

Culbertson, Cynthia Elizabeth 1874 - 1945



**Form V. R. 1-A**  
**DEPARTMENT OF COMMERCE**  
**Bureau of the Census**

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

State File No. **26190**  
 Registrar's No. **1080**

Registration District No. **790** Primary Registration District No. **2290**

**1. PLACE OF DEATH:**  
 (a) County Kenton  
 (b) City or town Covington  
 (If outside city or town limits, write RURAL)  
 (c) Name of hospital or institution: 3708 Park Ave  
 (If not in hospital or institution write street number or location)  
 (d) Length of stay: In hospital or community \_\_\_\_\_  
 (years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Kentucky (b) County Kenton  
 (c) City or town Covington  
 (If outside city or town limits, write RURAL)  
 (d) Street No. 3708 Park Ave.  
 (If rural give precinct)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

**3(a) FULL NAME** Cynthia Elizabeth Culbertson

**3(b) If veteran,** \_\_\_\_\_ **3(c) Social Security** \_\_\_\_\_  
 Name war No.

**4. Sex** F **B. Color or race** W **5(a) Single, widowed, married, divorced** WIDOWED

**6(b) Name of husband or wife** \_\_\_\_\_  
**6(c) Age of husband or wife if alive** \_\_\_\_\_ Years

**7. Birth date of deceased** Sept. 13 1874  
 (Month) (Day) (Year)

**8. AGE:** Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

**9. Birthplace** Kenton Co., Ky.

**10. Usual occupation** \_\_\_\_\_  
**11. Industry or business** \_\_\_\_\_

**FATHER**  
**12. Name** John Culbertson  
**13. Birthplace** Ky.

**MOTHER**  
**14. Maiden name** Cynthia Richardson  
**15. Birthplace** Ky.

**16(a) Informant's own signature** Mrs. Mary Culbertson  
**(b) Address** 3708 Park Ave.

**17. BURIAL, CREMATION, OR REMOVAL**  
 Place Wildwood Cem. Date 11/27/1945

**18(a) Signature of funeral director** J. James Conley  
**(b) Address** Covington, Ky.

**19(a) DEC 6 - 1945** **(b) Mrs. H. C. O'Hair**  
 (Date received by local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH** Nov. 27 1945  
**21. I hereby certify that I attended the deceased from** Nov 27 1945  
 to Nov 27 1945 that I last saw him alive at 9:15 P. M.  
 stated above at \_\_\_\_\_  
 Immediate cause of death Angina Pectoris **DURATION** \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations 94B  
 Of autopsy \_\_\_\_\_

**22. If death was due to external cause, fill in the following:**  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? In or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
 (Specify type of place)  
 While at work? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_  
**23. Signature** Dr. S. P. Hansen **(M. D. or other)** \_\_\_\_\_  
**Address** 811 Main St. Covington, Ky. **Date signed** 12-5-45