

Durbin, Emma Webb 1864 - 1944

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

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

State File No. 2810  
Registrar's No. 11

Registration District No. 1170 Primary Registration District No. 2475

1. PLACE OF DEATH:  
(a) County Perry  
(b) City or town Hazard  
(c) Name of hospital or institution: Hazard Hosp Co.  
(If not in hospital or institution write street number or location)  
(d) Length of stay: in hospital or community 01 (years, month or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Ky (b) County Perry  
(c) City or town Hazard  
(If outside city or town limits, write RURAL)  
(d) Street No. Doplar St (If rural give precinct)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

3(a) FULL NAME Emma Durbin  
3(b) If veteran, Name war \_\_\_\_\_ 3(c) Social Security No. \_\_\_\_\_  
4. Sex F 5. Color or race W. 6(a) Single, widowed, married, divorced Widowed

6(b) Name of husband or wife \_\_\_\_\_  
6(c) Age of husband or wife if \_\_\_\_\_ Years  
7. Birth date of deceased June 13 (Month) (Day) (Year)

8. AGE: 80 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Estill Co, Ky  
10. Usual occupation House Keeper  
11. Industry or business \_\_\_\_\_

FATHER { 12. Name Joe S. Webb  
13. Birthplace Ky  
MOTHER { 14. Maiden name Martha Abner  
15. Birthplace Ky

16(a) Informant's own signature Emma Durbin  
(b) Address Hazard Ky  
17. BURIAL, CREMATION, OR REMOVAL  
Place Trinity Ky Date 1-21 1944

18(a) Signature of funeral director H. Engler  
(b) Address Hazard Ky  
19(a) 1-5-44 (Date received by local registrar) (Registrar's signature) Emma Durbin

MEDICAL CERTIFICATION  
20. DATE OF DEATH 1-19 1944  
21. I hereby certify that I attended the deceased from Nov 20 1943 to 1-19 1944 that I last saw him alive on 1-19 1944 and that death occurred on the date stated above at 10:30 M.  
Immediate cause of death Coronary Arteriosclerosis DURATION \_\_\_\_\_  
Due to Hypertensive Heart Disease  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations 932-83A  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_ (Specify type of place)  
While at work? \_\_\_\_\_ (Specify type of work)  
(d) Cause of injury \_\_\_\_\_  
23. Signature John S. Jackson (M. D. or other) \_\_\_\_\_  
Address Hazard Ky Date signed 1-20-44

NOTE: PHYSICIANS, WITH OVERSIGHTING THIS FORM, 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.