

Culbertson, Mollie W Church 1858 - 1927

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
1 PLACE OF DEATH County <u>Butler</u> Registration District No. <u>130</u> File No. <u>67323</u> Township <u>Hamilton</u> Primary Registration District No. <u>P053</u> Registered No. <u>658</u> or Village <u>Hamilton</u> No. <u>1st</u> St. <u>1st</u> Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)		16 DATE OF DEATH (month, day and year) <u>Dec. 21 1927</u>	
2 FULL NAME <u>Mollie W. Culbertson.</u> Did Deceased Serve in U. S. Navy or Army <u> </u>		17 I HEREBY CERTIFY, That I attended deceased from <u>Dec-1 1927</u> to <u>Dec-21 1927</u> that I last saw her alive on <u>Dec. 20 1927</u> and that death occurred, on the date stated above, at <u>12:30 a.</u>	
(a) Residence. No. <u>911 Cleveland Ave.</u> St. <u>1st</u> Ward (Usual place of abode) 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.		The CAUSE OF DEATH* was as follows: <u>San. Grippe & Bronchitis</u>	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 Single, Married, Widowed or Divorced (write the word) <u>Married</u>	18 Where was disease contracted (duration) yrs. mos. ds. <u>San. Blood disease & No. of previous remissions</u> yrs. mos. ds. <u>3</u>
6 DATE OF BIRTH (month, day, and year) <u>June 20 1858</u>		19 Did an operation precede death? <u>No</u> Date of <u> </u>	
7 AGE Years <u>69</u> Months <u>6</u> Days <u>---</u>	If LESS than 1 day <u>---</u> hrs. <u>---</u> or <u>---</u> min.	Was there an autopsy? <u>no</u>	
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u>		What test confirmed diagnosis? <u>Clinical</u>	
(b) General nature of industry, business, or establishment in which employed (or employer) <u> </u>		(Signed) <u>Doc. M. Skinner</u>	
(c) Name of employer <u> </u>		Dec. 22, 1927 (Address) <u>Greenwood</u>	
9 BIRTHPLACE (city or town) <u>West Port</u> (State or country) <u>Mississippi</u>		*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)	
10 NAME OF FATHER <u>Albert Church</u>		19 PLACE OF BURIAL CREMATION, OR REMOVAL <u>Greenwood</u> DATE OF BURIAL <u>Dec. 23 1927</u>	
11 BIRTHPLACE OF FATHER (city or town) <u>Free Port</u> (State or country) <u>Louisiana</u>		20 UNDERTAKER, License No. <u>2192-a</u> ADDRESS <u>Greenwood - Grimmer - Grimmer - Hamilton</u>	
12 MAIDEN NAME OF MOTHER <u>Mollie Walsh</u>		Per - <u>Paul A. Sick</u>	
13 BIRTHPLACE OF MOTHER (city or town) <u>Free Port</u> (State or country) <u>Louisiana</u>			
14 Informant <u>J. James Culbertson</u> (Address) <u> </u>			
15 Filed <u>911 Cleveland Ave</u> <u>12-22-27</u> <u>Marie N. Stenberg</u>			

See instructions on back of certificate. Occupation is very important.