FORM V S 1-500M 2-20-13

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

8511

1 PLACE OF DEATH
County Boone
Vot. Pct. Bullittsville Registration District No. 75
Inc. Town .... Primary Registration District No. ....
City .... (No. .... St., ... Ward)
File No. ....
Registered No. 167
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Van Hill

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married
6 DATE OF BIRTH: Feb. 21, 1879 (Month) (Day) (Year)
7 AGE: 49 yrs. ... mos. ... 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.

PARENTS
10 NAME OF FATHER: John N. Hill
11 BIRTHPLACE OF FATHER (State or country): Harrison Co Ky.
12 MAIDEN NAME OF MOTHER: Mary Dunn
13 BIRTHPLACE OF MOTHER (State or country): Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Minnie Hill
(Address) Burlington Ky. R.D. 1

15 Filed Apr 19, 1928 S. B. Nunnelley Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April 19, 1928 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 25, 1927, to Apr. 19, 1928, that I last saw him alive on Apr. 19, 1928, and that death occurred on the date stated above at 2 A.m. The CAUSE OF DEATH* was as follows:

Tuberculosis of lungs.

(Duration) 2 yrs. ... mos. ... ds.

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

(Signed) S. B. Nunnelley, M. D.
Apr. 19, 1928 (Address) Bullittsville

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

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

19 PLACE OF BURIAL OR REMOVAL: Cynthiana, Ky.
DATE OF BURIAL: Apr. 21, 1928
20 UNDERTAKER: Ford Chambers
ADDRESS: Walton Ky.

N. B.—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.