

KENTUCKY.
STATE OF ~~Ohio~~
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

loc. 25993

1 PLACE OF DEATH
County Campbell Registration District No. 202 File No.
Township..... Primary Registration District No. 202.3 Registered No. 219
or Village..... No. St. Ward
or City of Rayton (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred..... yrs. mo. ds. How long in U. S., if of foreign birth?..... yrs. mo. ds.

2 FULL NAME Sarah Esther Culbertson Did Deceased Serve in U. S. Navy or Army.....
(a) Residence. No. 2592 - P. Ch. St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			21. DATE OF DEATH (month, day, and year) <u>Nov 5, 1931</u>	I HEREBY CERTIFY, That I attended deceased from <u>Sept 15, 1921</u> to <u>Nov 5, 1931</u> I last saw her alive on <u>Nov 3, 1931</u> , death is said to have occurred on the date stated above at <u>10 P. M.</u>
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of				The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: <u>Cancer uterine</u> 1930 <u>7/6/10</u>		
6. DATE OF BIRTH (month, day, and year) <u>Feb 15, 1848</u>					CONTRIBUTORY CAUSES of importance not related to principal cause: <u>Broncho pneumonia</u> 201/21	
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At</u>					Name of operation <u>Papalithy</u> Date of	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>						
10. Date deceased last worked at this occupation (month and year)					What test confirmed diagnosis? <u>Was there an autopsy? No</u>	
11. Total time (years) spent in this occupation					23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19..... Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
12. BIRTHPLACE (city or town) (State or country) <u>Caled Springs Ky.</u>					Manner of injury..... Nature of injury.....	
13. NAME <u>James G. Culbertson</u>					24. Was disease or injury in any way related to occupation of deceased? If so, specify	
14. BIRTHPLACE (city or town) (State or country) <u>Rayton Co. Ky.</u>					(Signed) <u>M. H. Goetzinger</u> M. D. Date <u>Nov 9, 1931</u> Address <u>401 Franklin St. Bellville Ky.</u>	
15. MAIDEN NAME <u>Catherine Yontson</u>						
16. BIRTHPLACE (city or town) (State or country) <u>Wm. port Ky.</u>						
17. INFORMANT The Signature of <u>Mrs. J. Culbertson</u> and (Address) <u>632 - P. Ch. - Rayton Ky.</u>						
18. BURIAL, CREMATION, OR REMOVAL Place <u>Home</u> Date <u>Nov 7, 1931</u>						
19. UNDERTAKER <u>W. H. Goetzinger</u> (Address) <u>401 Franklin St. Bellville Ky.</u>						
20. FILED <u>Nov 8, 1931</u> <u>Lille L. Ray</u> Registrar						