

Culbertson, Robert Greer 1918 - 1918

FORM V - 1-3008 2-29-18

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

1 PLACE OF DEATH  
County Wenton

Vol. Pot. D. Registration District No. 580

Inc. Town Boonville Primary Registration District No. 2290

City Boonville (No. 839 Bakewell St., 4 Ward)

2 FULL NAME Infant Culbertson

File No. 40404  
Registered No. 1691  
[If death occurred in a hospital or institution, give its NAME (instead of street and number.)]

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**PERSONAL AND STATISTICAL PARTICULARS**

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

6 DATE OF BIRTH Dec 20, 1918  
(Month) (Day) (Year)

7 AGE 7 yrs. 0 mos. 0 ds. IF LESS than 1 day 7 hrs. or min.?

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

9 BIRTHPLACE (State or country) Boonville Ky

10 NAME OF FATHER Tilton Culbertson

11 BIRTHPLACE OF FATHER (State or country) Poky

12 MAIDEN NAME OF MOTHER Mabel White

13 BIRTHPLACE OF MOTHER (State or country) Wenton Poky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Tilton Culbertson  
(Address) 839 Bakewell St

15 File No. Dec. 12, 1918 J.B. Schussing REGISTRAR

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**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH Dec. 20, 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 24, 1918, to Dec 20, 1918, that I last saw him live on Nov 24, 1918, and that death occurred on the date stated above at 1:30 p.m. The CAUSE OF DEATH\* was as follows:  
Asphyxia. No autopsy  
(Duration) 7 months yrs. mos. ds.  
Contributory (SECONDARY) Asphyxia 7 months  
(Duration) 7 months yrs. mos. ds.  
(Signed) E. P. Ketter M. D.  
Boonville, Ky. (Address) Boonville, Ky.

\*State the DISEASE CAUSING DEATH, or, in death from VIOLENCE state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  
At place of death 7 yrs. 0 mos. 0 ds. In the State 7 yrs. 0 mos. 0 ds.  
Where was disease contracted, if not at place of death?  
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Highland DATE OF BURIAL Dec 21, 1918

20 UNDERTAKER John N. Muddendy ADDRESS Boonville Poky

11-5184