

*Martin, William Culbertson 1871 - 1922*

Kentucky Post – January 16, 1922

**MARTIN IS DEAD**

**City Clerk of Dayton Suffered  
Paralysis Stroke.**

Will C. Martin, 51, Dayton city clerk, died Monday morning at Speers Hospital after an illness of several weeks. He was taken to the hospital from his home, 438 Eighthay, Sunday morning after he suffered a stroke of paralysis. His condition had not been regarded as serious until that time.

Funeral services probably will be held Wednesday afternoon from Tower M. E. Church. Martin is survived by his widow and six children.

He was active in Democratic circles and was just beginning his fourth term as city clerk. Council will meet Monday night and adjourn tribute to Martin. Jr. O. U. A. M. and Knights and Ladies of Security, of which Martin was a member, will hold services at his home.

Martin, William Culbertson 1871 - 1922

FORM V-8-1-Rev. 2-29-12		Commonwealth of Kentucky STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS	
PLACE OF DEATH <i>Craigville</i>		CERTIFICATE OF DEATH	
Count	<i>182</i>	File No.	<i>296</i>
Vot. Pol.		Registered No.	<i>4</i>
Inc. Town		Primary Registration District No. <i>2093</i>	
City		(No. <i>222</i> , New Haven St., Ward)	
If death occurred in a hospital or institution, give its NAME instead of street and number.)			
FULL NAME <i>William Culbertson Martin</i>			
PERSONAL AND STATISTICAL PARTICULARS			
SEX	4 COLOR OR RACE	5 SINGLED, MARRIED, WIDOWED, OR DIVORCED (Write the word)	6 DATE OF BIRTH
<i>M</i>	<i>COO</i>	<i>Married</i>	<i>May 21, 1871</i> (Month) (Day) (Year)
7 AGE	8 IF LESS than 1 day... hrs. or... min?	9 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business or establishment in which employed (or employer)	
<i>60</i> yrs.	<i>mos. da.</i>	<i>Clerk</i>	
10 BIRTHPLACE (State or country)	11 BIRTHPLACE OF FATHER (State or country)		
<i>Campbell Co Ky</i>	<i>Campbell Co Ky</i>		
12 MARRIED NAME OF MOTHER	13 BIRTHPLACE OF MOTHER (State or country)		
<i>Mary Culbertson</i>	<i>Campbell Co Ky</i>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>Laura Martin</i> (Address) <i>432 - 8th</i>			
15 Filed <i>Jan 4, 1922</i> Lillis L. Ray	16 DATE OF DEATH	17 HEREBY CERTIFY, That I attended deceased from <i>Jan 15, 1922</i> , to <i>Jan 16, 1922</i> , that I last saw him alive on <i>Jan 16, 1922</i> , and that death occurred on the date stated above at <i>11:00 AM</i> . The CAUSE OF DEATH was as follows: <i>drown in bathtub</i> (Duration) <i>1 yrs. mos. da.</i>	
		Contributory (Secondary) <i>Measles</i> (Duration) <i>1 yrs. mos. 2 da.</i>	
		(Signed) <i>S. P. Garrison</i> , M. D. <i>Jan 17, 1922</i> (Address) <i>Bell Lane 15</i>	
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.			
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRA- SIENTS OR RECENT RESIDENTS) At place <i>In the</i> of death <i>yrs. mos. da.</i> State <i>yrs. mos. da.</i> Where was disease contracted, if not at place of death? Former or usual residence <i>None</i>			
19 PLACE OF BURIAL OR REMOVAL		DATE OF BURIAL	
<i>222 New Haven St., Newport Ky</i>		<i>Jan 17, 1922</i>	
20 UNDERTAKER		ADDRESS	
<i>Reinhard &amp; Son</i>			
11-5184			