

1. PLACE OF DEATH a. COUNTY Dallas		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Texas		b. COUNTY Dallas	
b. CITY OR TOWN (If outside city limits, give precinct no.) Dallas Farmers Branch		c. LENGTH OF STAY in 1 b. 1 Mo.		c. CITY OR TOWN (If outside city limits, give precinct no.) Duncanville	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION 4 Seasons Nursing Home		d. STREET ADDRESS (If rural, give location) 303 West Camp Wisdom			
a. 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) Herbert Lee Hill		4. DATE OF DEATH September 2, 1970			
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 Aug. 19, 1891		9. AGE (in years last birthday) 79		IF UNDER 1 YEAR Months Days Hours Minutes	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurseryman		10b. KIND OF BUSINESS OR INDUSTRY Nursery		11. BIRTHPLACE (State or foreign country) Texas	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Eljia C. Hill		14. MOTHER'S MAIDEN NAME Ruthie Griggs	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 462-05-8330		17. INFORMANT <i>Walter L. Reeder</i>	
18. CAUSE OF DEATH (See instructions for (a), (b), and (c).) TEXAS DEPARTMENT OF HEALTH IMMEDIATE CAUSE (a) Chronic emphysema		RECORDED OCT 5 1970 BUREAU OF VITAL STATISTICS		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT TRAUMA POISONING OTHER Natural Causes		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18)			
20c. TIME OF INJURY Hour Month Day Year a.m. p.m.		20d. INJURY OCCURRED		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)	
20f. CITY, TOWN, OR LOCATION COUNTY STATE		20g. CITY, TOWN, OR LOCATION COUNTY STATE		20h. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I hereby certify that I attended the deceased from Inquest held September 4, 1970 and last saw the deceased alive on 19 Death occurred at 12:55 A. m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Charles P. Jones</i> Chief Medical Examiner		22b. ADDRESS P. O. Box 35728 Dallas, Texas		22c. DATE SIGNED 9/4/70	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 3, 1970		23c. NAME OF CEMETERY OR CREMATORY = Laurel Land Memorial Park	
23d. LOCATION (City, town, or county) Dallas, Texas		23e. FUNERAL DIRECTOR'S SIGNATURE <i>Donald W. McNeil</i> Laurel Land Funeral Home		23f. REGISTRAR'S SIGNATURE <i>George H. Fajig</i>	
25a. REGISTRAR'S FILE NO. 150		25b. DATE REC'D BY LOCAL REGISTRAR SEP 8 1970		25c. REGISTRAR'S SIGNATURE	