Registration District No. 2290
 1. PLACE OF DEATH: Kenton
 (a) County Covington
 (b) City or town Covington
 (c) Name of hospital or institution: 3914 Gilbert Ave.
 (d) Length of stay: _____
 2. USUAL RESIDENCE OF DECEASED:
 (a) State Kentucky (b) County Kenton
 (c) City or town Covington, Ky.
 (d) Street No. 3914 Gilbert Ave.
 (e) If foreign born, how long in U. S. A.? _____ years
 3(a) FULL NAME Ann M. Ellison
 3(b) If veteran, _____ 3(c) Social Security No. _____
 4. Sex Female 5. Color or race White 6(a) Single, widowed, married, divorced Widow
 6(b) Name of husband or wife George T. Ellison
 6(c) Age of husband or wife if alive _____ Years
 7. Birth date of deceased November 28, 1867
 8. AGE: Years 75 Months 1 Day 14 If less than one day hr. _____ min. _____
 9. Birthplace Kenton Co., Ky.
 10. Usual occupation None
 11. Industry or business _____
 FATHER { 12. Name James C. Culbertson
 13. Birthplace Kenton Co., Ky.
 MOTHER { 14. Maiden name Mary Colman
 15. Birthplace Kenton Co., Ky.
 16(a) Informant's own signature Mrs. G. W. Ellison
 (b) Address Covington, Ky.
 17. BURIAL, CREMATION, OR REMOVAL
 Place Highland Date Jan. 15, 1943
 18(a) Signature of funeral director T. M. Swindler
 (b) Address Covington, Ky.
 19(a) JAN 14 1943 (Date received by local registrar) Mrs. H. C. White (Registrar's signature)
 MEDICAL CERTIFICATION
 20. DATE OF DEATH January -12- 1943
 21. I hereby certify that I attended the deceased from July 1940 to Jan 12 1943 that I last saw him alive on Jan 12 1943 and that death occurred on the date stated above at 3:10 P.M.
 Immediate cause of death Broncho-Pneumonia DURATION 1/2 day
 Due to Coronary Arteriosclerosis Hypertension
Myocardial Infarction
Renal Calculus
 Other conditions _____ (Include pregnancy within 3 months of death)
 Major findings:
 Of operations none 131A 23D
 Of autopsy none
 22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (b) Date of occurrence _____
 (c) Where did injury occur? In or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
 While at work? _____ (a) Means of injury _____
 23. Signature [Signature] (b) D. or other _____
 Address Covington, Ky. Date stated 1/14/43
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