Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

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

State File No. 10287
Registrar's No. 83

Registration District No. 82 Primary Registration District No. 4171

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Rural (If outside city or town limits, write RURAL)
(c) Name of hospital or institution:
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky (b) County Boone
(c) City or town Rural (If outside city or town limits, write RURAL)
(d) Street No. Burlington (If rural give precinct)
(e) If foreign born, how long in U. S. A.? years

3(a) FULL NAME Chester Hill
3(b) If veteran, Name war
3(c) Social Security No.
4. Sex M.
5. Color or race W.
6(a) Single, widowed, married, divorced married
6(b) Name of husband or wife Effie Hill
6(c) Age of husband or wife if alive Years
7. Birth date of deceased Jan 20 1877 (Month) (Day) (Year)
8. AGE: Years 69 Months Days If less than one day hr. min.
9. Birthplace Harrison Co.
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name John W. Hill
13. Birthplace Harrison
MOTHER 14. Maiden name Mary Dunn
15. Birthplace Harrison Co.
16(a) Informant's own signature John P Hill
(b) Address 1433 Riverview Ave Dayton Ohio
17. BURIAL, CREMATION, OR REMOVAL
Place Curry Cemetery Harrison Co Date 5-8 1946
18(a) Signature of funeral director Chambers & Grubbs
(b) Address Florence Ky.
19(a) 5-7-46 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH Mar. 6 1946
21. I hereby certify that I attended the deceased from Dec. 10 1945 to Mar. 6 1946 that I last saw him alive on Mar. 6 1946 and that death occurred on the date stated above at 2 P.M.
Immediate cause of death Pulmonary [illegible] DURATION
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] M.D. (M. D. or other)
Address Burlington Ky. Date signed 3/6/46