

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..... Primary Registration District No. 1 Registered No. 527

or Village..... No. General Hospital (1) St. Ward

or City of Cincinnati (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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR or RACE White 5. SINGLE, MARRIED, Widowed or Divorced Widowed

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

6a. If Married, Widowed, or Divorced Husband of (or) Wife of Callie Rosenfelder

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

6. DATE OF BIRTH (month, day, and year) Aug. 26, 1874

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

7. AGE (years) Months Days If LESS than 1 day..... hrs. or..... min. 63 5 2 549

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

8. Trade, profession, or particular kind of work done, as Retired Detective 549

Basal skull fracture

9. Industry or business in which work was done, as City of Cincinnati

auto mobile accident

10. Date deceased last worked at this occupation (month and year) 1923 11. Total time (years) spent in this occupation 21 yrs

pedestrian while crossing street

12. BIRTHPLACE (city or town) Chattanooga (State or country) Tenn. 63

1100 M W10

13. NAME William H. Hill

CONTRIBUTORY CAUSES of importance not related to principal cause:

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

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

15. MAIDEN NAME Martha A. Anderson

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

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

23. If death was due to external causes (violence) fill in also the following:

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

Accident, suicide, or homicide? acc Date of injury 1/27/38

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

Where did injury occur? Third Street, Cincinnati (Specify city or town, county, and State)

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

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

19a. BURIED BY 421 Arch Street Lic. No. 705

Manner of injury.....

19b. EMBALMER Cletus Roman Lic. No. 3180

Nature of injury.....

20. FILED JAN 31 1938 Registrar.

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