

Horn, Nancy Ann Durbin 1851 - 1927



Form V. S. 1-50m-10-23-25

1 PLACE OF DEATH
 County Whell Registration District No. 445 File No. 608
 Vol. Pat. White Oak Primary Registration District No. 5215 Registered No. _____
 Inc. Town _____
 City Irwin (No. _____ St. _____ Ward _____)
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nancy Ann Horn

(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

3 SEX W 4 COLOR OR RACE W 5 Single Widowed
 Married Widowed
 Widowed or Divorced (Write the word)

6a If married, widowed, or divorced HUSBAND of (or) WIFE of _____
 6 DATE OF BIRTH Aug 13 1851
 (Month) (Day) (Year)

7 AGE 76 yrs. _____ mos. _____ ds. IF LESS than 1 day _____ hrs or _____ min?

8 OCCUPATION OF DECEASED
 (a) Trade, profession or particular kind of work seifs
 (b) General nature of industry, business or establishment in which employed (or employer) _____

9 BIRTHPLACE (city or town) _____ (State or country) _____

PARENTS

10 NAME OF FATHER Abel Durbin
 11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) _____
 12 MAIDEN NAME OF MOTHER Mary Francis
 13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) _____

14 (Informant) Baudie Powell
 (Address) Irwin Ky

15 Filed 2/10 1927 Cornie Pitcher
 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 22 1927
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1927, to Feb 22, 1927, that I last saw h. alive on Feb 20, 1927, and that death occurred on the date stated above at _____ m. The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
 _____ (Duration) _____ yrs. _____ mos. _____ ds.
 Contributory Old age _____ (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.

18 WHERE WAS DISEASE CONTRACTED
 If not at place of death? _____
 Did an operation precede death? No Date of _____
 Was there an autopsy? No
 What test confirmed diagnosis? Physical evidence
 (Signed) _____ M. D.
1/22, 19____ (Address) Irwin Ky

*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 PLACE OF BURIAL OR REMOVAL Hubbard city DATE OF BURIAL 1-28 1927
 20 UNDERTAKER Dr. L. L. L. L. ADDRESS Irwin Ky

states 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. EXACTLY. PHYSICIANS should