

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

CERTIFICATE OF DEATH

STATE FILE NO.

11398

1538

1. PLACE OF DEATH a. COUNTY <b>TRAVIS</b>			2. USUAL RESIDENCE (Where deceased lived, if institution residence before admission) a. STATE <b>TEXAS</b> b. COUNTY <b>TRAVIS</b>			
b. CITY OR TOWN (if outside city limits, give precinct no.) <b>AUSTIN</b>		c. LENGTH OF STAY in l. b. <b>79yrs</b>	c. CITY OR TOWN (if outside city limits, give precinct no.) <b>AUSTIN</b>			
d. NAME OF (if not in hospital, give street address) HOSPITAL OR INSTITUTION <b>104 EAST 16th. ST.</b>			d. STREET ADDRESS (if rural, give location) <b>104 EAST 16th ST.</b>			
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) <b>HUNTER</b>			[a] First <b>B.</b>	[b] Middle <b>HILL</b>	[c] Last <b>HILL</b>	
4. DATE OF DEATH <b>2/21/59</b>			5. SEX <b>MALE</b>			
6. COLOR OR RACE <b>WHITE</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>6/21/79</b>		
9. AGE (in years last birth day) <b>79</b>		IF UNDER 1 YEAR Months <b>8</b> Days _____ Hours _____ Minutes _____	9. AGE (in years last birth day) <b>79</b>		IF UNDER 1 YEAR Months <b>8</b> Days _____ Hours _____ Minutes _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED FARMER</b>			10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) <b>WEBBERVILLE, TEXAS</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13. FATHER'S NAME <b>JOE HILL</b>			14. MOTHER'S MAIDEN NAME <b>LEORA HUNTER</b>			
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 <b>MRS. MOSETTE HILL</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial infarction</b> DUE TO (b) _____ DUE TO (c) _____ CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Carcinoma - origin: colon</b>					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)				
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		20f. CITY, TOWN, OR LOCATION				
20g. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20h. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)				
20i. CITY, TOWN, OR LOCATION		20j. 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 <b>R.A. Cooper, M.D.</b> (Physician or title)			22b. ADDRESS <b>924 E. 32th, Austin</b>		22c. DATE SIGNED <b>2/21/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>2/23/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>AUSTIN MEMORIAL PARK</b>			
23d. LOCATION (City, town, or county) <b>AUSTIN</b>		23e. LOCATION (State) <b>TEXAS</b>	23f. FUNERAL DIRECTOR'S SIGNATURE <b>WILKE*CLAY 3 4729 # 2398</b>			
24a. REGISTRAR'S FILE NO. <b>0</b>		24b. DATE REC'D BY LOCAL REGISTRAR <b>- 6 - 3</b>		24c. REGISTRAR'S SIGNATURE <b>B.W. Pruner 7</b>		
				AUSTIN, TE		

TEXAS DEPARTMENT OF HEALTH  
REC'D MAR 13 1959  
BUREAU OF VITAL STATISTICS  
COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 7/52