

N. B. - WRITE PLAINLY, WITH UNFADING INK (WRITING FLUID) THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE THE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED, EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

1 PLACE OF DEATH  
 COUNTY OF Northampton  
 MAGISTERIAL DISTRICT OF \_\_\_\_\_  
 OR \_\_\_\_\_  
 INC. TOWN OF \_\_\_\_\_  
 OR \_\_\_\_\_  
 CITY OF Cape Charles  
 (If death occurred in a hospital or other institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred..... yrs..... mos..... How long in U. S., if of foreign birth?..... yrs..... mos..... ds

CERTIFICATE OF DEATH  
 COMMONWEALTH OF VIRGINIA  
 DEPARTMENT OF HEALTH  
 BUREAU OF VITAL STATISTICS

REGISTRATION DISTRICT No. 2652 REGISTERED No. \_\_\_\_\_  
 (TO BE INSERTED BY REGISTRAR) (FOR USE OF LOCAL REGISTRAR)

2 FULL NAME Douglas Williams Hill  
 (A) RESIDENCE. No. Orange, Va ST. \_\_\_\_\_ WARD \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED single

6. DATE OF BIRTH (month, day, and year) Oct. 8<sup>th</sup> 91

7. AGE Years 40 Months 7 Days 15 IF LESS THAN 1 DAY, \_\_\_\_\_ HRS OR \_\_\_\_\_

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Minister

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. \_\_\_\_\_

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (month and year) 10-22-1932 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION 12 1/2

12. BIRTHPLACE (city or town) Harrisburg (State or country) Pa

13. NAME John Henry Hill

14. BIRTHPLACE (city or town) Shenandoah Co (State or country) Pa

15. MAIDEN NAME Bessie Harrison

16. BIRTHPLACE (city or town) \_\_\_\_\_ (State or country) W. Va

17. INFORMANT John H. Hill (Address) Minister, Va

18. BURIAL, CREMATION, OR REMOVAL PLACE Charlottesville, Va DATE June 16, 1932

19. UNDERTAKER Conrad Grimmer & Son (Address) Cape Charles, Va

20. FILED \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 23 1932

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM \_\_\_\_\_ 1 \_\_\_\_\_ TO \_\_\_\_\_ 1 \_\_\_\_\_ I LAST SAW HIM ALIVE ON \_\_\_\_\_ 1 \_\_\_\_\_, DEATH IS SAID 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:

Accidental(?)  
drowning

CONTRIBUTORY CAUSES OF IMPORTANCE NOT RELATED TO PRINCIPAL CAUSE: \_\_\_\_\_

NAME OF OPERATION \_\_\_\_\_ DATE OF \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_ WAS THERE AN AUTOPSY \_\_\_\_\_

23. IF DEATH WAS DUE TO EXTERNAL CAUSE (VIOLENCE) FILL IN ALSO THE FOLLOWING: DATE OF ACCIDENT, SUICIDE, OR HOMICIDE \_\_\_\_\_ INJURY \_\_\_\_\_ WHERE DID INJURY OCCUR? \_\_\_\_\_ (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) \_\_\_\_\_ M. D. (ADDRESS) \_\_\_\_\_

CONRAD GRIMMER & SON