

7701

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

File No. \_\_\_\_\_

1 PLACE OF DEATH

County Muhlenberg

Registered No. \_\_\_\_\_

Vot. Pct. J. Weir J. E. Hume

Registration District No. 1193

Inc. Town \_\_\_\_\_

Primary Registration District No. 1193

City \_\_\_\_\_

(No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME (No Name) Hill

(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, Widowed or Divorced (write the word) Single

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

6. DATE OF BIRTH (month, day, and year)

7. AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Muhlenberg County  
(State or country)

13. NAME Clint Hill

14. BIRTHPLACE (city or town) Muhlenberg County  
(State or country)

15. MAIDEN NAME Lois Sullivan

16. BIRTHPLACE (city or town) Christian Co., Ky.  
(State or country)

17. INFORMANT P. H. Hill  
(Address) Greenville, Ky. RFD #3

18. BURIAL, CREMATION, OR REMOVAL  
Place Cherry Grove Feb 22, 1933

19. UNDERTAKER W. D. ...  
(Address) Greenville, Kentucky

20. FILED 3-21-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/21, 1933

22. I HEREBY CERTIFY, That I attended deceased from at birth \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, death is said to have occurred on the date stated above, at 5 a. m. The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<u>Still Born</u>	
<u>Premature Delivery</u>	
<u>Malnutrition</u>	
Contributory causes of importance not related to principal cause:	
<u>Unknown</u>	

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? \_\_\_\_\_

(Signed) P. J. Argabrite, M. D.  
(Address) Greenville, Kentucky

State of Kentucky supplied. Fee should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.