

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

1 PLACE OF DEATH

County Maharburg

Vet. Pat. Roadside

Inn. Town no

City \_\_\_\_\_ (No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)

Registration District No. 1093

Primary Registration District No. 6829

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

2 FULL NAME Mrs Della May Culverson

(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

3 SEX F 4 COLOR OR RACE W 5 Single M.  
Married  
Widowed  
or Divorced  
(Write the word)

5a If married, widowed, or divorced  
HUSBAND of Gottlieb Culverson  
(or wife of)

6 DATE OF BIRTH May 22 1931  
(Month) (Day) (Year)

7 AGE 25 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?

8 OCCUPATION OF DECEASED  
(a) Trade, profession or particular kind of work. \_\_\_\_\_  
(b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_

9 BIRTHPLACE (city or town) Maharburg  
(State or country)

PARENTS  
10 NAME OF FATHER Chas. Jackson  
11 BIRTHPLACE OF FATHER (city or town) Highland  
(State or country)  
12 MAIDEN NAME OF MOTHER Ellen Robinson  
13 BIRTHPLACE OF MOTHER (city or town) Highland  
(State or country)

14 (Informant) Gottlieb Culverson  
(Address) Greenville Ky

15 Filed 4-14-31 C. B. Wickliffe,  
By M. Wells, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 14 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 14, 1931, to Nov 14, 1931, that I last saw him alive on Nov 14, 1931, and that death occurred on the date stated above at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:  
Purpura Sepsis

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds.

Contributory (Secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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) E. L. Galt, M. D.  
4-14, 1931. (Address) Greenville Ky

\*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.)

19 PLACE OF BURIAL OR REMOVAL Green 34 DATE OF BURIAL Nov 15, 1931

20 UNDERTAKER M. B. ... ADDRESS Greenville Ky

MAILED REVERSED FOR INDEXING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of Informatic should be carefully supplied. AGE should be 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.