

Lillick, Fredrick Edwin 1882 - 1928

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
1 PLACE OF DEATH County <u>Hamilton</u> Registration District No. <u>194</u> File No. <u>49079</u> Township _____ Primary Registration District No. _____ Registered No. <u>4937</u> or Village _____ No. _____ Street <u>Hospital</u> St. _____ Ward _____ or City of <u>Cincinnati</u> (If death occurred in a hospital or institution, give its NAME instead of street and number)				2 FULL NAME <u>Fred E. Lillick</u> Did Deceased Serve in U.S. Navy or Army _____ (a) Residence. No. <u>6634 Iris Ave</u> St. _____ Ward <u>Parade Heights</u> (Usual place of abode) (If nonresident give city or town and State) 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.			
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 Single, Married, Widowed or Divorced (write the word) <u>Married</u>		16 DATE OF DEATH (month, day and year) <u>8/10 1928</u>			
5a If married, widowed or divorced HUSBAND of (or) WIFE of <u>Clara</u>		6 DATE OF BIRTH (month, day, and year) <u>May 27/82</u>		17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows: <u>Encephalitis Lethargica</u>			
7 AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min. <u>45</u>		8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Contractor</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		CONTRIBUTORY (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds. 18 Where was disease contracted (duration) _____ yrs. _____ mos. _____ ds. If not at place of death? _____ Did an operation precede death? _____ Date of _____ Was there an autopsy? <u>No</u> What test confirmed diagnosis? <u>No History</u> (Signed) <u>Fredrick Turing M. D.</u> <u>8/10 1928</u> (Address) <u>Storonski</u>			
9 BIRTHPLACE (city or town) <u>New Richmond</u> (State or country) <u>Ohio</u>		10 NAME OF FATHER <u>Peter Lillick</u>		*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)			
11 BIRTHPLACE OF FATHER (city or town) <u>Ohio</u> (State or country) _____		12 MAIDEN NAME <u>Brookline Fagen</u>		19 PLACE OF Burial, Cremation, or Removal <u>Spring Grove</u> DATE OF BURIAL <u>8/13/28</u>		20 UNDER TAKER <u>Honshurst & Steller</u> ADDRESS <u>Newport</u>	
13 BIRTHPLACE OF MOTHER (city or town) <u>Ohio</u> (State or country) _____		14 Informant <u>Clara Lillick</u> (Address) <u>6634 Iris Ave</u>		20a WAS THE BODY EMBALMED? _____		EMBALMER'S LICENSE NO. _____	
15 FILED <u>AUG 10 1928</u> <u>Evans</u> REGISTRAR							