

Durbin, Amos M 1924 - 1950

Form V-1-A FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		COMMONWEALTH OF KENTUCKY Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		FILE NO. 116 50 7764	REGISTRAR'S NO. 1961
XC 15 766 979		Registration District No. 755		Primary Registration District No. 6101	
1. PLACE OF DEATH a. COUNTY Jefferson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kentucky b. COUNTY Perry		
b. CITY (If outside corporate limits, write RURAL and give township) Kentucky		c. LENGTH OF STAY (in this place) 60 days	c. CITY (If outside corporate limits, write RURAL and give township) Hazard		
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hosp.			d. STREET ADDRESS (If rural, give location) 435 Poplar Street		
3. NAME OF DECEASED a. (First) Amos (Type or Print)			b. (Middle) M	c. (Last) DUBBIN, Jr.	4. DATE OF DEATH (Month) (Day) (Year) April 19, 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 12-21-24	9. AGE (In years last birthday) 25	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver
11. BIRTHPLACE (State or foreign country) Hazard, Kentucky	12. CITIZEN OF WHAT COUNTRY? USA	13. FATHER'S NAME Amos M. Durbin, Sr.	14. MOTHER'S MAIDEN NAME Nolan Baker	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW II	16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Veterans Administration Hospital Records	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute necrosis of the Liver		INTERVAL BETWEEN ONSET AND DEATH 4 days	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES	DUE TO (b) Homologous serum virus	DUE TO (c) Paraplegia due to fracture/dislocation of spine	2 mo's.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 25 m. from the causes and on the date stated above.	23a. DATE SIGNED 12, 1950	
23b. ADDRESS	23c. SIGNATURE	24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-19-50	24c. NAME OF CEMETERY OR CREMATORY Englewood	24d. LOCATION (City, town, or county) (State) Hazard - Kentucky Ky.
25a. DATE REC'D BY LOCAL REG.	25b. REGISTRAR'S SIGNATURE	25c. SPECIAL DIRECTOR	25d. ADDRESS	25e. SIGNATURE	