

Durbin, William Wesley 1889 - 1941

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

1. PLACE OF DEATH
County Estill
Vot. Prec. Payroll 19
Inc. Town Rural

Registration District No. 445
Primary Registration District No. 5145

File No. _____
Registered No. 14

City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME William Wesley Durbin
(1) 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Married</u>		23. DATE OF DEATH <u>Jan 25</u> , 19 <u>41</u>		
6. DATE OF BIRTH <u>Sept 16</u> , 18 <u>99</u>				I HEREBY CERTIFY, That I attended deceased from <u>Jan 29</u> to <u>Jan 25</u> , 19 <u>41</u> Last saw him alive on <u>Jan 25</u> , 19 <u>41</u> , 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:		
7. AGE Years <u>52</u> Months <u>4</u> Days <u>18</u> If LESS than 1 day, hrs. or min.				Tuberculosis of the lungs 134		
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Farming</u>				Contributory causes of importance not related to principal cause:		
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.				Date of onset		
10. Date deceased last worked at this occupation (month and year)				11. Total time (years) spent in this occupation		
12. BIRTHPLACE <u>Estill County</u>						
13. NAME <u>William Durbin</u>						
14. BIRTHPLACE <u>Estill Co</u>						
15. MAIDEN NAME <u>Nancy M. Gibson</u>						
16. BIRTHPLACE <u>Estill Co</u>						
17. INFORMANT <u>W. M. Durbin</u> (Address) <u>Chamberlayne</u>						
18. BURIAL, CREMATION, OR REMOVAL Place <u>Waverly</u> Date <u>Jan 27</u> , 19 <u>41</u>						
19. UNDERTAKER <u>E. P. ...</u> (Address) <u>Waverly</u>						
20. FILED <u>Jan 27</u> , 19 <u>41</u> <u>B. ...</u> Registrar						
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. Manner of injury _____ Nature of injury _____						
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, _____ (Signed) <u>E. E. Edwards</u> , M. D. (Address) <u>Theriot Kentucky</u>						

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION should be carefully ascertained. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, and state any other facts that may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.