

Curlis, Emma V Culbertson 1850 - 1933

Form V. B. 1-A-75m-3-30-33

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

File No. 18090
Registered No. 128

1. PLACE OF DEATH
County Campbell
Reg. Dist. No. 202
Primary Reg. Dist. No. 2093
City Dayton (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Emma Curlis
(a) Residence. No. 532-8th Ave., Dayton, Ky (Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. New long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, Divorced (write the word) <u>Widowed</u>			21. DATE OF DEATH <u>Aug 7, 1933</u>	
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>J. J. Curlis</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>May 1, 1933</u> to <u>Aug 7, 1933</u> I last saw <u>her</u> alive on <u>Aug 7, 1933</u> , death is said to have occurred on the date stated above, at <u>3:55 p.m.</u> The principal cause of death and related causes of importance in order of onset were as follows:		
6. DATE OF BIRTH <u>Oct. 15 - 1850</u>				I last saw <u>her</u> alive on <u>Aug 7, 1933</u> , death is said to have occurred on the date stated above, at <u>3:55 p.m.</u> The principal cause of death and related causes of importance in order of onset were as follows:		
7. AGE <u>82</u>		8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Home</u>		Date of onset <u>1931</u>		
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		10. Date deceased last worked at this occupation (month and year)		Contributory causes of importance not related to principal cause: <u>Central Kentucky</u>		
11. Total time (years) spent in this occupation		12. BIRTHPLACE <u>Kentucky</u>		Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____		
13. NAME <u>James G. Culbertson</u>		14. BIRTHPLACE <u>Kentucky</u>		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.		
15. MAIDEN NAME <u>Catherine Yontey</u>		16. BIRTHPLACE <u>Kentucky</u>		Manner of injury _____ Nature of injury _____		
17. INFORMANT <u>J. B. Culbertson</u> (Address) <u>420 1/2 Grand Ave., Thomas Ky</u>		18. BURIAL, CREMATION, OR REMOVAL Place <u>Evergreen</u> Date <u>Aug. 9, 33</u>		24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>J. Garrison</u> , M. D. (Address) <u>Bellvue Ky</u>		
19. UNDERTAKER <u>The Johnson & Radcliff Co.</u> (Address) <u>Newport, Ky</u>		20. FILED <u>Aug 8, 1933</u> <u>Lilla L. Ray</u> Registrar				