

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