

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Oregon State Board of Health

Certificate of Death

1. PLACE OF DEATH
 County Lane State Ore. State Registered No. 530
 Local Registered No. 377
 Township _____ or Village _____ or
 City Eugene No. 668 E. 13th St. _____ Ward _____
 Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
 2. FULL NAME Mrs. Mila Ann Poill
 (a) Residence: No. 662 E. 14th st., Eugene, Ore.
 (Usual place of abode) (If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed or Divorced (Write the word) widow
 6a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. J. Poill
 6. DATE OF BIRTH (month, day and year) AUG. 24-1859
 7. AGE Years 78 Months 1 Days 26 If less than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done as silk mill, sawmill, 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) Kansas City (State or country) Mo.
 13. NAME Joseph Eaton
 14. BIRTHPLACE (city or town) (state or country) Mo.
 15. MAIDEN NAME Matilda Copland
 16. BIRTHPLACE (city or town) (state or country) Mo.
 17. INFORMANT Mrs. Lulu Miller (address) Yoncalla, Ore.
 18. BURIAL, CREMATION OR REMOVAL Place Old I.O.O.F. Date 10/22/37
 19. UNDERTAKER Marion Veatch (Address) Eugene, Ore.
 20. Filed Oct 22, 1937 C. L. Gardner, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 20, 1937
 22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1937 to Oct. 20, 1937 that I last saw her alive on Oct. 5, 1937; death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance in order of onset were as follows:
Cerebral Hemorrhage Date of onset _____
 Contributory causes of importance not related to principal cause: Arteriosclerosis
 Name of operation none Date of _____
 What test confirmed diagnosis? Exam. Was there an autopsy? Yes
 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 town, 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? no If so, specify _____
 (Signed) E. J. Zimmerman, M. D.
 (Address) Eugene, Ore.