

Durbin, William Haden 1824 - 1912



Hade Durbin & Mary "Polly" Ashcroft-Durbin

FORM V. S. 1-100 (1-10-11)

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Boyle Registration District No. 5732 File No. 27394

Vol. No. Miller 1000 Primary Registration Dist. No. _____ Registered No. 71

Inn. Town _____ (If death occurred in a hospital or institution, give in block instead of street and number.)

City _____ (No. _____ St. _____ Ward _____)

2 FULL NAME William H. Durbin

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widowed</u>	10 DATE OF DEATH <u>11/10</u> _____, 191 <u>2</u> (Month) (Day) (Year)		
6 DATE OF BIRTH <u>Nov - 6 - 1824</u> (Month) (Day) (Year)			11 I HEREBY CERTIFY, That I attended deceased from <u>Nov. 1, 1912</u> , to <u>Nov. 10, 1912</u> that I last saw him <u>live on Nov. 9, 1912</u> and that death occurred, on the date stated above, at <u>8 P.M.</u>		
7 AGE <u>88 yrs. 0 mos. 5 ds.</u> If LESS than 1 day... hrs. or... min.?			The CAUSE OF DEATH* was as follows: <u>Indurated atheroma</u> <u>on ailed aorta</u> (Duration) yrs. mos. ds.		
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) <u>Farmer</u>			Contributory..... (Duration) yrs. mos. ds.		
9 BIRTHPLACE (State or country) <u>Estill Co., Ky.</u>			(Signed) <u>W. H. Ashcroft</u> <u>11/10</u> , 191 <u>2</u> (Address) <u>Miller 1000, Ky.</u>		
PARENTS	10 NAME OF FATHER <u>John Durbin</u>		*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MANNER OF INJURY and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL		
	11 BIRTHPLACE OF FATHER (State or country) <u>Queen Co., Ky.</u>		(10) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death yrs. mos. ds. In the State yrs. mos. ds.		
	12 MAIDEN NAME OF MOTHER <u>Nancy Wagon</u>		Where was disease contracted, if not at place of death? _____ Former or usual residence _____		
13 BIRTHPLACE OF MOTHER (State or country) <u>Estill Co., Ky.</u>			12 PLACE OF BURIAL OR REMOVAL <u>St. Louis, Mo.</u>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Carl Durbin</u> (Address) <u>Miller 1000, Ky.</u>					
15 FILED <u>11/10</u> , 191 <u>2</u> <u>J. M. Webb</u> REGISTRAR			DATE OF BURIAL <u>11/17</u> , 191 <u>2</u>		
			16 UNDERTAKER <u>Dr. R. R. Ryan</u>		
			ADDRESS <u>Boyle Ky.</u>		

17-5104