

Lillick, Clara Faye Lutton 1883 - 1945

Kentucky Post - April 20, 1945

### Former Newport Teacher Dies

Services for Mrs. Clara Lutton Lillick, 709 Maple avenue, Newport, former school teacher in that city and Dayton, will be held at the Vonderhaar & Stetter funeral home, Newport, at 10 a. m. Saturday. Burial will be in Spring Grove cemetery.

Mrs. Lillick died Thursday at her home following a brief illness. She taught at Newport's 10th Street School for 14 years, and in Dayton nine years.

She leaves three daughters, Dr. Lois Lillick, Newport; Mrs. Clara Thorpe, Newport, and Mrs. Virginia Gomez, Cincinnati.

7287  
154-80

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

Register - District No. 200 Primary Registration District No. 2090

<p>1. PLACE OF DEATH:</p> <p>(a) County <u>Campbell</u></p> <p>(b) City or town <u>Newport</u> <small>(If outside city or town limits, write RURAL)</small></p> <p>(c) Name of hospital or institution <u>709 - Maple Ave</u> <small>(If not in hospital or institution give street number or location)</small></p> <p>(d) Length of stay: In hospital or community _____ <small>(years, months or days)</small></p> <p>3(a) FULL NAME <u>Clara Lillick</u></p> <p>3(b) If veteran, Name war _____</p> <p>3(c) Social Security No. _____</p> <p>4. Sex <u>F</u>    5. Color <u>W</u>    6(a) Marital status <u>Married</u></p> <p>6(b) Name of husband or wife <u>Fred Lillick</u></p> <p>6(c) Age of husband or wife if alive _____ Years</p> <p>7. Birth date of deceased <u>Nov 25 - 1883</u> <small>(Month) (Day) (Year)</small></p> <p>8. AGE: Years <u>61</u>    Months _____    Days _____    If less than one day _____ <small>or _____ Min.</small></p> <p>9. Birthplace <u>Dayton, Ohio</u></p> <p>10. Usual occupation <u>Teacher</u></p> <p>11. Industry or business _____</p> <p>12. Name <u>Alfred Lutton</u></p> <p>13. Birthplace <u>Mo</u></p> <p>14. Maiden name <u>Mary Jane Culbertson</u></p> <p>15. Birthplace <u>Mo</u></p> <p>16(a) Informant's own signature <u>Clara Thorpe</u></p> <p>(b) Address <u>Newport</u></p> <p>17. BURIAL, CREMATION, OR REMOVAL</p> <p>Place <u>Spring Grove</u>    Date <u>Apr 21 - 1945</u></p> <p>18(a) Signature of funeral director <u>Wendell ...</u></p> <p>(b) Address _____</p> <p>19(a) <u>4-23-45</u>    <u>Josephine S. Meyers R.R.</u> <small>(Date received by local registrar) (Registrar's signature)</small></p>	<p>2. USUAL RESIDENCE OF DECEASED:</p> <p>(a) State <u>Ky</u>    (b) County <u>Campbell</u></p> <p>(c) City or town <u>Newport</u> <small>(If outside city or town limits, write RURAL)</small></p> <p>(d) Street No. <u>709 Maple</u> <small>(If rural give precinct)</small></p> <p>(e) If foreign born, how long in U. S. &amp; T. _____ years</p> <p>20. DATE OF DEATH <u>Apr 19 - 1945</u></p> <p>21. I hereby certify that I attended the decedent from <u>10/19 - 1944</u> to <u>4/19/45</u> that I last saw him alive on <u>4/12/45</u> and that death occurred on the date stated above at <u>9:00 A.M.</u></p> <p>Immediate cause of death <u>Coronary Occlusion</u>    DURATION _____</p> <p>Due to <u>Arteriosclerotic &amp; Hypertensive Heart Disease</u></p> <p>Other conditions: <u>Hypothyroidism</u> <small>(Include pregnancy within 3 months of death)</small></p> <p>Major findings: Of operations _____ Of autopsy _____</p> <p>22. If death was due to external causes, fill in the following:</p> <p>(a) Accident, suicide, or homicide (specify) _____</p> <p>(b) Date of occurrence _____</p> <p>(c) Where did injury occur? in or about home, on farm, in industrial place, in public place? _____ <small>(Specify type of place)</small></p> <p>While at work? _____    (c) Means of injury _____</p> <p>23. Signature <u>Emily Rogers Wood M.D.</u>    (M. D. or other) Address <u>834 N. 71st Avenue Ave.</u>    Date signed <u>4/20/45</u> <u>77 - Thomson, Ky.</u></p>
--	--

Whenever the coronary suggests AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.