

Durbin, James A 1855 - 1928

Form V. S. 1900-4-25-26
1 PLACE OF DEATH
COMMONWEALTH OF KENTUCKY
 State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
 File No. **16904**
 County Estill Registration District No. 443 Registered No. _____
 Ino. Town South Durbin Primary Registration District No. _____
 City South Durbin (No. 2 St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME James Durbin
 (a) Residence No. South Durbin, Ky Ward _____
 Length of residence in city or town where death occurred yrs. mos. ds. (If nonresident, give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS
3 SEX Male **4 COLOR OR RACE** White **5 Single, Married, Widowed, or Divorced** (Write the word) _____
5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6 DATE OF BIRTH Feb 3 1855 (Month) (Day) (Year)
7 AGE 73 yrs. mos. ds. IF LESS than 1 day _____ hrs. or _____ min?
8 OCCUPATION OF DECEASED
 (a) Trade, profession or particular kind of work Farmer
 (b) General nature of industry, business or establishment in which employed (or employer) _____
9 BIRTHPLACE (city or town) Ky (State or country)
PARENTS
10 NAME OF FATHER W H Durbin
11 BIRTHPLACE OF FATHER (city or town) Ky (State or country)
12 MAIDEN NAME OF MOTHER Rally Durbin
13 BIRTHPLACE OF MOTHER (city or town) Ky (State or country)
14 (Informant) J M Durbin (Address) Ravanna
15 PLACE OF BURIAL OR REMOVAL buried Spring of Aunt **DATE OF BURIAL** Aug 12 1928
16 UNDERTAKER W H Wilson **ADDRESS** Summit

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH _____ (Month) _____ (Day) _____ 19 _____ (Year)
17 I HEREBY CERTIFY, That I attended deceased from July 5, 1928, to _____, 1928, that I last saw him alive on July, 1928, and that death occurred on the date stated above at _____ m. The CAUSE OF DEATH was as follows:
Apoplexy
 _____ (Duration) _____ yrs. _____ mos. _____ ds.
 Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.
18 WHERE WAS DISEASE CONTRACTED
 If not at place of death? _____
 Did an operation precede death? _____ Date of _____
 Was there an autopsy? _____
 What test confirmed diagnosis?
 (Signed) E. E. Edwards, M. D. Aug 6, 1928 (Address) Dummett
 State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)
19 _____
 Registrar

See instructions on back of certificate.