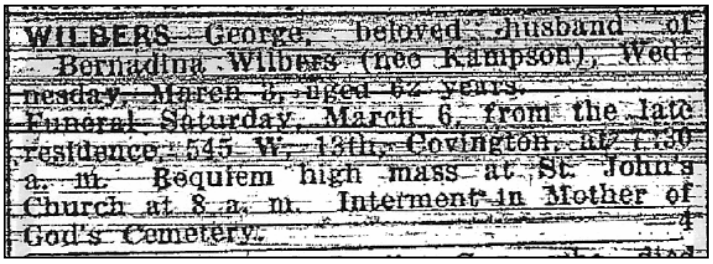
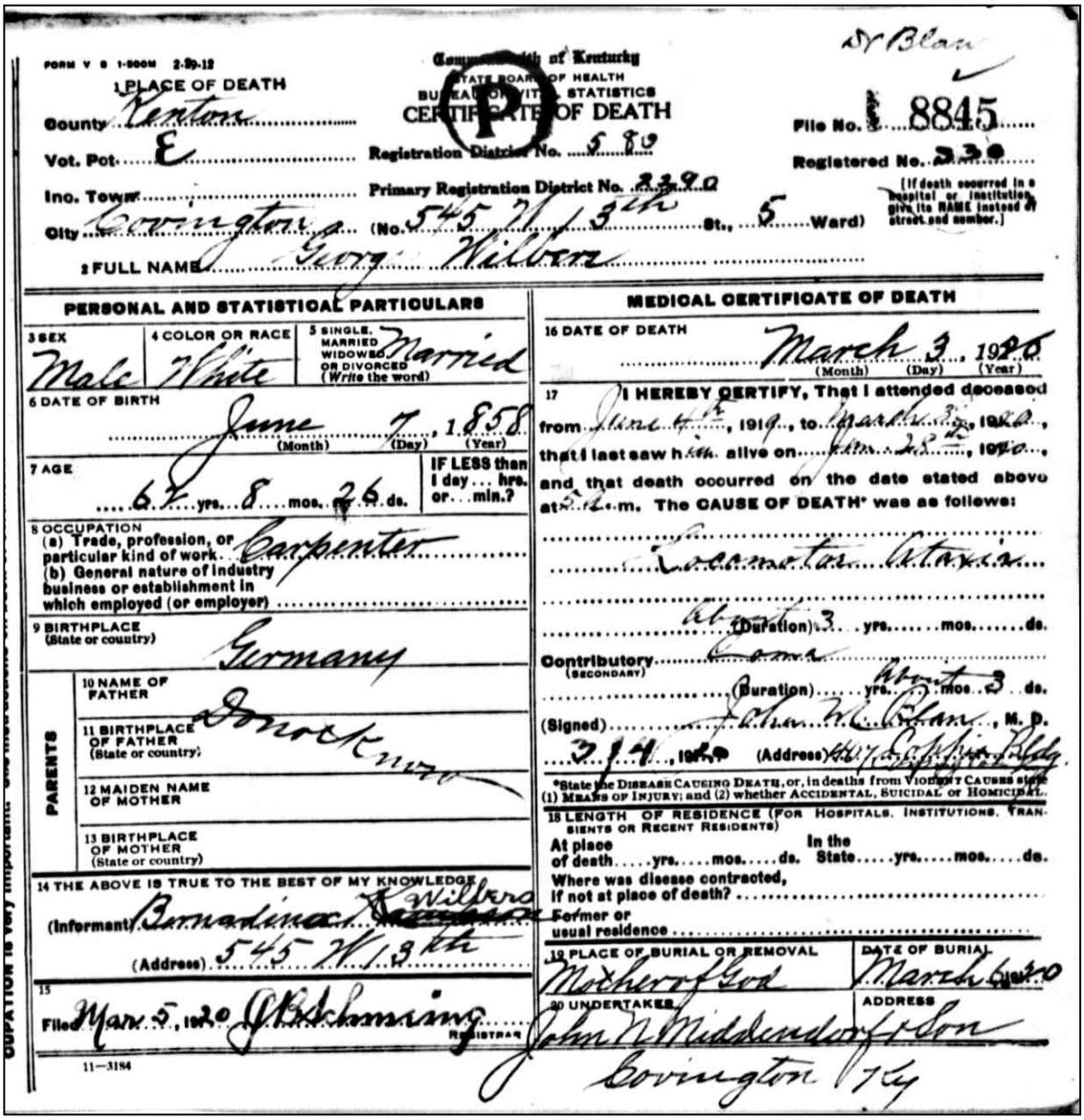
Kentucky Post - 1920



WILBERS—George, beloved husband of Bernadine Wilbers (nee Kampson), Wednesday, March 3, aged 62 years. Funeral Saturday, March 6 from the late residence, 545 W. 13th, Covington, at 7:30 a. m. Requiem high mass at St. John's Church at 8 a. m. Interment in Mother of God's Cemetery.



FORM V S 1-500M 2-29-12

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Dr Blair

File No. 8845

Registered No. 330

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH
County Kenton
Vot. Pct. E
Ino. Town
City Covington (No. 545 W 13th St., 5 Ward)
Registration District No. 580
Primary Registration District No. 2390

2 FULL NAME Geo. Wilbers

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married
6 DATE OF BIRTH: June 7, 1858 (Month) (Day) (Year)
7 AGE: 67 yrs. 8 mos. 26 ds. IF LESS than 1 day ... hrs. or ... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work: Carpenter (b) General nature of industry business or establishment in which employed (or employer):
9 BIRTHPLACE (State or country): Germany

PARENTS
10 NAME OF FATHER
11 BIRTHPLACE OF FATHER (State or country): Germany
12 MAIDEN NAME OF MOTHER
13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Bernadina Wilbers
(Address) 545 W 13th

15 Filed Mar. 5, 1920 J.B. Schoming Registrar

11—3184

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 3, 1920 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 4th, 1919, to March 3, 1920, that I last saw h[illegible] alive on Jan. 2nd, 1920, and that death occurred on the date stated above at 2:12 a.m. The CAUSE OF DEATH* was as follows:

Locomotor Ataxia

(Duration) 3 yrs. mos. ds.

Contributory (SECONDARY) Coma

(Duration) about 3 yrs. mos. ds.

(Signed) John M. Blair, M. D.

3/4, 1920 (Address) 617 Sophia Bldg

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

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

19 PLACE OF BURIAL OR REMOVAL: Mother of God — DATE OF BURIAL: March 6 1920

20 UNDERTAKER: John N. Middendorf & Son — ADDRESS: Covington Ky

OCCUPATION IS very important. Give most complete description.