

Culbertson, Julia Agnes Lamb 1868 - 1944

Kentucky Post - January 28, 1944

Mother of Newport School Teacher Dies

Funeral arrangements are being completed by the John J. Radel funeral home, Newport, for Mrs. Julia Lamb Culbertson, 75, of 312 Overton street, Newport, who died Thursday at her home.

Mrs. Culbertson leaves a daughter, Miss Bernice Culbertson, teacher at Newport High School; a son, Dr. James T. Culbertson, Tenafly, N. J., professor at the Columbia College of Medicine; two brothers, Ben Lamb, Grants Bend, Ky., and Kirtley Lamb, Sciotoville, O., and one grandson.

Form T. R. 1-A DEPARTMENT OF COMMERCE Bureau of the Census		COMMONWEALTH OF KENTUCKY Department of Health BUREAU OF STATISTICS CERTIFICATE OF DEATH		State File No. <u>369</u> Registrar's No. <u>369</u>
Registration District No. <u>200</u>		Primary Registration District No. <u>1090</u>		
1. PLACE OF DEATH: (a) County <u>Campbell</u> (b) City or town <u>Newport</u> (c) Name of hospital or institution: (If not in hospital or institution write street number or location) (d) Length of stay: In hospital or community _____ (years, months or days)		2. USUAL RESIDENCE OF DECEASED: (a) State <u>Ky.</u> (b) County <u>Campbell</u> (c) City or town _____ (If outside city or town limits, write RURAL) (d) Street No. <u>312 Overton st.</u> (If rural give precinct) (e) If foreign born, how long in U. S. A.? <u>2</u> years		
3(a) FULL NAME <u>Julia Lamb Culbertson</u> 3(b) If veteran, Name war _____ 3(c) Social Security No. _____		20. DATE OF DEATH <u>Jan 27 -</u> 19 <u>44</u> 21. I hereby certify that I attended the deceased from <u>April 9</u> 19 <u>41</u> to <u>Jan 27</u> 19 <u>44</u> , that I last saw him alive on <u>Jan 27</u> 19 <u>44</u> , and that death occurred on the date stated above at <u>6:05 P. M.</u>		
4. Sex <u>fe.</u> 5. Color or race <u>W.</u> 6(a) Single, widowed, married, divorced <u>Widowed</u> 6(b) Name of husband <u>Jacob Culbertson</u> 6(c) Age of husband or wife if alive _____ Years 7. Birth date of deceased <u>March 25 - 1868</u> (Month) (Day) (Year)		MEDICAL CERTIFICATION Immediate cause of death <u>Chronic ascending aortic atherosclerosis</u> Due to <u>undetermined</u> Other conditions <u>none</u> (Include pregnancy within 3 months of death) Major findings: Of operations <u>none</u> Of autopsy <u>none</u>		
8. AGE: Years <u>75</u> Months <u>10</u> Days <u>2</u> If less than one day _____ min. 9. Birthplace <u>Frankfort Ky</u> 10. Usual occupation <u>at home</u> 11. Industry or business _____		22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) _____ (b) Date of occurrence _____ (c) Where did injury occur? in or about home, on farm, in industrial place, in public place? _____ (Specify type of place) While at work? _____ (e) Means of injury _____		
12. Name <u>Michael Lamb</u> 13. Birthplace _____ 14. Maiden name <u>Angelice Bannister</u> 15. Birthplace <u>Kenton Co. Ky</u>		23. Signature <u>E. B. Bacheman</u> (M. D. or other) Address <u>Newport Ky</u> Date signed <u>1/28/44</u>		
16(a) Informant's own signature <u>Bernice Culbertson</u> (b) Address <u>312 Overton st, Newport</u> 17. BURIAL, CREMATION, OR REMOVAL Place <u>Alexandria</u> Date <u>1-31-1944</u> 18(a) Signature of funeral director <u>J. J. Radel Co</u> (b) Address <u>Newport Ky</u> 19(a) <u>1-31-44</u> (Date received by registrar) <u>John Thomas D. Mays</u> (Registrar's signature)		Dr. E. B. Bacheman		