

Apr. 13. 1936

6975

Form V. & 1-4
COMMONWEALTH OF KENTUCKY
 Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County Estill File No. _____
 Vol. No. Smith's Journal Registration District No. 5912 Registered No. _____
 Inc. Town _____ Primary Registration District No. 425

City _____ (No. _____ St. _____ Ward _____)
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

1. FULL NAME Elizabeth F. Horn Durbin
 (a) Residence, No. Smith's Journal St. _____ Word _____
 (Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed or Divorced (write the word)			21. DATE OF DEATH <u>Apr 13 1936</u>	22. I HEREBY CERTIFY That I attended deceased from _____ to _____ I last saw him alive on <u>9/16/1935</u> death is said to have occurred on the date stated above, at _____ The principal cause of death and related causes of importance in order of onset were as follows: <u>myocardial infarction</u> <u>9/16/35</u>
6. DATE OF BIRTH Year <u>79</u> Month <u>6</u> Day _____ If LESS than 1 day, hr. or min.					23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury _____ Nature of injury _____	
7. OCCUPATION a. Trade, profession, or particular kind of work done, as with skill, manager, bookkeeper, etc. <u>House-keeping</u> b. Industry or business in which work was done, as with skill, coachman, bank, etc. 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____						24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>T. S. P. ...</u> M. D. (Address) <u>...</u>
8. BIRTHPLACE <u>Estill, Ky.</u>					25. FILED <u>April 13 1936</u> <u>Estill</u>	
9. NAME <u>James A. Durbin</u>						
10. BIRTHPLACE <u>Estill, Ky.</u>						
11. MAIDEN NAME <u>Elizabeth F. Horn</u>						
12. BIRTHPLACE <u>Estill</u>						
13. INFORMANT <u>James Durbin</u>						
(Address) <u>...</u>						
14. BURIAL, CREMATION, OR REMOVAL Place <u>...</u> City <u>...</u> State <u>...</u> 19 <u>36</u>						
15. UNDERTAKER <u>...</u>						
(Address) <u>...</u>						

MARGINS RESERVED FOR INDEXING
 WRITE PLAINLY, WITH NECESSARILY FULL—THIS IS A PERMANENT RECORD. SHOULD BE EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN EXACTLY. PLEASE CHECK OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.