

COMMONWEALTH OF KENTUCKY

REGISTRAR OF VITAL STATISTICS CERTIFIED COPY



6499451

FORM V.S. NO. T-A
(REV. 1/69)

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. 755 Primary Registration District No. 2275

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

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. <u>William Weldon Hill</u>					2. <u>M</u>	3. <u>May 17 1970</u>	
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY))	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH	
4. <u>White</u>	5a. <u>79</u>	5b. <u>5</u>	5c. <u>0</u>	6. <u>June 19 1890</u>		7. <u>Jefferson</u>	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				
7b. <u>Louisville</u>		7c. <u>yes</u>	7d. <u>Norton Infirmary</u>				
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)			
8. <u>Ky.</u>	9. <u>U.S.A.</u>	10. <u>Widowed</u>		11. <u>06</u>			
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)			KIND OF BUSINESS OR INDUSTRY		
12. <u>400-50-8013-A</u>		13a. <u>Retired Farmer</u>			13b. <u></u>		
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER			
14a. <u>Ky.</u>	14b. <u>052</u>	14c. <u>Smithfield</u>	14d. <u>no</u>	14e. <u>R.F.D.</u>			
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
15. <u>Horace Hill</u>					16. <u>Mattie LdMaster</u>		
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. <u>Ed Hill (Son)</u>				17b. <u>Smithfield, Ky R.F.D.</u>			
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE		(a) <u>Coronary occlusion</u>					
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(b) <u></u>					
		(c) <u></u>					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19a. <u>No</u>						19b. <u>No</u>	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)				
20a. <u></u>	20b. <u></u>	20c. <u>M.</u>	20d. <u></u>				
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)					
21a. <u></u>	21b. <u></u>	21c. <u></u>					
CERTIFICATION—PHYSICIAN:	MONTH	DAY	YEAR	MONTH	DAY	YEAR	AND LAST SAW HIM/HER ALIVE ON
21a. <u></u>							21b. <u>10</u>
I ATTENDED THE DECEASED FROM	MONTH		DAY	YEAR	I DID/DID NOT VIEW THE BODY AFTER DEATH.		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21c. <u></u>	21d. <u>11:05 P M.</u>		21e. <u>5-17-70</u>	21f. <u>11:05 P M.</u>		21g. <u></u>	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, OF THE OCCURRENCE ON THE DATE AND DUE TO THE CAUSE(S) STATED.							
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)		
22a. <u>DR. WM. M. PETTY</u>		22b. <u>Lloyd Adamec</u>		22c. <u>D/C</u>	22d. <u>MAY 21 1970</u>		
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN	STATE	ZIP	
23a. <u>Fiscal Ct. Bldg., Lou., Ky</u>		23b. <u>Louisville, Ky.</u>		23c. <u></u>	23d. <u></u>	23e. <u></u>	
RITUAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION		CITY OR TOWN	STATE		
24a. <u>Burial</u>	24b. <u>Smithfield Cemetery</u>	24c. <u>Smithfield Ky</u>		24d. <u></u>	24e. <u></u>		
DATE (MONTH, DAY, YEAR)	FUNERAL DIRECTOR—SIGNATURE		ADDRESS (ZIP CODE)		DATE RECEIVED (LOCAL REG.)		
25a. <u>May 20 1970</u>	25b. <u>Prewitt</u>		25c. <u>New Castle Ky</u>		25d. <u>40050</u>		
NAME OF EMBALMER	(LIC. NO.)	REGISTRAR—SIGNATURE	DATE RECEIVED (LOCAL REG.)		26b. <u>JUN 2 1970</u>		
25b. <u>Wm G. Prewitt, Jr 3622</u>	25c. <u></u>	25d. <u></u>	25e. <u></u>		25f. <u></u>		

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

9433421

