

SEP 12 1939

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

29135
Do not use this space.

1. PLACE OF DEATH

(a) County..... GREENE Registration District No. 316
(b) Township..... SPRINGFIELD Primary Registration District No. 2001 Registered No. 617
(c) City..... SPRINGFIELD (d) Street No. 714 S. Main St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Fenley Durbin

(a) Residence, No. 714 S. Main St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Matilda Durbin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 18 1852</u>		
7. AGE YEARS <u>✓ 86</u>	MONTHS <u>11</u>	DAYS <u>20</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Grocer</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) <u>Near, Louisville</u> (STATE OR COUNTRY) <u>Kentucky</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Mrs. Georgia Smith</u> (ADDRESS) <u>Springfield, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mary</u> DATE <u>Aug 10 1939</u>		
19. FUNERAL DIRECTOR (NAME) <u>H. H. Lohmeyer</u> (ADDRESS) <u>Springfield, Mo.</u>		
20. FILED <u>Aug 9 1939</u> <u>Chas. George</u> <u>Local Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 8 193922. I HEREBY CERTIFY That I attended deceased from Aug 7 1939 to Aug 8 1939I last saw him alive on Aug 8 1939. Death is saidto have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Apoplexy
Senility

Other contributory causes of importance:

Name of operation None Date of 11What test confirmed diagnosis? Chemical Was there an autopsy? No23. 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..... No24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) James E. Dewey, M. D.(Address) Medical Arts Bldg

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

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