

If NON-RESIDENT, be careful to give the complete residence of the deceased, stating both city, county and state. The residence is the usual place of abode.

TEXAS STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
 STANDARD CERTIFICATE OF DEATH

20479

Registrar's No. 583

1 PLACE OF DEATH
 STATE OF TEXAS

COUNTY OF **Tarrant**

CITY OR PRECINCT NO. **Fort Worth, Tex.** No. **802** Street **E. Belknap**

If in an Institution, give name of Institution instead of Street and No.

Length of residence in city where death occurred yrs. mos. days? How long in U. S. if foreign born? yrs. mos. days

2 FULL NAME OF DECEASED **Mr. E. Nathaniel Hukill**

RESIDENCE OF THE DECEASED No. **802** Street **E. Belknap** City **Fort Worth, Tex.** State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. Single Married Widowed Divorced **Married**
 (Write the word)

5a. If married, widowed, or divorced HUSBAND of **Joan Hukill** (or) WIFE of

6. DATE OF BIRTH (month, day, and year) **March 16, 1877**

7. AGE **62** Years **0** Months **18** Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** **Patrolman, Police Force**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

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

12. BIRTHPLACE (City or Town) (State or Country) **Smithfield, Tex.**

13. NAME **Joseph Hukill**

14. BIRTHPLACE (City or Town) (State or Country) **Arkansas**

15. MAIDEN NAME **Angelus Janes**

16. BIRTHPLACE (City or Town) (State or Country) **Tenn.**

17. INFORMANT **Mrs. Roy Cole Lane**

(Address) **Fort Worth, Texas.**

18. BURIAL, CREMATION, OR REMOVAL Place **Mt. Olivet** Date **4/6/39**, 19

19. UNDERTAKER **Harveson & Cole**

(Address) **Fort Worth, Tex.**

20. SIGNATURE OF REGISTRAR
 FILE
 DATE **APR 6 1939** *M. Cummins*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) **April 4, 1939**, 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19; death is said to

have occurred on the date stated above, at **11:30 AM.** m. The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation date of

What test confirmed diagnosis? Was there an autopsy?

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

Accident, suicide, or homicide?

Date of injury, 19

Where did injury occur? (Specify city or county, and State)

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

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Gas Brown P#1* M. D.

(Address) **Fort Worth, Tex. Tarrant County**



Citation:

"Texas, United States records," images, FamilySearch (<https://www.familysearch.org/ark:/61903/3:1:33SQ-GB98-34C2?view=index> : Apr 5, 2025), image 3545 of 3570;

Texas. State Registrar Office.

Image Group Number: 005144945

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