

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

16176

1 PLACE OF DEATH

County *Kent*

Vot. Precinct

Incl. Town

City *Louisville*

Registration District No. *500*

Primary Registration District No. *2275*

No. *Little Sisters of the Poor* St.

File No.
 Registered No. *1981*

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

2 FULL NAME *Mary Catherine Culver*

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH *25th of June, 1841*

7 AGE *70* yrs. mos. ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) *Kent*

PARENTS
 10 NAME OF FATHER *William Peck*
 11 BIRTHPLACE OF FATHER (State or country) *Lacinda Oglin*
 12 MAIDEN NAME OF MOTHER
 13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) *Little Sisters of the Poor*
 (Address) *10th and Magazine St.*

15 DIED *June 1920* the *5th* of *June* 19*20*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *4th of June, 1920*

17 I HEREBY CERTIFY, That I attended deceased from *Apr*, 19*20*, to *June 4*, 19*20*, that I last saw him alive on *5*, 19*20*, and that death occurred on the date stated above at m. The CAUSE OF DEATH* was as follows:

Senility
 (Duration) yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.
 (Signed) *Ch. F. Fosse* (Box), M. D.
4th June, 1920 (Address) *5th Bldg.*

*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 *Louis Cemetery* DATE OF BURIAL *July 5, 1920*
 20 UNDERTAKER *P. Boy* ADDRESS *City*

PERMANENT RECORD
 Every item of information should state CAUSE OF DEATH. Occupation is very important. See instructions on back of certificate.
 AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH. Occupation is very important. See instructions on back of certificate.