

Culbertson, Robert Lee 1878 - 1897



CITY OF COVINGTON, KY.
DEPARTMENT OF HEALTH. No.
BUREAU OF VITAL STATISTICS.

No. 1827.....

CERTIFICATE OF DEATH. 563

1.—Full name of deceased, *Robert L. Culbertson*

2.—*White, ~~Colored~~. 3.—*Male, ~~Female~~. 4.—Age, *18* years, *8* months.

5.—*Single, ~~Married~~, ~~Widower~~, ~~Widow~~. 6.—Occupation, *Clerk*

7.—Place of birth, *Covington* 8.—If foreign born, how long in U. S.

9.—How long resident in city, *Life* years. 10.—Father's Name, *John Culbertson*

11.—Father's birthplace, *Kentucky* 12.—Mother's Name, *Eynthia*

13.—Mother's birthplace, *" "*

14.—Place of death, No. *175* *Riddle st* city Ward

15.—Place of Residence, No. *11* " " " Ward

16.—Private, ~~Tenement~~, ~~Public Institution~~. 17.—Date of death, *Oct 16th 1897*

18.—Cause of death, { Remote or Predisposing *Osteo Sarcoma of the*
Immediate

19.—Duration of last illness,

20.—I certify that I attended the above named in *his*

21.—Date of interment, *Oct 19th* 1897 *7* P. M. *W. W. Ranshaw,*

22.—Place of interment, *Highland* Address *605 Madison*

Name of Undertaker, *Gus W. Menninger*

* DRAW A LINE THROUGH WORDS NOT REQUIRED.