

Culbertson, Infant Son of Tilden & Mabel 1921 - 1921

Form V. S. 1-125m-4-19-19

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Newton District No. 570
Vot. Pct. D Primary Registration District No. 2290
Inc. Town _____ (No. 29 Bukewell St., 4 Ward)
City Cornpton
2 FULL NAME Shel Birch

File No. 3718
Registered No. 179
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>M</u>	4 COLOR OR RACE <u>W</u>	5 Single Married <input checked="" type="checkbox"/> Widowed or Divorced	16 DATE OF DEATH <u>Feb 25</u> , 192 <u>1</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>Feb 25</u> , 192 <u>1</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>Feb 25</u> , 192 <u>1</u> , to <u>Feb 25</u> , 192 <u>1</u> , that I last saw h. alive on _____, 192 <u>1</u> , and that death occurred on the date stated above at _____ m.	
7 AGE <u>✓</u> yrs. <u>✓</u> mos. <u>✓</u> ds. IF LESS than 1 day _____ hrs. or _____ min?			The CAUSE OF DEATH* was as follows: <u>Copphy & neonatorum</u> (Duration) _____ yrs. _____ mos. _____ ds. Contributory (Secondary) <u>Premature</u> 5/11 (Duration) _____ yrs. _____ mos. _____ ds.	
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer)			Signed <u>P. J. Keiffer</u> , M.D. <u>Feb 26</u> , 192 <u>1</u> (Address) <u>Cornpton Ky</u> *State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
9 BIRTHPLACE (State or country) <u>W. Ky.</u>			18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds. Where was disease contracted, if not at place of death? Former or usual residence _____	
PARENTS	10 NAME OF FATHER <u>Tilden Culbertson</u>		19 PLACE OF BURIAL OR REMOVAL / DATE OF BURIAL <u>Sak Ridge Ky Feb 27, 1921</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>W. Ky.</u>		20 UNDERTAKER <u>Tilden Culbertson</u> Address <u>Cornpton Ky</u>	
	12 MAIDEN NAME OF MOTHER <u>Mabel White</u>			
13 BIRTHPLACE OF MOTHER (State or country) <u>Campbell County</u>				
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>P. J. Keiffer</u> (Address) <u>139 Bukewell St</u>				
15 Filed <u>Feb 26</u> 192 <u>1</u> <u>P. J. Keiffer</u> Registrar				

11-2118

very important. See instructions on back of certificate.