

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

29755

1 PLACE OF DEATH
 County Huron Registration District No. 620 File No. 29755
 Township Chermain Primary Registration District No. A.P.H.O. Registered No. 42
 or Village..... No. St. Ward.....
 (If death occurred in a hospital or institution, give its name instead of street and number)
 or City of.....
 2 FULL NAME Elizabeth S. Miller Did Deceased Serve in U. S. Navy or Army
 (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

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed or Divorced (write the word) Widowed
 If married, widowed or divorced
 HUSBAND of John Miller
 (or) WIFE of
 6 DATE OF BIRTH (month, day, and year) May 1 - 1850
 7 AGE Years Months Days If LESS than 1 day hrs. or min.
76 11 15

8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work At home
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9 BIRTHPLACE (city or town) Huron County Ohio
 (State or country)

10 NAME OF FATHER Ignace Seashy
 11 BIRTHPLACE OF FATHER (city or town) Germany
 (State or country)
 12 MAIDEN NAME OF MOTHER Hubert
 13 BIRTHPLACE OF MOTHER (city or town) Germany
 (State or country)

14 Informant Geo J Miller
 (Address) Attica

15 Filed 5/12 1927 Geo. H. ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) May 9 1927
 I HEREBY CERTIFY, That I attended deceased from April 15 1927, to May 9 1927, that I last saw him alive on May 9 1927 and that death occurred, on the date stated above, at 7 P m.
 The CAUSE OF DEATH* was as follows:
anemia

CONTRIBUTORY (SECONDARY) Hypertension (duration) yrs. mos. ds.
 (duration) yrs. mos. 10 ds.

15 Where was disease contracted, if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General

(Signed) J. Duppley M. D.
May 11 1927 (Address) Bellemeo

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Reed Township DATE OF BURIAL May 12 1927

20 UNDERTAKER, License No. 2020A ADDRESS ...

John ... Hoffmann Official

CERTIFICATE OF DEATH
 Prepared by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of

has defined; avoid use of "Tumor" for malignancy (neoplasm); Avoid use of "Whooping cough"; Chronic pulmonary heart disease; Chronic interstitial nephritis, etc. The contributory (secondary, or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), so dr.; Bronchopneumonia (secondary), so dr. Never report mere symptoms or terminal conditions such as "Asthma," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma,"