

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

27785

1. PLACE OF DEATH

County Clay Registration District No. 198
Township Fishing River Primary Registration District No. 3011
City Veterans Hospital, Excelsior Springs Mo. Registered No. 163
St. 3rd Ward

2. FULL NAME DURBIN, Clarence

(a) Residence. No. Veterans Hospital, Excelsior Springs, Mo. St. George, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 47 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 married

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 27 1899

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>31</u>	<u>11</u>	<u>9</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) unknown
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Mike Durbin</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Tennessee</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Mary Garnet</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY)

14. INFORMANT Hospital records, U.S. Veterans
(Address) Hospital, Excelsior Springs, Mo

15. FILED 8/9 1931 Y. D. Craven
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 9 1931 19

17. I HEREBY CERTIFY, That I attended deceased from June 24, 1931 19... to August 9, 1931 19...
that I last saw him alive on August 9, 1931 19... and that death occurred, on the date stated above, at 1:50 pm m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular Heart disease, mitral

928

CONTRIBUTORY (SECONDARY) unknown (duration) yrs. mos. ds.
none
unknown (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH unknown

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Examination and Obs.

(Signed) [Signature] M. D.

8/10 1931 (Address) Veterans Hospital Excelsior Springs, Mo

*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

Mansfield mo 19 31

20. UNDERTAKER Herbert Hope
ADDRESS Excelsior Springs mo

AUG 25 1931

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.

