

Hill, Laura Belle Turner 1867 - 1940

Cynthiana Democrat – February 15, 1940

MRS. LAURA BELL HILL

Mrs. Laura Bell Hill, 72 years old, widow of John Hill, died Thursday, February 8, at the Harrison Memorial hospital after an illness of several weeks. She was born in this county, November 18, 1867, a daughter of the late Ezekiel and Hannah A. Turner. Mr. Hill died in 1921 and her only survivors are two brothers, John and Godfrey Turner. Funeral services were held at Lower Curry Methodist church with the Rev. S. L. Moore and the Rev. J. F. Arnold officiating. Burial in the cemetery at Curry. Pall bearers, Bennie Price, Rolla Criswell, Jas. Holland, J. W. Paynter, Elzie Whalen and Mark Henson. Mrs. Hill was a member of the Barlow Methodist church. The Smith-Rees Co. had charge of the arrangements.



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Form V. B. 1-A

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

1. PLACE OF DEATH
County Harrison
Vot. Precinct _____
Inn, Town _____
City Cynthiana
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Mrs. Laura Belle Hill
(a) Residence, No. Rural 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 F 4. COLOR OR RACE W. 5. Single, Married, Widowed, Divorced (write the word) Widowed
6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of John Hill Dead
6. DATE OF BIRTH Nov 18, 1867
7. AGE Years 72 Months 7 Days 00 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE Kentucky

FATHER
13. NAME Ezekiel Turner
14. BIRTHPLACE Kentucky

MOTHER
15. MAIDEN NAME Hannah A. Muller
16. BIRTHPLACE Ky.

17. INFORMANT Mrs. Rodfry Turner
(Address) Cynthiana Rural

18. BURIAL, CREMATION, OR REMOVAL
Place Graveyard Date Feb. 4, 1940

19. UNDERTAKER Smith-Steele Co
(Address) Cynthiana

20. FILED Feb. 14, 1940 W. D. Jones Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb 8, 1940

22. I HEREBY CERTIFY that I attended deceased from _____ to _____, 1940
I last saw her alive on 2-8, 1940. She is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance in order of onset were as follows:
Hypertension (Renal)
Edema
Contributory causes of importance not related to principal cause:
Arteriosclerosis (unspecified)
Cerebral
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? _____ If so, specify _____
(Signed) W. D. Jones, M. D.
(Address) _____

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH 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.