

Telford, William J 1905 - 1939



Kentucky Post - March 6, 1939

Services Set For Patrolman

Heart Attack Fatal To William Telford

Funeral services for Covington Patrolman William J. Telford, who died Sunday following more than a month's illness will be held at the Henry Linnemann & Sons funeral home, Covington, Wednesday at 8:30 a. m. with Requiem High Mass at St. Augustine Church at 9 a. m. Burial will be in St. Mary's Cemetery. He was 33.

Patrolman Telford died at his home, 1711 Euclid avenue, at 5 p. m. after the Covington Life Squad had made a futile effort to revive him after he became critically ill nearly two hours before. He was stricken with heart disease several months ago.

The young officer had served on the Covington police force for the past nine years. He was assigned to outside duty, driving a police cruiser, until six months ago, when Chief Al Schild assigned him to inside work in the department's traffic and identification bureaus.

He was employed by the Wadsworth Electric Co., Covington, and the Louisville & Nashville R. R. Co. before joining the police department.

Patrolman Telford was a son of the late Patrolman William Telford, who died 11 years ago. He was also a nephew of Patrolman William Mulligan.

He leaves his widow, Mrs. Hilda Wilbers Telford; one son, William Telford Jr.; one daughter, Patsey Ann Telford; his mother, Mrs. Lyda Telford, Covington, and two sisters, Mrs. John Howison, Cincinnati, and Miss Luella Telford, Covington.

Telford, William J 1905 - 1939

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. **7600**
Registered No. _____

1. PLACE OF DEATH
County Kenton
Vot. Pct. _____
Inc. Town _____
City Covington (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME William J. Telford **IF VETERAN, WHAT WAR?** _____
(a) Residence No. 1711 Euclid Ave St. _____ Ward _____
(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.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>M</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Married</u>		21. DATE OF DEATH <u>March 5, 1939</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Hilda Wilbers</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 20, 1939</u> to <u>March 5, 1939</u> . Last saw him alive on <u>March 5, 1939</u> , death is said to have occurred on the date stated above, at <u>4:30 P.M.</u> The principal cause of death and related causes of importance in order of onset were as follows: <u>Myo Carditis</u> Date of onset <u>1/20/39</u>	
6. DATE OF BIRTH <u>August 14, 1905</u>				7. AGE Years <u>33</u> Months <u>6</u> Days <u>19</u> If LESS than 1 day..... hrs. or..... min.	
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Covington Police Dept.</u>					
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Traffic Dept.</u>				Contributory causes of importance not related to principal cause: <u>Hemorrhage of lungs.</u>	
10. Date deceased last worked at this occupation (month and year) <u>Jan 30, 1939</u>				11. Total time (years) spent in this occupation. <u>9 yrs.</u>	
12. BIRTHPLACE <u>Covington, Kentucky</u>					
13. NAME <u>William Telford Sr.</u>					
14. BIRTHPLACE <u>Ireland</u>					
15. MAIDEN NAME <u>Lyda Mulligan</u>					
16. BIRTHPLACE <u>Covington, Kentucky</u>					
17. INFORMANT <u>Mrs. Hilda Telford</u> (Address) <u>1711 Euclid Ave - Cov. Ky</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Mary's Ceme.</u> Date <u>March 8, 1939</u>					
19. UNDERTAKER <u>Kent Linnemann Sons</u> (Address) <u>Covington - Kentucky</u>					
20. FILED <u>MAR 7 - 1939</u> <u>Irma H.C. Othman</u> Registrar.					
				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>✓</u> date of injury <u>✓</u> <u>19</u> Where did injury occur? <u>✓</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
				Manner of injury <u>✓</u> Nature of injury <u>✓</u>	
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify <u>5319</u> (Signed) <u>Leonard Kawasaki</u> M. D. (Address) <u>907 Clark St. - Cincinnati, O.</u>					