

Doane, Viola Rose 1884 - 1951

Kentucky Post - February 20, 1951

Mrs. Viola Doane

Services will be held at 2 p. m. Wednesday at the Chambers & Grubbs funeral home, Florence, for Mrs. Viola Doane, Union, who died Monday at St. Elizabeth Hospital. Burial will be in Rice Cemetery, Union.

Mrs. Doane, who was 66, was a native of Harrison county and had lived in Boone county for 35 years.

She leaves her husband, J. W. Doane; five daughters, Mrs. Clifford Fisk, Covington; Mrs. John Points, Erlanger; Mrs. Preston Hedges, Union; Mrs. J. W. Collett, Covington, and Miss Lucille Doane, Union; four sons, W. C. Doane, Frankfort, and Raymond, Robert and Russell Doane, all of Union; two brothers, W. H. and Orie Rose, both of Cynthiana; 11 grandchildren and a great-grandchild.

Friends may call at the funeral home after 2 p. m. Tuesday.



Doane, Viola Rose 1884 - 1951

Form V. R. 1-A FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		COMMONWEALTH OF KENTUCKY Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		FILE NO. 116.51 3115	REGISTRAR'S NO. 115
Registration District No. 790		Primary Registration District No. 2290			
1. PLACE OF DEATH a. COUNTY Kenton		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Ky b. COUNTY Boone			
b. CITY (If outside corporate limits, write RURAL, and give township) Covington		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL, and give township) Union Ky.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth		d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED a. (First) Viola b. (Middle) Rose c. (Last) Doane			4. DATE OF DEATH (Month) (Day) (Year) Feb 19 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH Sept. 20 1884		9. AGE (in years last birthday) 66		10. MONTHS 0 DAYS 0 HOURS 0 MIN.	
10a. USUAL OCCUPATION (Give kind of work done during usual working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Harrison Co. Ky	
12. CITIZEN OR NAT. COUNTRY?		13. FATHER'S NAME Robert Rose		14. MOTHER'S MAIDEN NAME Catherine Mullins	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT J. W. Doane	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic nephritis with uremia		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 1 yr	
		ANTECEDENT CAUSES DUE TO (b) generalized arteriosclerosis to hypertension			
		DUE TO (c) Hypertensive heart disease		2 yrs.	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X-083-17		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-7-1950 to 2-19-1951 , that I last saw the deceased alive on 2-19-1951 , and that death occurred at 8:30 a. m. , from the causes and on the date stated above.					
23a. DATE SIGNED 2-22-51		23b. ADDRESS Covington Ky		23c. SIGNATURE George M. Berger M.D. (Degree if title)	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 2-21-51		24c. NAME OF CEMETERY OR CREMATORY Union Boone Co Ky	
24d. LOCATION (City, town, or county) (State)		24e. FUNERAL DIRECTOR Walter Walton Ky			
25. DATE REC'D BY FEB 20 1951		25a. REGISTER'S SIGNATURE William Doane		25b. ADDRESS	