

Culbertson, Mary 1868 - 1950



Form V. K. 1-A		COMMONWEALTH OF KENTUCKY		State File <u>50-3145</u>	
FEDERAL SECURITY AGENCY		Department of Health		Registrar's No. <u>134</u>	
U. S. PUBLIC HEALTH SERVICE		BUREAU OF VITAL STATISTICS			
NATIONAL OFFICE VITAL STATISTICS		CERTIFICATE OF DEATH			
Registration District No. <u>790</u>		Primary Registration District No. <u>2290</u>			
1. PLACE OF DEATH a. COUNTY <u>Kenton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ky.</u> b. COUNTY <u>Kenton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Covington</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Covington</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>3125 Beech Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>3125 Beech Ave</u>			
3. NAME OF DECEASED a. (First) <u>MARY</u> (Type or Print)		b. (Middle)		c. (Last) <u>CULBERTSON</u>	
4. DATE OF DEATH (Month) <u>1</u> (Day) <u>30</u> (Year) <u>50</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>Apr. 26, 1868</u>		9. AGE (In years last birthday) <u>81</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>		11. BIRTHPLACE (State or foreign country) <u>Ky.</u>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <u>John D. Culbertson</u>		14. MOTHER'S MAIDEN NAME <u>Cynthia Richardson</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Tilden Culbertson</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>---</u> DUE TO (c) <u>---</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500-085-28</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE <u>-----</u> HOMICIDE <u>-----</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>-----</u>		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>-----</u>	
22. I hereby certify that I attended the deceased from <u>August, 1949</u> to <u>Jan. 30, 1950</u> , that I last saw the deceased alive on <u>Jan. 30, 1950</u> and that death occurred at <u>A. m.</u> from the causes and on the date stated above.					
23a. DATE SIGNED <u>2/7/50</u>		23b. ADDRESS <u>320 W. 34th St., Covington Ky.</u>		23c. SIGNATURE <u>[Signature]</u> (Registrar's Title)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-1-1950</u>		24c. NAME OF CEMETERY OR CREAMATORY <u>Highland</u>	
24d. LOCATION (City, town, or county) (State) <u>Covington, Ky</u>		25a. DATE REC'D BY LOCAL OFF. <u>FEB 11 1950</u>		25b. REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25c. FUNERAL DIRECTOR <u>Gonnley Bros.</u>		25d. ADDRESS <u>Covington, Ky.</u>			