

COMMONWEALTH OF KENTUCKY

REGISTRAR OF VITAL STATISTICS

CERTIFIED COPY



6499451

FORM V.S. NO. T-A
(REV. 1/68)

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF HEALTH
OFFICE OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILE NO. 116 70 12220
REGISTRAR'S NO. 3013

Registration District No. 753 Primary Registration District No. 2275

DECEASED
USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

1. DECEASED—NAME FIRST: <u>William</u> MIDDLE: <u>Weldon</u> LAST: <u>Hill</u> SEX: <u>M</u> DATE OF DEATH (MONTH, DAY, YEAR): <u>May 17 1970</u>	
2. RACE: <u>White</u>	3. AGE—LAST BIRTHDAY (YEARS): <u>79</u> UNDER 1 YEAR: <u>5a.</u> MONTHS: <u>79</u> DAYS: <u>79</u> UNDER 1 DAY: <u>5c.</u> HOURS: <u>79</u> MIN.: <u>79</u> DATE OF BIRTH (MONTH, DAY, YEAR): <u>June 19 1890</u> COUNTY OF DEATH: <u>Jefferson</u>
4. CITY, TOWN, OR LOCATION OF DEATH: <u>Louisville</u>	5. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): <u>Norton Infirmary</u> <u>06</u>
6. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): <u>Ky.</u>	7. CITIZEN OF WHAT COUNTRY: <u>U.S.A.</u>
8. SOCIAL SECURITY NUMBER: <u>400-50-8013-A</u>	9. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): <u>Retired Farmer</u>
10. RESIDENCE—STATE: <u>Ky.</u>	11. KIND OF BUSINESS OR INDUSTRY: <u>Retired Farmer</u>
12. FATHER—NAME: <u>Horace Hill</u>	13. MOTHER—MAIDEN NAME: <u>Mattie LaMaster</u>
14. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): <u>Widowed</u>	15. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): <u>06</u>

PARENTS

16. INFORMANT—NAME: <u>Ed Hill (Son)</u>	17. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): <u>Smithfield, Ky. R. 2 D</u>
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CAUSE

18. PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(a) Coronary occlusion

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

(b) _____

(c) _____

CERTIFIER

19. PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

20. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY): _____ DATE OF INJURY (MONTH, DAY, YEAR): _____ HOUR: _____ M. _____

21. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18): _____

22. INJURY AT WORK (SPECIFY YES OR NO): _____ PLACE OF INJURY AT HOME, FARM, STREET, FACTORY OFFICE BLDG., ETC. (SPECIFY): _____ LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE): _____

23. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM _____ MONTH _____ DAY _____ YEAR _____ AND LAST SAW HIM/HER ALIVE ON _____ MONTH _____ DAY _____ YEAR _____ I DID/DID NOT VIEW THE BODY AFTER DEATH. (HOUR) _____

24. CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. _____ MONTH _____ DAY _____ YEAR _____ HOUR _____

25. CERTIFIER—NAME (TYPE OR PRINT): DR. WM. M. PETTY CORONER BY: Lloyd Adamec D/C DEGREE OR TITLE: _____ DATE RECEIVED (MONTH, DAY, YEAR): MAY 21 1970

26. MAILING ADDRESS—CERTIFIER: Fiscal Ct. Bldg., Lou., Ky STREET OR R.F.D. NO.: _____ CITY OR TOWN: Louisville, Ky. STATE: _____ ZIP: _____

BURIAL

27. RITUAL, CREMATION, REMOVAL (SPECIFY): Burial

28. CEMETERY OR CREMATORY—NAME: Smithfield Cemetery LOCATION: Smithfield, Ky CITY OR TOWN: _____ STATE: _____

29. DATE (MONTH, DAY, YEAR): May 20 1970

30. FUNERAL DIRECTOR—SIGNATURE: Wm G. Prewitt, Jr ADDRESS (ZIP CODE): New Castle, Ky 40050

31. NAME OF EMBALMER: Wm G. Prewitt, Jr 3622 (LIC. NO.): _____ REGISTRAR—SIGNATURE: [Signature] DATE RECEIVED (LOCAL REG.): JUN 2 1970

This is to certify that this is a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered at the Kentucky Office of Vital Statistics under the file number shown.

DATE ISSUED OCT 07 2021

Christina S. Stewart
State Registrar



DOCUMENT CONTAINS A WATERMARK - HOLD UP TO LIGHT TO VIEW

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