

Durbin, Sarah Jane 1937 - 1938

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

File No. **165619**
 Registered No. _____

1. PLACE OF DEATH
 County Estill
 Vol. Pryce
 Inc. Town _____
 City Imine (No. _____ St. _____ Ward _____)
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Sarah Jane Durbin VETERAN, WHAT WAR? _____
 (a) Residence, No. _____ St. _____ Ward _____
 (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 <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. Single, Married, Widowed, Divorced (write the word) <u>Infant.</u>		21. DATE OF DEATH <u>July 15th</u> , 19 <u>38</u>	
6. DATE OF BIRTH <u>8 months 12-15-38</u>				22. I HEREBY CERTIFY That I attended deceased from _____, 19____ to _____, 19____ I last saw h. alive on _____, 19____, death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance in order of onset were as follows: <u>Sarah Jane Durbin</u> <u>came to her death</u> <u>from strangulation.</u> Date of onset _____	
7. AGE Years _____ Months <u>8</u> Days _____ If LESS than 1 day _____ hrs. or _____ min.				Contributory causes of importance not related to principal cause: <u>strangled on a bear!</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>				Name of operation _____ Date of _____	
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Infant</u>				What test confirmed diagnosis? _____ Was there an autopsy? _____	
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
12. BIRTHPLACE <u>Pryce Kentucky</u>				Manner of injury _____	
13. NAME <u>Pius Durbin</u>				Nature of injury _____	
14. BIRTHPLACE <u>Estill Co of Ky.</u>				24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____	
15. MAIDEN NAME <u>Effie Dunaway</u>				(Signed) <u>P. L. Lewis Coronator</u> M. D.	
16. BIRTHPLACE <u>Estill Co of Ky.</u>				(Address) <u>Imine Kentucky</u>	
17. INFORMANT <u>Pius Durbin</u>					
(Address) <u>Pryce Kentucky</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Pine Springs</u> Date <u>July 16</u> , 19 <u>38</u>					
19. UNDERTAKER <u>Tom E. Lohr</u>					
(Address) <u>Imine Kentucky</u>					
20. FILED <u>July 16 1938 E. B. Powell</u> Registrar					

Where necessary, the cause of death should be stated EXACTLY. PHYSICIANS' CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.