

Martin, Mary Ann Culbertson 1845 - 1928

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

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

1 PLACE OF DEATH
County Dempson File No. 21157
Vot. Prec. Barnes Registration District No. 1351 Registered No. 106
Inc. Town Dicks 74 Primary Registration District No. 7417
City Route #1 (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Ann Martin
(a) Residence. No. _____ 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH			
3 SEX <u>Female</u>	4 COLOR OR RACE <u>white</u>	5 Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> or Divorced <input type="checkbox"/> (Write the word) <u>Widowed</u>	16 DATE OF DEATH <u>8-24-28</u> (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from <u>June 6, 1928, to 8/24, 1928</u> , that I last saw her alive on <u>8/24, 1928</u> , and that death occurred on the date stated above at <u>2 P.M.</u> The CAUSE OF DEATH* was as follows: <u>Sen. Degenerative - hypertrophic cirrhosis of liver</u> (Duration) <u>2 yrs. 2 mos. 18 ds.</u>		
6a If married, widowed, or divorced HUSBAND of (or) WIFE of _____	6 DATE OF BIRTH <u>Aug 1 1845</u> (Month) (Day) (Year)	7 AGE <u>83 yrs. 23 ds.</u> IF LESS than 1 day _____ hrs. or _____ min?	Contributory (Secondary) <u>Diphtheria</u> (Duration) _____ yrs. _____ mos. _____ ds.			
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work. <u>House Keeper</u> (b) General nature of industry, business or establishment in which employed (or employer) _____			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>S. H. Warner</u> M. D. <u>8-24-1928</u> (Address) <u>Bowling Green Ky</u>			
9 BIRTHPLACE (city or town) (State or country) <u>Campbell Co Ky</u>			*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>James G. Culbertson</u>	19 PLACE OF BURIAL OR REMOVAL <u>Mt Vernon</u> DATE OF BURIAL <u>Aug 25, 1928</u>				
	11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Kenton Co Ky</u>	20 UNDERTAKER <u>Booker & Crowder</u> ADDRESS <u>Franklin Ky</u>				
	12 MAIDEN NAME OF MOTHER <u>Catharine Guitney</u>					
	13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Campbell Co Ky</u>					
14 (Informant) <u>Ira Martin</u> (Address) <u>Dicks 74 Route #1</u>			15 Filed <u>Aug 25, 1928</u> <u>W.A.P.</u> Registrar			