

Culbertson, Susan Irene 1888 - 1929

Form V. S. 1-50m-4-17-23

2010-2108

**COMMONWEALTH OF KENTUCKY**  
State Board of Health  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

1 PLACE OF DEATH  
County Kenton File No. 32388

Vot. Precinct \_\_\_\_\_ Registration District No. 790 Registered No. \_\_\_\_\_

Inc. Town \_\_\_\_\_ Primary Registration District No. 2290

City Covington (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Susan Irene Culbertson

(a) Residence, No. 1947 Oakland St. \_\_\_\_\_ 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.

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>	16 DATE OF DEATH (Month) <u>Dec</u> (Day) <u>9</u> (Year) <u>1929</u>	17 I HEREBY CERTIFY, That I attended deceased from <u>Dec 11</u> , 19 <u>29</u> , to <u>Dec 9</u> , 19 <u>29</u> , that I last saw her alive on <u>Dec 9</u> , 19 <u>29</u> , and that death occurred on the date stated above at <u>11 P.M.</u> The CAUSE OF DEATH* was as follows: <u>Pneumonia</u>  (Duration) _____ yrs. _____ mos. _____ ds.
5a If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____			Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.	
6 DATE OF BIRTH <u>Oct 31st 1888</u> (Month) (Day) (Year)			18 WHERE WAS DISEASE CONTRACTED If not at place of death? _____ Did an operation precede death? _____ Date of _____ Was there an autopsy? _____ What test confirmed diagnosis? (Signed) <u>Selman Huiser, M.D.</u> <u>12-10-1929</u> (Address) <u>Covington Ky</u>	
7 AGE <u>41</u> yrs. <u>1</u> mos. <u>9</u> ds. IF LESS than 1 day _____ hrs. or _____ min?			*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.)	
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work <u>at home</u> (b) General nature of industry, business or establishment in which employed (or employer) _____			19 PLACE OF BURIAL OR REMOVAL <u>Highland</u> DATE OF BURIAL <u>Dec 11, 1929</u>	
9 BIRTHPLACE (city or town) (State or country) <u>Ky</u>			20 UNDERTAKER <u>M.L. Guetman &amp; Sons - Cov Ky</u>	
PARENTS	10 NAME OF FATHER <u>Gas. C. Culbertson</u>			
	11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Ky</u>			
	12 MAIDEN NAME OF MOTHER <u>Arena Richardson</u>			
	13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Ky</u>			
14 (Informant) <u>Kate Wilson</u> (Address) <u>Cov Ky</u>				
15 Filed <u>17</u> , 19 <u>29</u> Registrar _____				

Important. See instructions on back of certificate.

sw Lauer 10-30-11