

Culbertson, John Alan 1866 - 1939



Form V. S. 1-A  
**COMMONWEALTH OF KENTUCKY**  
 Department of Health  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

27890

1. PLACE OF DEATH  
 County Kenton  
 City Covington (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME John Alan Culbertson VETERAN, WHAT WAR? \_\_\_\_\_  
 (a) Residence No. 3705 Park St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

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>Single</u>			21. DATE OF DEATH <u>Nov. 14, 1939</u>	
6. DATE OF BIRTH <u>April 29<sup>th</sup> 1866</u>					22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 4, 1939</u> to <u>Nov 14, 1939</u> I last saw him alive on <u>Nov 13, 1939</u> death is said to have occurred on the date stated above, at <u>7:00 a.m.</u> The principal cause of death and related causes of importance in order of onset were as follows:	
7. AGE Yrs. <u>73</u> Months <u>6</u> Days <u>10</u> If LESS than 1 day.....hrs. or.....min.					Date of onset <u>angina pectoris</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>					Contributory causes of importance not related to principal cause: <u>44X</u>	
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.						
10. Date deceased last worked at this occupation (month and year)						
11. Total time (years) spent in this occupation						
12. BIRTHPLACE <u>Kentucky</u>						
13. NAME <u>John Culbertson</u>						
14. BIRTHPLACE <u>Kentucky</u>						
15. MAIDEN NAME <u>Cynthia Richardson</u>						
16. BIRTHPLACE <u>Kentucky</u>						
17. INFORMANT <u>Fred Culbertson</u> (Address) <u>3705 Park Ave.</u>						
18. BURIAL, CREMATION, OR REMOVAL Place <u>Highland Cem. Nov. 16<sup>th</sup> 1939</u>						
19. UNDERTAKER <u>Cosley Funeral Home</u> (Address) <u>Zetonia, Ky.</u>						
20. FILED <u>NOV 14 1939</u> <u>Mark H. White</u> Registrar						
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.						
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify <u>4702</u> (Signed) <u>S. F. Wasson</u> M. D. (Address) <u>811 Main St., Covington, Ky.</u>						