

1 PLACE OF DEATH

County WahlbergVol. No. 15Inn. Town Bever

City _____

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 1044Primary Registration District No. 6840

(No. _____ St., _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James E. Durham

(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 an 4 COLOR OR RACE an 5 Single Married Widowed Widowed or Divorced (Write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH 3 11 1929
(Month) (Day) (Year)7 AGE 44 yrs. 9 mos. 7 ds. IF LESS than 1 day _____ hrs. or _____ min?8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Retired Coal Miner (b) General nature of industry, business or establishment in which employed (or employer) _____9 BIRTHPLACE (city or town) (State or country) Wahlberg

PARENTS 10 NAME OF FATHER _____ 11 BIRTHPLACE OF FATHER (city or town) (State or country) _____ 12 MAIDEN NAME OF MOTHER _____ 13 BIRTHPLACE OF MOTHER (city or town) (State or country) _____

14 (Informant) Taken from records of Birth (Address) _____15 Filed Dec 18, 1929 Haw Thoms Registrar

33032

File No. _____

Registered No. 232

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 12 18 1929
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h_____ alive on _____, 19____, and that death occurred on the date stated above at _____m. The CAUSE OF DEATH* was as follows:

acute dilatation of the heart
Short (Duration) _____ yrs. _____ mos. _____ ds.

Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.

18 WHERE WAS DISEASE CONTRACTED If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) B. C. Allen, Registrar
12/21, 1929 (Address) Central City 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 DATE OF BURIAL

Wahlberg Cemetery 12/24/1929

20 UNDERTAKER ADDRESS

E. J. Anderson Central City Ky

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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. See instructions on back of certificate.

J 5-22-51