

Lutton, Nancy Jane Culbertson 1859 - 1923

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
STATE OF OHIO BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH			
1 PLACE OF DEATH County <u>Hamilton</u> Registration District No. <u>827</u> File No. <u>54696</u>		Registered No. <u>5103</u>	
Township <u>Franklin</u> Primary Registration District No. <u>827</u> St. <u>Ward</u>		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>Nancy J. Lutton (Lutton)</u>			
(a) Residence No. <u>6151 Grand</u> St. Ward <u>Ward</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>F</u>	4 COLOR OR RACE <u>W</u>	5 Single, Married, Widowed or Divorced (write the word) <u>Widow</u>	
5a If married, widowed or divorced HUSBAND or (or) WIFE of <u>Alfred W. Lutton</u>			
6 DATE OF BIRTH (month, day, and year) <u>Apr 15 1859</u>			
7 AGE Years <u>64</u>	Months <u>0</u>	Days <u>0</u>	8 If LESS than 1 day hrs. or min.
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>At Home</u>			
(b) General nature of industry, business, or establishment in which employed (or employer)			
(c) Name of employer			
9 BIRTHPLACE (city or town) <u>Campbell Co Ky</u>			
(State or country)			
10 NAME OF FATHER <u>John W. Culbertson</u>			
11 BIRTHPLACE OF FATHER (city or town) <u>Campbell Co Ky</u>			
(State or country)			
12 MAIDEN NAME OF MOTHER <u>Johnston</u>			
13 BIRTHPLACE OF MOTHER (city or town) <u>Campbell Co Ky</u>			
(State or country)			
14 Informant (Address) <u>Mrs. Clara Lutton</u>			
<u>Franklin</u>			
15 SEP 1 1923 Registrar <u>Edward Evans</u>			
16 DATE OF DEATH (month, day and year) <u>Sept 13 1923</u>		17 I HEREBY CERTIFY, That I attended deceased from <u>Sept 10 1923</u> to <u>Sept 13 1923</u>	
that I last saw h. alive on <u>Sept 13 1923</u>			
and that death occurred, on the date stated above, at <u>8:30 a.m.</u>			
The CAUSE OF DEATH* was as follows: <u>Chronic Disease of the Heart</u>			
CONTRIBUTORY <u>Exhaustion of strength of heart muscle</u> (duration) <u>2 yrs</u> mos. <u>10</u> ds.			
18 Where was disease contracted? <u>At home</u>			
If not at place of death?			
Did an operation precede death? <u>No</u> Date of <u> </u>			
Was there an autopsy? <u>No</u>			
What test confirmed diagnosis? <u> </u>			
(Signed) <u>P. J. Shank</u> M. D.			
Address <u>5816 Montgomer, Rd</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.)			
19 PIECE OF BURIAL, CREMATION, OR REMOVAL <u>Sp 9 Graves</u>		DATE OF BURIAL <u>Sept 17 1923</u>	
20 UNDERTAKER, License No. <u> </u>		ADDRESS <u> </u>	