

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 19523
Registered No. 68

1. PLACE OF DEATH
County Muhlenberg
Vot. Pct. East Boggs
Inc. Town near Greenville 14
City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registration District No. 1093
Primary Registration District No. 6832

2. FULL NAME Albert Neiland Durall IF VETERAN, WHAT WAR? _____

(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 <u>M</u>	4. COLOR OR RACE <u>W</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>Aug 18 - 1898</u>		
6. DATE OF BIRTH <u>Aug 18 - 1898</u>		
7. AGE <u>38</u> Years	Months <u>10</u>	Days <u>18</u>
If LESS than 1 day.....hrs. or.....min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Cash Miner</u>		
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE Ky

FATHER
13. NAME Robert Durall
14. BIRTHPLACE Ky
MOTHER
15. MAIDEN NAME Gerance Sandford
16. BIRTHPLACE Ky
17. INFORMANT Mrs. A. N. Durall
(Address) Central City 14 R. F. D

18. BURIAL, CREMATION, OR REMOVAL
Place East Union Date July 7 1937

19. UNDERTAKER J. B. Tucker
(Address) Bremen, 14

20. FILED B-9 1937 R. P. Coulter
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 6, 1937

22. I HEREBY CERTIFY, THAT I attended deceased from
June 15, 1937 to July 6, 1937

If last saw him alive on July 6, 1937, death is said
to have occurred on the date stated above, at 1:30 P. M.
The principal cause of death and related causes of importance
in order of onset were as follows:

Subacute Lungs
+ Bowel

Date of onset

Contributory causes of importance not related to
principal cause:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____ If so, specify _____

(Signed) J. C. Woodburn M. D.

(Address) Greenville Ky

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH 'INFADING INK'—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURSION is very important. See instructions on back of certificate.