

Durbin, James B 1897 - 1949

Form V. S. 1-A		DELAWARE COMMONWEALTH OF KENTUCKY		State File No. 3312	
FEDERAL SECURITY AGENCY		Department of Health		BUREAU OF VITAL STATISTICS	
U. S. PUBLIC HEALTH SERVICE		BUREAU OF VITAL STATISTICS		Registrar's No. 8	
NATIONAL OFFICE VITAL STATISTICS		CERTIFICATE OF DEATH			
Registration District No. 860		Primary Registration District No. 6541			
1. PLACE OF DEATH a. COUNTY Lee, Ross Creek		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE Ky b. COUNTY Estill			
b. CITY (If outside corporate limits, write RURAL and give township) Rural		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Rural	
d. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution)		d. STREET ADDRESS (If rural, give location) Rosses Creek, Ky.			
3. NAME OF DECEASED a. (First) James (Type or Print)		b. (Middle) B.		c. (Last) Durbin	
4. DATE OF DEATH (Month) (Day) (Year) January 22 - 1949		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Unknown		9. AGE (In years, last birthday) Months Days Hours Min. 50	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Farming /		11. BIRTHPLACE (State or foreign country) Estill Co. Waverlyville, Ky	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Sidney Durbin		14. MOTHER'S MAIDEN NAME Nancy Marguett Flynn	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes never		16. SOCIAL SECURITY NO. none		17. INFORMANT yes Living	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, aethenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 981X - 166		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE Homicide		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg, etc.) on Farm House on Ross Creek, Lee Ky.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 22 - 1949 - 4p		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Gun shot Wound in Chest.	
22. I hereby certify that I attended the deceased from 3 P.M. , 19 49 , to Jan 22 - 4 P.M. , 19 49 , that I last saw the deceased alive on unknown , 19 49 , and that death occurred at 4 P.M. , from the causes and on the date stated above.					
23a. DATE SIGNED Feb 11 - 1949		23b. ADDRESS Beattyville, Ky		23c. SIGNATURE H.P. Bagley, Coroner (Degree or title)	
24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) Burial		24b. DATE 1.24.49		24c. NAME OF CEMETERY OR CREMATORY Estill Co.	
24d. LOCATION (City, town, or county) (State)		25a. DATE REC'D BY LOCAL REG. 2-11-49			
25b. REGISTRAR'S SIGNATURE William B. McQuinn		25c. FUNERAL DIRECTOR ADDRESS			