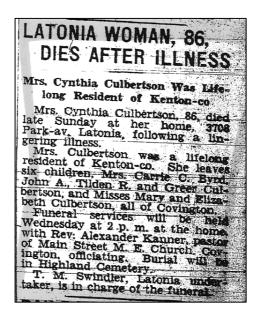
Kentucky Post - April 20, 1931





Porm V. S. 1-A-50m-11-1-29	10255
COMMONWE	ALTH OF KENTUCKY Board of Health
Tenton BUREAU O	F VITAL STATISTICS
County CERTIF	CATE OF DEATH
Vot. Pct Registration Dist	rict No. 790 Registered No.
In. T.	3. 0. 0. 4
Primary Registra	ition District No.
City Covington (No.	8t.,Ward)
(If death occurred	in a hospital or institution, give its NAME instead of street and numb
2 FULL NAME Cynthiam Elizabeth	Culbertson
(a) Residence. No. 3708 Park Ave. (Usual place of abode)	St., Ward
(Usual place of abode) Longth of residence in city or fown where death occurred yrs. me	(If nonresident, give city or town and State)
	s. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. Single, Married, Wido or Divorced (write the	wed a part of or one
WHILE WOOD	vord) 21. DATE OF DEATH (month, day, and year) 4/19/19;
6a. If married, widowed, or divorced	22. WHEREBY CERTIFY, That I attended deceased from 1931 to April 19, 193
6a. If married, widowed, or divorced HUSBAND of John Culbertson	I last waw he alive on about 1 4, 1931 death is as
	to have occurred on the date stated above at 11:30p.
6. DATE OF BIRTH (month, day, and year6/30/184	The principal cause of death and related causes of important
Days If LESS	Date
at at at	
8 Trade made auton	- 1/9 1/19:
sawyer, bookkeeper, etc.	11-102
kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as elik mill, saw mill, bank, etc.	
saw mill, bank, etc.	Contributory causes of importance not related to
10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this year)	principal cause:
2. BIRTHPLACE (city or town) Kenton Co. Ky. (State or country)	· Smiliter
(State or country)	
13. NAME John Richardson	Name of operation Date of
	Date of
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Caroline Hall	23. If death was due to external causes (violence) fill in also the
	Accident, suicide, or homicide? Date of injury 19
16. BIRTHPLACE (city or town) (State or pountry)	Where did injury occur? (Specify city or town, county, and State)
wrond Herrich a WHI touth	Specify whether injury occurred in industry, in home, or in public place.
BURIAL, CREMATION, OR REMOVAL	Manner of injury
Philiphland demetery. 4/22/1931	Nature of injury
UNDERTAKER T. W. Swindler	24. Was disease or injury in any way related to occupation of
(Address) Covington Ky	deceased? Man. If so, specify
FILED 4/22, 10 3/	(Bigned) Z L Jause N. D.
Registrar	(Address) SII man of or he