

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County *Martin*
Vol. No. *Beaver Creek 15* Registration District No. *8421*

Ino. Town Primary Registration District No.

City (No. St. Ward)

2 FULL NAME *Wahkatie Catharine Culbertson*

15946

File No.

Registered No. *2*

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Single*

6 DATE OF BIRTH *Feb 24 1921*
(Month) (Day) (Year)

7 AGE yrs. *4* mos. *7* ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work *None*
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) *Beaver Creek Ky*

10 NAME OF FATHER *Bob Culbertson*

11 BIRTHPLACE OF FATHER (State or country) *Martin Ky*

12 MAIDEN NAME OF MOTHER *Cora Lee McCoy*

13 BIRTHPLACE OF MOTHER (State or country) *Stuartes Tenn*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *Garber Culbertson*

(Address) *Beaver Creek Ky*

15 Filed *July 10, 1921* *Clarence Wood*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *July 3 1921*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *June 3*, 1921, to *July 2*, 1921, that I last saw him alive on *July 3*, 1921, and that death occurred on the date stated above at *8:30* a.m. The CAUSE OF DEATH* was as follows:
Cholera Infantum

(Duration) yrs. *1* mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) *H. F. Whitely*, M. D.
July 3, 1921 (Address) *Beaver Creek 15 Ky*

*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, TRANSIENTS OR RECENT RESIDENTS)

At place of death yrs. mos. ds. in the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Wright Chapel* DATE OF BURIAL *July 14, 1921*

20 UNDERTAKER *L. H. Stuart* ADDRESS *Beaver Creek Ky*

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—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.