

Culbertson, Jacob Bernard 1860 - 1937

Form V. R. 1-A
 1. PLACE OF DEATH
 County Campbell
 City St. Thomas
 Registration District No. 2088-204
 Primary Registration District No. 454
 File No. 33680
 Registered No. _____

2. FULL NAME J. Bernard Culbertson
 (a) Residence No. 420 S. Grand Ave St. _____ Ward _____
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Married</u>		21. DATE OF DEATH <u>Feb. 25</u> , 19 <u>37</u>	
5a. If married, widowed, or divorced HUSBAND of (or WIFE of) <u>Julia Lamb</u>				22. I HEREBY CERTIFY that I attended deceased from <u>Feb. 24</u> , 19 <u>37</u> to <u>Feb. 25</u> , 19 <u>37</u> . I last saw him alive on <u>Feb. 22</u> , 19 <u>37</u> . Death is said to have occurred on the date stated above, at <u>2:00 a. m.</u> . The principal cause of death and related causes of importance in order of onset were as follows:	
6. DATE OF BIRTH <u>10-3-60</u>	7. AGE Years <u>76</u> Months <u>4</u> Days <u>25</u>	8. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. <u>Brick mason</u>		Date of onset <u>9-2-3</u>	
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Mason</u>		10. Date deceased last worked at this occupation (month and year)		Contributory causes of importance not related to principal cause:	
11. Total time (years) spent in this occupation		12. BIRTHPLACE <u>Coal Springs</u>		Name of operation _____ Date of _____ What test confirmed diagnosis? <u>clinical</u> Was there an autopsy? <u>Yes</u>	
13. NAME <u>James Green Culbertson</u>		14. BIRTHPLACE <u>Ky</u>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
15. MAIDEN NAME <u>Catherine Yontrey</u>		16. BIRTHPLACE <u>Newport Ky</u>		Manner of injury _____ Nature of injury _____	
17. INFORMANT <u>James Culbertson</u> (Address) <u>147 University New York</u>		18. BURIAL, CREMATION, OR REMOVAL Place <u>Newport Ky</u> Date <u>3-2</u> , 19 <u>37</u>		24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>A. Helmhold</u> (Address) <u>Newport, Ky</u>	
19. UNDERTAKER <u>J. J. & P. Adams Co</u> (Address) <u>Newport Ky</u>		20. FILED <u>3/1/37</u> , 19 <u>37</u> <u>Richard Donnelly</u> Registrar			

Print names, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.