

Hill, Oney O 1898 - 1913

FORM V 1-1900 2-39-41			Commonwealth of Kentucky STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		
1 PLACE OF DEATH County <u>Harrison</u> Vot. Pow. <u>Paindeater</u>			File No. <u>15683</u> Registration District No. <u>6159</u> Primary Registration District No. <u>19</u> City <u>Oney O' Hill</u> St., ..... Ward)		
2 FULL NAME <u>Oney O' Hill</u>			[If death occurred in a hospital or institution, give its NAME (instead of street and number.)]		
<b>PERSONAL AND STATISTICAL PARTICULARS</b> 3 SEX <u>Male</u> 4 COLOR OR RACE <u>White</u> 5 SINGLE, <small>MARRIED, WIDOWED, OR DIVORCED</small> <small>(Write the word)</small> <u>Single</u> 6 DATE OF BIRTH <u>July 13, 1898</u> <small>(Month) (Day) (Year)</small> 7 AGE <u>15 yrs. 3 mos. 21 ds.</u> IF LESS than <small>1 day ... yrs. or ... min?</small> 8 OCCUPATION <small>(a) Trade, profession, or particular kind of work.....</small> <u>Farmer</u> <small>(b) General nature of industry business or establishment in which employed (or employer).....</small> 9 BIRTHPLACE <small>(State or country)</small> <u>Kentucky</u> 10 NAME OF FATHER <u>Joe N Hill</u> 11 BIRTHPLACE OF FATHER <small>(State or country)</small> <u>Kentucky</u> 12 MAIDEN NAME OF MOTHER <u>Manerva Jones</u> 13 BIRTHPLACE OF MOTHER <u>Kentucky</u> 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE <small>(Informant) <u>Tom Hagle</u></small> <small>(Address) <u>Cynthianamky</u></small> 15 Filed <u>June 1, 1913</u> REGISTRAR <u>Tom Hagle</u> <small>11-3184</small>			<b>MEDICAL CERTIFICATE OF DEATH</b> 16 DATE OF DEATH <u>June 4, 1913</u> <small>(Month) (Day) (Year)</small> 17 I HEREBY CERTIFY, That I attended deceased from <u>May 24, 1913</u> , to <u>June 4, 1913</u> , that I last saw him alive on <u>June 4, 1913</u> , and that death occurred on the date stated above <small>at</small> <u>6300</u> . The CAUSE OF DEATH was as follows: <u>Typhoid fever</u> <small>(Duration) .... yrs. .... mos. .... ds.</small> Contributory <small>(SECONDARY)</small> <small>(Duration) .... yrs. .... mos. .... ds.</small> (Signed) <u>H. T. T. S. M. D.</u> (Address) <u>Cynthianamky</u> <small>June 5, 1913</small> <small>State the DISEASE CAUSING DEATH, or, in deaths FROM VIOLENT CAUSES state          (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.</small> 18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death <u>.... yrs. .... mos. .... ds.</u> In the <u>.... yrs. .... mos. .... ds.</u> Where was disease contracted, If not at place of death? _____ Former or usual residence _____ 19 PLACE OF BURIAL OR REMOVAL <u>Cong Church yard</u> DATE OF BURIAL <u>June 6, 1913</u> 20 UNDERTAKER <u>Smith - George Muller</u> ADDRESS <u>Cynthianamky</u>		

INSCRIPTION is very important. See instructions on back of certificate.