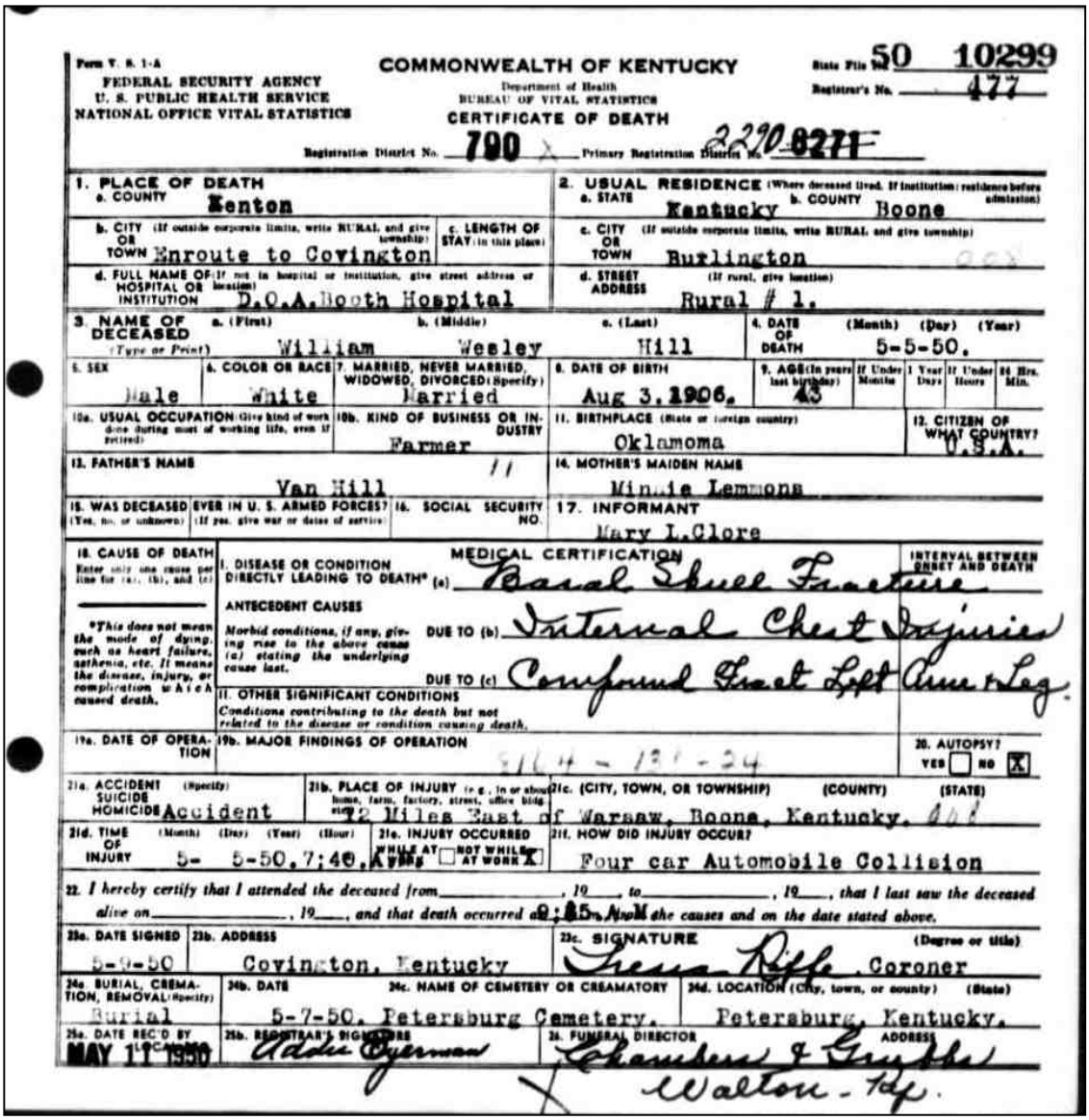

Form V. S. 1-A
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

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

State File No. 50 10299
Registrar's No. 477

Registration District No. 700 X Primary Registration District No. 2270 8271

1. PLACE OF DEATH
a. COUNTY Kenton
b. CITY OR TOWN Enroute to Covington
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) D.O.A. Booth Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Kentucky
b. COUNTY Boone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burlington
d. STREET ADDRESS (If rural, give location) Rural # 1.

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Wesley c. (Last) Hill
4. DATE OF DEATH (Month) (Day) (Year) 5-5-50.

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug 3, 1906.
9. AGE (In years last birthday) 43 If Under 1 Year: Months / Days / If Under 1 Day: Hours / Min. / 24 Hrs. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Oklamoma
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Van Hill
14. MOTHER'S MAIDEN NAME Minnie Lemmons

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mary L. Clore

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal Skull Fracture
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Internal Chest Injuries
DUE TO (c) Compound Fract Left Arm & Leg.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 5-4-50 - 12-1-24
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 12 Miles East of Warsaw, Boone, Kentucky.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5- 5-50. 7:40 A.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Four car Automobile Collision

22. I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 8:35 A.M. from the causes and on the date stated above.

23a. DATE SIGNED 5-9-50
23b. ADDRESS Covington, Kentucky
23c. SIGNATURE Irene Riffe (Degree or title) Coroner

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-7-50.
24c. NAME OF CEMETERY OR CREMATORY Petersburg Cemetery.
24d. LOCATION (City, town, or county) (State) Petersburg, Kentucky.

25a. DATE REC'D BY LOCAL REGISTRAR MAY 11 1950
25b. REGISTRAR'S SIGNATURE Addie Eyerman
26. FUNERAL DIRECTOR ADDRESS Chambers & Grubbs Walton - Ky.