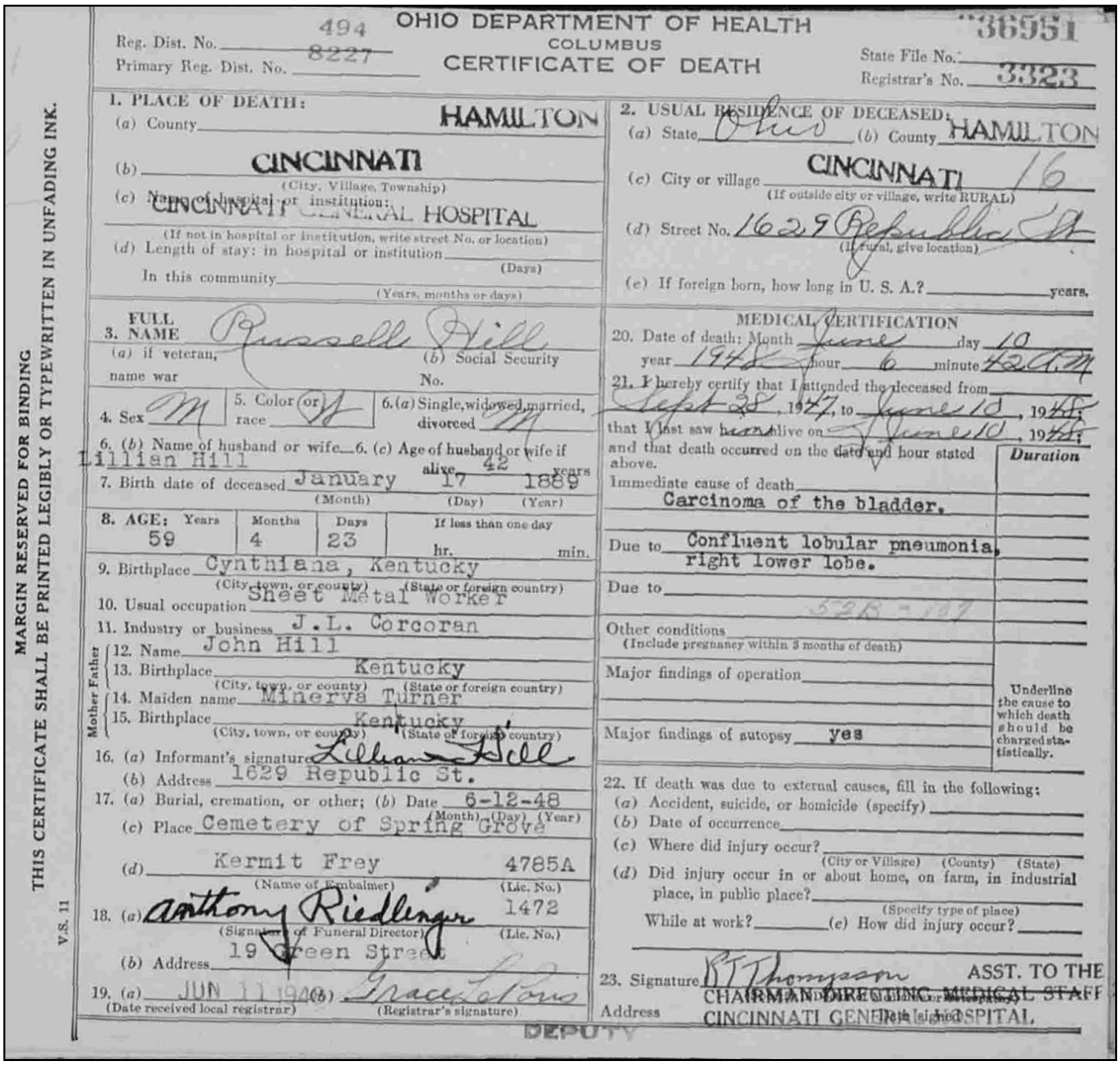

OHIO DEPARTMENT OF HEALTH
COLUMBUS
CERTIFICATE OF DEATH

Reg. Dist. No. 494 — Primary Reg. Dist. No. 8227 — State File No. 36951 — Registrar's No. 3323

MARGIN RESERVED FOR BINDING
THIS CERTIFICATE SHALL BE PRINTED LEGIBLY OR TYPEWRITTEN IN UNFADING INK.
V.S. 11

1. PLACE OF DEATH:
(a) County: HAMILTON
(b) (City, Village, Township): CINCINNATI
(c) Name of hospital or institution: CINCINNATI GENERAL HOSPITAL
(If not in hospital or institution, write street No. or location)
(d) Length of stay: in hospital or institution ____ (Days)
In this community ____ (Years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County HAMILTON
(c) City or village CINCINNATI 16
(If outside city or village, write RURAL)
(d) Street No. 1629 Republic St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. FULL NAME: Russell Hill
(a) if veteran, name war ____ (b) Social Security No. ____
4. Sex M — 5. Color or race W — 6.(a) Single, widowed, married, divorced M
6. (b) Name of husband or wife: Lillian Hill — 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased: January (Month) 17 (Day) 1889 (Year)
8. AGE: Years 59 — Months 4 — Days 23 — If less than one day ____ hr. ____ min.
9. Birthplace: Cynthiana, Kentucky (City, town, or county) (State or foreign country)
10. Usual occupation: Sheet Metal Worker
11. Industry or business: J.L. Corcoran
Mother Father
12. Name: John Hill
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
14. Maiden name: Minerva Turner
15. Birthplace: Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant's signature: Lillian Hill
(b) Address: 1629 Republic St.
17. (a) Burial, cremation, or other; (b) Date: 6-12-48 (Month) (Day) (Year)
(c) Place: Cemetery of Spring Grove
(d) Kermit Frey (Name of Embalmer) 4785A (Lic. No.)
18. (a) Anthony Riedlinger (Signature of Funeral Director) 1472 (Lic. No.)
(b) Address: 19 Green Street
19. (a) JUN 11 1948 (Date received local registrar) (b) Grace Lotus (Registrar's signature)
DEPUTY

MEDICAL CERTIFICATION
20. Date of death: Month June day 10 year 1948 hour 6 minute 12 CST
21. I hereby certify that I attended the deceased from Sept 28, 1947, to June 10, 1948; that I last saw him alive on June 10, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of the bladder.	
Due to: Confluent lobular pneumonia, right lower lobe.	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings of operation	
Major findings of autopsy: yes	

Underline the cause to which death should be charged statistically.

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? (City or Village) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) How did injury occur?

23. Signature: R T Thompson, ASST. TO THE CHAIRMAN DIRECTING MEDICAL STAFF
Address: CINCINNATI GENERAL HOSPITAL. Date signed: