

227-1-5-1 227-1-5

CERTIFICATE OF DEATH

STATE FILE NO.

11398

1538

1. PLACE OF DEATH a. COUNTY TRAVIS			2. USUAL RESIDENCE (Where deceased lived, if institution residence before admission) a. STATE TEXAS b. COUNTY TRAVIS			
b. CITY OR TOWN (if outside city limits, give precinct no.) AUSTIN		c. LENGTH OF STAY in l. b. 79yrs	c. CITY OR TOWN (if outside city limits, give precinct no.) AUSTIN			
d. NAME OF (if not in hospital, give street address) HOSPITAL OR INSTITUTION 104 EAST 16th. ST.			d. STREET ADDRESS (if rural, give location) 104 EAST 16th ST.			
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) HUNTER			[a] First B.	[b] Middle HILL	[c] Last HILL	
4. DATE OF DEATH 2/21/59			5. SEX MALE			
6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6/21/79		
9. AGE (in years last birth day) 79		IF UNDER 1 YEAR Months 8 Days _____ Hours _____ Minutes _____		IF UNDER 24 HRS. Hours _____ Minutes _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER			10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) WEBBERVILLE, TEXAS			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME JOE HILL			14. MOTHER'S MAIDEN NAME LEORA HUNTER			
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 MRS. MOSETTE HILL		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction DUE TO (b) _____ DUE TO (c) _____ INTERVAL BETWEEN ONSET AND DEATH 1 day						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Carcinoma - origin! colon						
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)				<div style="border: 2px solid black; padding: 5px; text-align: center;"> TEXAS DEPARTMENT OF HEALTH REC'D MAR 13 1959 BUREAU OF VITAL STATISTICS COUNTY _____ STATE _____ </div>		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)				
20e. CITY, TOWN, OR LOCATION						
21. I hereby certify that I attended the deceased from <u>about 3-1</u> 19 <u>57</u> to <u>2-21</u> 19 <u>59</u> and last saw the deceased at <u>2-21</u> 19 <u>59</u> Death occurred at <u>4 P</u> m. on the date stated above, and to the best of my knowledge, from the causes stated						
22a. SIGNATURE R.A. Cooper, M.D. (Physician or title)			22b. ADDRESS 924 E. 32th, Austin		22c. DATE SIGNED 2/21/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2/23/59	23c. NAME OF CEMETERY OR CREMATORY AUSTIN MEMORIAL PARK			
23d. LOCATION (City, town, or county) AUSTIN		23e. STATE TEXAS	24. FUNERAL DIRECTOR'S SIGNATURE WILKE*CLAY 3 4729 # 2398			
25a. REGISTRAR'S FILE NO. 0		25b. DATE REC'D BY LOCAL REGISTRAR - 6 - 5		25c. REGISTRAR'S SIGNATURE B.W. Pruner 7 AUSTIN, TE		

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 7/52