

FORM V 8 1-9008 2-29-12

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Madison Registration District No. 370 File No. 5466
Vol. No. 111 Registered No. 5466
Inc. Town Madison Primary Registration District No. 370
City Madison No. 1 St. Madison Ward 1
2 FULL NAME Halla Hamilton [If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>M.</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u> (Write the word)	16 DATE OF DEATH <u>Jan' 6 - 1919</u> (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from _____, 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred on the date stated above at _____m. The CAUSE OF DEATH* was as follows: <u>Killed by explosion at oil refinery -</u> (Duration) _____ yrs. _____ mos. _____ ds.
6 DATE OF BIRTH <u>Feb' 19, 1890</u> (Month) (Day) (Year)	7 AGE <u>28 yrs. 10 mos. 18 ds.</u>	IF LESS than 1 day _____ hrs. or _____ min.?	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the _____ State _____ yrs. _____ mos. _____ ds. Where was disease contracted, if not at place of death? _____ Former or usual residence _____	
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>W. R. Co. etc. etc.</u> (b) General nature of industry business or establishment in which employed <u>Refinery</u>			Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds. (Signed) <u>James M. ...</u> , M. D. (Address) _____, 191____	
9 BIRTHPLACE (State or country) <u>Estelle Co. Ky.</u>			*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.	
10 NAME OF FATHER <u>William P. Hamilton</u>			19 PLACE OF BURIAL OR REMOVAL <u>Cave Spring Church</u> DATE OF BURIAL <u>Jan. 6, 1919</u>	
11 BIRTHPLACE OF FATHER (State or country) <u>Estelle Co. Ky.</u>			20 UNDERTAKER _____ ADDRESS _____	
12 MAIDEN NAME OF MOTHER <u>Miss Hamilton</u>				
13 BIRTHPLACE OF MOTHER (State or country) <u>Estelle Co. Ky.</u>				
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>W. S. Halla, Hamilton</u> (Address) <u>House ... Ky.</u>				
15 Filed _____, 191 <u>9</u> <u>Wanda ...</u> REGISTRAR				

11-5184

*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.