

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

3413

1 PLACE OF DEATH
u/ County Hamilton

Registration District No. 322 File No. 527

Township.....
or Village.....
or City of Cincinnati

Primary Registration District No. 1 Registered No. 527
No. General Hospital (1) St. Ward 6
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred..... yrs..... mos..... ds. How long in U. S., if of foreign birth..... yrs..... mos..... ds.

2 FULL NAME William C. Hill Did Deceased Serve in U. S. Navy or Army.....
(a) Residence. No. 517 East Third St. Ward.....
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH 2:10 P. M.

3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, Widowed or Divorced <u>Widowed</u>
6a. If Married, Widowed, or Divorced Husband of <u>Callie Rosenfelder</u> (or) Wife of		
6. DATE OF BIRTH (month, day, and year) <u>Aug. 26, 1874</u>		
7. AGE (years) Months Days <u>63</u> <u>5</u> <u>2</u>	If LESS than 1 day..... hrs. or..... min. <u>544</u>	
8. Trade, profession, or particular kind of work done, as <u>Retired Detective</u> <i>newspaper, bookkeeper, etc.</i>		
9. Industry or business in which work was done, as <u>City of Cincinnati</u> <i>saw mill, bank, etc.</i>		
10. Date deceased last worked at this occupation (month and year) <u>1923</u>		11. Total time (years) spent in this occupation <u>21 yrs.</u>

21. DATE OF DEATH (month, day, and year) Jan. 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from 193..... to..... 193.....

I last saw h..... alive on..... 193....., death is held to have occurred on the date stated above at..... m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

Basal skull fracture
auto mobile accident
in pedestrian while crossing street

23. CONTRIBUTORY CAUSES of importance not related to principal causes:

12. BIRTHPLACE (city or town) Chattanooga (State or country) Tenn.

13. NAME William H. Hill

14. BIRTHPLACE (city or town) Lafayette (State or country) Georgia

15. MAIDEN NAME Martha A. Anderson

16. BIRTHPLACE (city or town) Ringgold (State or country) Georgia

17. The Signature of Hugh Hill (Mother)
INFORMANT and (Address) 203 East Eighth Street

18. BURIAL, CREMATION, OR REMOVAL
Place Highland Cem. Date January 31, 1938

19. FUNERAL FIRM William F. Fuldner Lic. No. 705

20. BURIED BY Wm F. Fuldner Lic. No. 705
Address 421 Arch Street

21b. EMBALMER Cletus Roman Lic. No. 3180

22. FILED JAN 31 1938 193.....
DeWitt L. Miller Registrar.

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide acc Date of injury 1/27/38
Where did injury occur? Third Street, Cincinnati
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) Frank M. Lippert, Jr., M. D.
Date..... 193..... Address..... Cincinnati

MOTHER FATHER OCCUPATION