

Kentucky Post - October 22, 1918

## LUTTON BURIAL IS ARRANGED

Body To Be Placed in Spring  
Grove Cemetery.

Services for Robert Lutton, Dayton druggist, who died Monday at his mother's home, Sixth and Clay streets, Dayton, of Spanish influenza, will be held Wednesday morning at his late home.

The body will be buried in Spring Grove Cemetery, Cincinnati.

FORM V - 1-2008 Commonwealth of Kentucky STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS <b>CERTIFICATE OF DEATH</b>		File No. <b>25209</b> Registered No. <b>140</b> <small>[If death occurred in a hospital or institution, give its NAME instead of street and number.]</small>
1 PLACE OF DEATH County <u>Campbell</u> Registration District No. <u>102</u> Ino. Town <u>Dayton</u> Primary Registration District No. <u>1093</u> City <u>Dayton</u> (No. <u>802.6 av</u> ) St. <u>        </u> Ward <u>        </u>		
2 FULL NAME <u>Robert Lutton</u>		
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
3 SEX <u>m</u>	4 COLOR OR RACE <u>w</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>
6 DATE OF BIRTH <u>July 13, 1882</u>		6 DATE OF DEATH <u>Oct 21, 1918</u>
7 AGE <u>36</u> yrs. <u>        </u> mos. <u>        </u> ds.	IF LESS than 1 day... hrs. or... min.?	17 I HEREBY CERTIFY, That I attended deceased from <u>Oct 12, 1918</u> , to <u>Oct 21, 1918</u> , that I last saw h... alive on <u>Oct 20, 1918</u> , and that death occurred on the date stated above at <u>12</u> m. The CAUSE OF DEATH* was as follows: <u>Influenza</u>
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Druggist</u> (b) General nature of industry business or establishment in which employed (or employer)		Contributory <u>Bronch pneumonia</u>
9 BIRTHPLACE (State or country) <u>Newport Ky</u>		(Signed) <u>S. J. Lamm</u> , M. D. <u>Oct 21, 1918</u> (Address) <u>Dayton Ky</u>
10 NAME OF FATHER <u>Alfred Lutton</u>	11 BIRTHPLACE OF FATHER (State or country) <u>Centre O</u>	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.
12 MOTHER NAME <u>Hannie Culbertson</u>	13 BIRTHPLACE OF MOTHER <u>Cass spy Ky</u>	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death... yrs... mos... ds. In the State... yrs... mos... ds. Where was disease contracted, if not at place of death? Former or usual residence
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Hannie Lutton</u> (Address) <u>802.6 av</u>		19 PLACE OF BURIAL OR REMOVAL <u>Spring Grove</u> DATE OF BURIAL <u>Oct 22, 1918</u>
15 Filed <u>Oct 21, 1918</u> by <u>Lillie LeRoy</u> REGISTRAR		UNDERTAKER <u>John... &amp; Steller</u> ADDRESS <u>Dayton Ky</u>