

Cynthiana Democrat - November 17, 1921

HILL—John W. Hill, of Boone county, farmer, who was stricken on the streets of Cynthiana, as noticed in The Democrat last week, died at the Harrison Memorial Hospital Friday night, Nov. 11. He was suffering from ulcer which perforated the stomach. An operation was performed in the hope of saving his life. Mr. Hill was a native of this county and lived in the Two Lick neighborhood until his removal to Burlington, Boone county, about two years ago. He was born Dec. 11, 1856, a son of the late Oliver P. and Sarah Hill. He was married three times, first to Mary E. Dunn, second to Minerva Turner, and his third wife, who survives, was Miss Laura Turner. Surviving children are Van and Ches Hill, by his first wife, and Russell Hill and Mrs. McKinley Adams, by his second wife. Mrs. Ruth Bell is a surviving sister. Deceased was a member of the Mt. Pleasant church. The funeral was held at Curry church Sunday afternoon, with services by Rev. A. S. Godbey. Burial at Curry.

Hill, John W 1856 - 1921

FORM V & 1-900M 2-29-12

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

Dr. Martin

24006

1 PLACE OF DEATH
County Harrison

2 FULL NAME John W Hill

3 SEX M. 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married

6 DATE OF BIRTH Dec 4, 1856 (Month) (Day) (Year)

7 AGE 65 yrs. 11 mos. 1 ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Farmer (b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Harrison Co Ky

10 NAME OF FATHER Oliver P. Hill

11 BIRTHPLACE OF FATHER (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Sarah Roberts

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Van & Charles Hill (Address) Burlington - Ky Rural

15

16 DATE OF DEATH Apr 17, 1921 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Apr 7, 1921, to Apr 17, 1921, that I last saw him alive on Apr 10, 1921, and that death occurred on the date stated above at 8:30 A.M. The CAUSE OF DEATH* was as follows:
Gastric Ulcer with perforation
(Duration) ... yrs. ... mos. 4 ds.

Contributory (SECONDARY) (Duration) ... yrs. ... mos. ... ds.

(Signed) Josephus Martin, M. D. Apr 11, 1921 (Address) Cynthiana, Ky

*BRIEFLY STATE THE DISEASE CAUSING DEATH, OR, IN CASE OF DEATH FROM VIOLENT CAUSE, STATE (1) MANNER OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) In the At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds. Where was disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Curry Church Yard DATE OF BURIAL Jul 13, 1921

20 UNDERTAKER Smith & Rice Co ADDRESS Cynthiana

11-5184

WRITE PLAINLY, IN UNFADING INK--THIS IS A PERMANENT RECORD. 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.