

FORM V. 6. 1-200 H. 10-10-10

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County Campbell Vol. No. _____
Ino. Town _____
City Dayton Ky (No. 222 South St.) 4th Ward

Registrar Dist 182
Primary " 2093

File No. 6333
Registered No. 25
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME James Greer Culbertson

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower
(Write the word)

6 DATE OF BIRTH Sept. 27 1892
(Month) (Day) (Year)

7 AGE 92 yrs. 5 mos. 15 ds. If LESS than 1 day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Professor of Music
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Kenton Co Ky

PARENTS

10 NAME OF FATHER Allen
11 BIRTHPLACE OF FATHER (State or country) Ireland
12 MAIDEN NAME OF MOTHER Sarah Ester Greer
13 BIRTHPLACE OF MOTHER (State or country) Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. B. Culbertson
(Address) Newport Ky

15 Filled Mar 16, 1912 C. H. Stubble REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 15 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 27, 1911, to Mar 12, 1912, that I last saw h... alive on Mar 12, 1912, and that death occurred, on the date stated above, at 5 p.m.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
third attack
last one Aug 27 1912

Contributory Arteriosclerosis
(Duration) yrs. mos. ds.

(Signed) M. D. Richards, M. D.
Mar 16, 1912. (Address) Dayton Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

(b) 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 _____

18 PLACE OF BURIAL OR REMOVAL Anderson Cemetery DATE OF BURIAL Mar 18, 1912
UNDERTAKER Vonderhaar & Pether ADDRESS Dayton Ky

11-8184