

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

CERTIFICATE OF DEATH

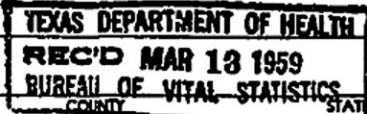
STATE FILE NO.

11398

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	
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. BIRTH-PLACE (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. MOSELLE 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) CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.					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)				
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 about 3-1 19 57 to 2-21 19 59 and last saw the deceased at 2-21 19 59 Death occurred at 4 P m. on the date stated above, and to the best of my knowledge, from the causes stated						
22a. SIGNATURE R.A. Cooper, M.D. (Doctor 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. LOCATION (State) TEXAS		23f. FUNERAL DIRECTOR'S SIGNATURE WILKE*CLAY 3 4729 # 2398		
24a. REGISTRAR'S FILE NO. 0		24b. DATE REC'D BY LOCAL REGISTRAR - 6 - 3		24c. REGISTRAR'S SIGNATURE B.W. Pruner 7		
				AUSTIN, TE		

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION



VS-112, REV. 7/52