

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1480

1. PLACE OF DEATH

County.....Jackson.....Registration District No. 399Township.....Kaw.....Primary Registration District No. 1002City.....Kansas City.....(No. General Hospital)File No. 68Registered No. 68

St. _____ Ward _____

2. FULL NAME Earl Durbin(a) Residence. No. 821 So. 10th, Kansas City, Kans. 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.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Lotus Durbin

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

May 18, 1887

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

4717

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Structural Steel Worker

(b) General nature of industry, business, or establishment in which employed (or employee)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Pittsburg

(STATE OR COUNTRY)

Kansas

10. NAME OF FATHER

Charles Durbin

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Davenport

(STATE OR COUNTRY)

Ohio

12. MAIDEN NAME OF MOTHER

Rose Clifford

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Naples

(STATE OR COUNTRY)

Illinois

14.

INFORMANT

Lotus Durbin

(Address)

821 So. 10th, K. C. Kans.

15.

FILED

Jan 7, 1929

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

January 5th 1929

17.

I HEREBY CERTIFY, That I attended deceased from

_____ 19____, to _____ 19____, and that I last saw him alive on _____ 19____, and that death occurred, on the date stated above, at _____ 9:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Homicide, Fire arm.173

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Stanley M. Hayes, M. D.1/5, 1929 (Address) Deputy Coroner

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Forest Hill CemeteryJan. 8 1929

20. UNDERTAKER

Daniel Bros

ADDRESS

1644 Broadway

