

Fine, Jeanette Culbertson Loving 1856 - 1928

Form V. S. 1-50m-3-23-27

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

County Norton File No. 17935  
 Precinct Grants Bend Registration District No. 791 Registered No. \_\_\_\_\_  
 Loc. Town \_\_\_\_\_ Primary Registration District No. 5909  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

**2 FULL NAME** Jeanette Culbertson  
 (a) Residence No. Highland Ave Ward \_\_\_\_\_  
 (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. How 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 or Divorced (Write the word) <u>Mar</u>	16 DATE OF DEATH <u>July 24</u> 19 <u>28</u> (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from <u>June 1</u> , 19 <u>28</u> , to <u>July 24</u> , 19 <u>28</u> , that I last saw her alive on <u>July 24</u> , 19 <u>28</u> , and that death occurred on the date stated above at <u>11 P.</u> M. The CAUSE OF DEATH* was as follows: <u>Diabetes Mellitus</u>	
6a If married, widowed, or divorced HUSBAND OF <u>Samuel Fine</u> (or) WIFE OF _____			18 WHERE WAS DISEASE CONTRACTED If not at place of death? <u>X</u>		
6 DATE OF BIRTH <u>April 13</u> 18 <u>56</u> (Month) (Day) (Year)			Did an operation precede death? <u>No</u> Date of _____		
7 AGE <u>72</u> yrs. <u>3</u> mos. <u>11</u> ds. IF LESS than 1 day ..... hrs. or ..... min?			Was there an autopsy? <u>No</u>		
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work <u>None</u> (b) General nature of industry, business or establishment in which employed (or employer) _____			What test confirmed diagnosis? (Signed) <u>A. H. White</u> , M. D. <u>July 25, 1928</u> (Address)		
9 BIRTHPLACE (city or town) <u>Norton</u> (State or country) _____			*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)		
PARENTS	10 NAME OF FATHER <u>Samuel Culbertson</u>		19 PLACE OF BURIAL OR REMOVAL <u>Highland Ave</u> DATE OF BURIAL <u>July 26, 28</u>		
	11 BIRTHPLACE OF FATHER (city or town) <u>Norton</u> (State or country) _____		20 DECEASED'S ADDRESS <u>Highland Ave</u>		
	12 MAIDEN NAME OF MOTHER <u>Oliver</u>		21 REGISTERED ADDRESS <u>201-107</u>		
13 BIRTHPLACE OF MOTHER (city or town) <u>Norton</u> (State or country) _____		14 (Informant) <u>Wm. Henderson</u> (Address) <u>P.O. 7, 3, Grants Bend</u>			
15 Filed <u>July 26, 1928</u> Registered <u>J. C. Schmeing</u>					

M. D. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.