

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
1 PLACE OF DEATH County <u>Meigs</u>		Commonwealth of Kentucky STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
2 Vot. Prec. <u>1-3</u>		3 File No. <u>13152</u>	
4 Inc. Town		4 Registered No. <u>10-78</u>	
5 City <u>Covington</u>		5 [If death occurred in a hospital or institution, give its NAME instead of street and number.]	
6 FULL NAME <u>James C. Culbertson</u>		6	
7 SEX <u>M.</u>	8 COLOR OR RACE <u>W.</u>	9 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>	10 DATE OF DEATH <u>May 28, 1912</u>
11 DATE OF BIRTH <u>Nov 16, 1847</u>		12 I HEREBY CERTIFY, that I attended deceased from <u>Jan 1, 1910</u> , to <u>May 28, 1912</u> , that I last saw him alive on <u>May 28, 1912</u> , and that death occurred on the date stated above at <u>11:30</u> a.m. The CAUSE OF DEATH was as follows:	
13 AGE <u>64</u> yrs. <u>6</u> mos. <u>12</u> ds.		14 <u>Septic Exhaustion due to infection of Diabetic Gangrene</u>	
15 OCCUPATION (a) Trade, profession, or particular kind of work <u>Manager</u>		15 (Duration) <u>7</u> yrs. <u>0</u> mos. <u>0</u> ds.	
16 BIRTHPLACE (State or country) <u>Kenton Co Ky</u>		16 Contributory <u>Diabetic Mellitus Insurmountable</u>	
17 NAME OF FATHER <u>Jas Culbertson</u>		17 (Signed) <u>W. H. Heston</u> M. D.	
18 BIRTHPLACE OF FATHER <u>Ky</u>		18 (Address) <u>Covington Ky</u>	
19 MAIDEN NAME OF MOTHER <u>Mary Coleman</u>		19 *State the DISEASE CAUSING DEATH, or, if death is from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.	
20 BIRTHPLACE OF MOTHER <u>Ky</u>		20 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)	
21 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		21 At place of death <u>7</u> yrs. <u>0</u> mos. <u>0</u> ds. In the State <u>7</u> yrs. <u>0</u> mos. <u>0</u> ds.	
22 (Informant) <u>J. Culbertson</u>		22 Where was disease contracted, if not at place of death?	
23 (Address) <u>Cov Ky</u>		23 Former or usual residence	
24 Filed <u>May 31, 1912</u>		24 PLACE OF BURIAL OR REMOVAL <u>Nightland</u>	
25 REGISTRAR <u>J. W. Manning</u>		25 DATE OF BURIAL <u>May 31, 1912</u>	
		26 UNDERTAKER <u>Alison Gato</u>	
		26 ADDRESS <u>Cov Ky</u>	

Dr Kelly

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