

STATE OF OHIO DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS CERTIFICATE OF DEATH				28201
1 PLACE OF DEATH County <u>Campbell</u>		Registration District No. <u>202</u>		File No.
Township		Primary Registration District No. <u>2093</u>		Registered No. <u>205</u>
or Village No. _____ St. _____ Ward _____		(If death occurred in a hospital or institution, give its NAME instead of street and number)		
2 FULL NAME <u>James Allen Culbertson</u>		Did Deceased Serve in U. S. Navy or Army _____		
(a) Residence No. <u>532 Eighth St.</u>		St. _____ Ward _____		
(Usual place of abode)		(If nonresident give city or town and State)		
Length of residence in city or town where death occurred		How long in U. S., if of foreign birth?		
yrs. mos. ds.		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>		16 DATE OF DEATH (month, day and year) <u>Nov 2 1929</u>
6a If married, widowed or divorced HUSBAND of (or) WIFE of <u>Mollie Church</u>				17 I HEREBY CERTIFY, That I attended deceased from <u>Oct 15 1929</u> to <u>Nov 2 1929</u> that I last saw <u>deceased</u> alive on <u>Nov 2 1929</u> and that death occurred, on the date stated above, at <u>8:50 P.M.</u>
6 DATE OF BIRTH (month, day, and year) <u>Nov 28 1857</u>				The CAUSE OF DEATH* was as follows: <u>Septic Parotitis</u> <u>reflex</u>
7 AGE <u>72</u>	Years	Months <u>11</u>	Days <u>26</u>	If LESS than 1 day hrs. or min.
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Retired</u>				(b) General nature of Industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____				CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.
9 BIRTHPLACE (city or town) <u>Cold Springs</u>				18 Where was disease contracted <u>Don't know</u>
(State or country) <u>Kentucky</u>				Did an operation precede death? <u>No</u> Date of _____
10 NAME OF FATHER <u>James B. Culbertson</u>				Was there an autopsy? <u>No</u>
11 BIRTHPLACE OF FATHER (city or town) <u>Franklin Co</u>				What test confirmed diagnosis? _____
(State or country) <u>Kentucky</u>				(Signed) <u>W. H. Reardon</u> M. D.
12 MAIDEN NAME OF MOTHER <u>Catharine Young</u>				<u>104</u> , 19 <u>29</u> (Address) <u>Dayton, Ky</u>
13 BIRTHPLACE OF MOTHER (city or town) <u>Franklin Co</u>				*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)
(State or country) <u>Kentucky</u>				19 PLACE of Burial, Cremation, or Removal <u>Transwood Cem.</u> DATE OF BURIAL <u>Nov 6-29</u>
14 Informant <u>Mrs. W. J. Reynolds</u>				20 UNDERTAKER <u>James Devin</u> ADDRESS <u>Hamilton O.</u>
(Address) <u>532 Eighth St</u>				21a WAS THE BODY ENBALMED? <u>Yes</u> ENBALMER'S LICENSE NO. <u>3901</u>
15 Filed <u>Nov 4, 1929</u> <u>Lillic L. Perry</u>				

of OCCUPATION is very important. See instructions on back of certificate.