

Miller, Woodrow 1913 - 1950

Form V. R. 1-A FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		COMMONWEALTH OF KENTUCKY Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		FILE NO. 116 50 8466
Registration District No. <u>1170</u>		Primary Registration District No. <u>7801</u>		
1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Ky</u> b. COUNTY <u>Perry</u>		
b. CITY (If outside corporate limits, write RURAL, and give township)	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL, and give township)		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED a. (First) <u>Woodrow</u> b. (Middle) <u>Miller</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>3-27-50</u>		
5. SEX <u>M</u>	6. COLOR OF RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) <u>37</u>
10. USUAL OCCUPATION (Give kind of work done last 12 months of working life, and if retired)		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <u>MO-09-578</u>	17. INFORMANT <u>Martha Miller</u>	
18. CAUSE OF DEATH (State only one cause but list the 1st, 2d, and 3d)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal Injuries</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instantly</u>
*This does not mean the mode of dying, such as heart failure, pneumonia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
		DUE TO (b)		
		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Danforth Perry Ky</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>March, 27, 1950 7:30 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. DATE SIGNED <u>4-1-50</u>	23b. ADDRESS <u>Hazard Ky.</u>	23c. SIGNATURE (Degree or title) <u>Harold Stanley Corran Perry</u>		
24a. (URIAL) CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CEMATORY	24d. LOCATION (City, town, or county) (State)	
25a. DATE REC'D BY <u>4-3-50</u>	25b. REGISTRAR'S SIGNATURE <u>George P. ...</u>	25c. FUNERAL DIRECTOR <u>J. S. ...</u>	ADDRESS <u>...</u>	