

Log Cabin - February 20, 1914

Miller

Mr. A. J. Miller, a well known farmer, aged 57 years, died suddenly of heart disease at his home near Curry last Saturday. Coroner Dave Rees held an inquest Saturday night and found that death was due to natural causes.

Mr. Miller has been a resident of this county for a number of years, coming here from Pendleton county. Several years ago he opened a meat market on Pleasant street but moved back to the country last spring.

The funeral services were held at Mt. Pleasant church Monday, conducted by Rev. J. R. Howes, and the burial occurred at Mt. Pleasant cemetery. Mr. Miller is survived by his wife and one son. He was a good citizen and possessed a kindly, pleasant manner which made him liked by all who came in contact with him.

Miller, Andrew J 1856 - 1914

FORM V. 8 1-1008 1-29-13
Commonwealth of Kentucky
 STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Madison
 Vol. No. 106 Registration District No. 6116
 Inc. Town Primary Registration District No. 6116
 City (No. St., Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

File No. 4156
 Registered No.

2 FULL NAME A. J. Miller

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED married
 (Write the word)

6 DATE OF BIRTH Sept 19, 1856
 (Month) (Day) (Year)

7 AGE 57 yrs. 4 mos. ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Kentucky

PARENTS
 10 NAME OF FATHER Adam Miller
 11 BIRTHPLACE OF FATHER (State or country) Penn.
 12 MAIDEN NAME OF MOTHER Emily Jones
 13 BIRTHPLACE OF MOTHER (State or country) Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Lidia Miller
 (Address) Cynthiana, Ky.

15 Filed Feb. 16, 1914 J. J. White REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 14, 1914
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 191... to 191...; that I last saw him alive on 191...; and that death occurred on the date stated above at m. The CAUSE OF DEATH* was as follows:
Dropped Dead Heart Failure
(Sanguine)
 (Duration) yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.
 (Signed) Rand R. Pies, M.D.
Feb. 15, 1914 (Address) Cynthiana, Ky.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
 At place of death yrs. mos. ds. State yrs. mos. ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Mt Pleasant DATE OF BURIAL Feb. 16, 1914
 20 UNDERTAKER Smith-Derry and Co. ADDRESS Cynthiana, Ky.

11-3184

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