

Durbin, Elisha Curtis 1859 - 1946

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COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Form V. R. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

State File No. _____
Registrar's No. 59

Registration District No. 445 Primary Registration District No. 5121

<p>1. PLACE OF DEATH:</p> <p>(a) County <u>Estill Rural</u></p> <p>(b) City or town _____ <small>(If outside city or town limits, write RURAL)</small></p> <p>(c) Name of hospital or institution <u>Pipe</u> <small>(If not in hospital or institution write street number or location)</small></p> <p>(d) Length of stay: In hospital or community _____ <small>(years, months or days)</small></p>	<p>2. USUAL RESIDENCE OF DECEASED:</p> <p>(a) State <u>Ky</u> (b) County <u>Estill</u></p> <p>(c) City or town <u>Rural</u> <small>(If outside city or town limits, write RURAL)</small></p> <p>(d) Street No. _____ <small>(If rural give precinct)</small></p> <p>(e) If foreign born, how long in U. S. A.? _____ yrs</p>
<p>3(a) FULL NAME <u>Elisha C Durbin</u></p> <p>3(b) If veteran, <input checked="" type="checkbox"/> Name war _____ 3(c) Social Security _____</p>	
<p>4. Sex <u>M</u> 5. Color or race <u>White</u></p> <p>6(b) Name of husband or wife <u>Anna Durbin</u></p> <p>6(c) Age of husband or wife <u>deceased</u></p> <p>7. Birth date of deceased <u>June 29th 1859</u> <small>(Month) (Day) (Year)</small></p> <p>8. AGE: <u>87</u> Months <u>17</u> Days _____ <small>If less than one day hr. _____ min.</small></p> <p>9. Birthplace <u>Estill County, Ky</u></p> <p>10. Usual occupation <u>Retired</u></p> <p>11. Industry or business _____</p>	
<p>FATHER { 12. Name <u>William H Durbin</u></p> <p>13. Birthplace <u>Ky</u></p> <p>MOTHER { 14. Maiden name <u>Mary Ashcraft</u></p> <p>15. Birthplace <u>Ky</u></p>	
<p>16(a) Informant's name <u>Mrs Shelly Howell</u></p> <p>(b) Address <u>Truse - Kentucky</u></p> <p>17. BURIAL, CREMATION, OR REMOVAL Place <u>Estill County Ky 6/15/46</u></p> <p>18(a) Signature of funeral director <u>J. G. Saur's</u></p> <p>(b) Address <u>Irwin - Ky</u></p> <p>19(a) <u>Aug. 1 1946</u> (Date received by local registrar) (b) <u>Virginia Dodd</u> Registrar's signature</p>	
<p>20. DATE OF DEATH <u>July 13th 1946</u></p> <p>21. I hereby certify that I attended the deceased from <u>1/1 1946</u> to <u>6/13 1946</u> that I last saw him alive a <u>8:50 P.M.</u> and that death occurred on the date stated above at <u>8:50 P.M.</u></p> <p>Immediate cause of death <u>coronary</u> DURATION <u>10 yrs</u></p> <p>Due to <u>My heart</u> <u>10 yrs</u></p> <p>Other conditions _____ <small>(include pregnancy within 3 months of death)</small></p> <p>Major findings: Of operations _____ Of autopsy _____</p> <p>22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) _____ (b) Date of occurrence _____ (c) Where did injury occur? in or about home, on farm, in industrial place, in public place? _____ <small>(Specify type of place)</small></p> <p>While at work? _____ (c) Means of injury _____</p> <p>23. Signature <u>B. P. S. rounded</u> (M. D. or other) Address <u>W. W. W. W.</u> Date signed <u>8/3-46</u></p>	

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.