

Miller, Edward 1918 - 1939

Form V. S. -A
COMMONWEALTH OF KENTUCKY
 Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County Mert File no. 20975
 Registration District No. 800 Registered No. 800
 Ino. Town Highman Primary Registration District No. 2295
 City Highman 14 (No. _____ St. _____ Ward _____)
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Edward Miller IF VETERAN, WHAT WAR? None

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (if nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, Divorced (write the word) <u>Single</u>		21. DATE OF DEATH <u>June 20 - 1939</u>	
5. If married, widowed, or divorced HUSBAND of (w) WIFE of _____				I HEREBY CERTIFY, That I attended deceased from <u>June 1 - 1939</u> to <u>June 20, 1939</u> I last saw him alive on <u>June 1, 1939</u> death is said to have occurred on the date stated above, at <u>3:30 a.m.</u> The principal cause of death and related causes of importance in order of onset were as follows:	
6. DATE OF BIRTH <u>June 14, 1919</u>				Date of onset <u>Tuberculosis of the lungs</u> <u>13</u>	
7. AGE Years _____ Months <u>1</u> Days <u>6</u> If LESS than 1 day hrs. or min.					
8. Trade, profession, or particular kind of work done, as salesman, sawyer, bookkeeper, etc. <u>School Boy</u>				Contributory causes of importance not related to principal cause:	
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 <u>Martin 14</u>					
13. NAME <u>Moore Miller</u>					
14. BIRTHPLACE <u>Highman</u>					
15. MAIDEN NAME <u>Dick Miller</u>					
16. BIRTHPLACE <u>Mert 14</u>					
17. INFORMANT <u>Dick Miller</u> (Address) <u>Highman 14</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Dayton</u> Date <u>11-21-1939</u>					
19. UNDERTAKER <u>Moore Miller</u> (Address) <u>Highman 14</u>					
20. FILED <u>7-2-39</u> <u>1939</u> <u>Phelan Kelly</u> Registrar					
				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 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? _____ If so, specify <u>5562</u> (Signed) <u>M. Appley</u> M. D. (Address) <u>Highman 14</u>	