

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4814

1 PLACE OF DEATH

County Muhlenberg Registration District No. 1093
 Vet. Pct. _____ Primary Registration District No. 2434
 Inc. Town Green Hill (No. _____ St., _____ Ward)
 City _____ (If death occurred in a hospital or institution, give its NAME instead of street and number)

File No. _____

Registered No. _____

2 FULL NAME O. W. Hill St. _____ Ward _____

(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 Male 4 COLOR OR RACE white 5 Single Married
 Married Widowed
 Widowed or Divorced
 or Divorced (Write the word)
 5a If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____
 6 DATE OF BIRTH Sept 16 1854
 (Month) (Day) (Year)
 7 AGE 73 yrs. _____ mos. _____ ds.
 IF LESS than 1
 day _____ hrs.
 or _____ min?

MEDICAL CERTIFICATE OF DEATH16 DATE OF DEATH Feb 19, 1928
 (Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased
 from Jan 1, 1928, to Feb 18, 1928
 that I last saw him alive on Feb 18, 1928
 and that death occurred on the date stated above at 7 P. M.
 The CAUSE OF DEATH was as follows:

Apoplexy
 (Duration) _____ yrs. _____ mos. _____ ds.
 Contributory Paralysis
 (Secondary) _____
 (Duration) 2 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) E. R. State M. D.Feb 19, 1928 (Address) Green Hill 14

*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.)

8 OCCUPATION OF DECEASED
 (a) Trade, profession or particular kind of work Retired Blacksmith
 (b) General nature of industry, business or establishment in which employed (or employer) _____9 BIRTHPLACE (city or town) (State or country) Muhlenberg Co. Ky

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

14 (Informant) O. W. Hill
 (Address) 412 E. 18th St. Hopkinsville15 Filed 2/20/28 C. B. Wickliffe,
By M. Wells Registrar19 PLACE OF BURIAL OR REMOVAL Hopkinsville Ky DATE OF BURIAL Feb 21, 192820 UNDERTAKER M. B. McDonald ADDRESS Green Hill 28

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.

MARRIAGE REGISTERED FOR 20 YEARS