

Wilbers, George 1888 - 1910

TELEPHONE OF HEALTH OFFICER, SOUTH 427.

1910 FEB 28 1910 CITY OF COVINGTON, KY. DEPARTMENT OF HEALTH CERTIFICATE OF DEATH.

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

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

City of COVINGTON. (No. 267 West 13<sup>th</sup> St. Ward.) Registered No. 29012

No. FULL NAME George Wilbers

INCOMPLETE RECORDS WILL NOT BE RECEIVED BY THE HEALTH OFFICER.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH Sept 12 1888

AGE 21 Years, 5 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or county) Covington

NAME OF FATHER George

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Divorah Kampen

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) (Address)

Filed 190

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 24 1910

I HEREBY CERTIFY, That I have attended deceased from Aug 15 1908 to Feb 23 1910

that I last saw him alive on Feb 23 1910

and that death occurred, on the date stated above, at

M. The CAUSE OF DEATH was as follows: Tuberculosis

211

(DURATION) 6 DAYS

Contributory Pneumonia

(Signed) M. D.

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Undertaker John A. McElrath Feb 28 1910

ADDRESS

RULE 1.--State Board of Health.--Transportation by public conveyance of bodies of persons dead of small-pox, diphtheria, membranous croup, Asiatic cholera, typhus or yellow fever is forbidden.

DO NOT USE LEAD PENCIL. ONLY INK ONES WILL BE RECEIVED.

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