

15764

PLACE OF DEATH **7122**
 County **Mecklenburg**

Vol. No. **M. & R. 2000**

Inc. Town **Midland Ky**

City (No.)

7122

File No.

Registered No. **54**

(If death occurred in a hospital or institution give its NAME instead of street and number.)

FULL NAME **Forsyth Miller Jr**

PERSONAL AND STATISTICAL PARTICULARS

SEX **Male** COLOR OR RACE **White** SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

DATE OF BIRTH **June 14 1912**
 (Month) (Day) (Year)

AGE **2 yrs. 5 mos. 5 ds.** If LESS than 1 day... hrs. or... min.?

OCCUPATION (a) Trade, profession, or particular kind of work **None**
 (b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) **Central City Ky**

10 NAME OF FATHER **Howard Miller**

11 BIRTHPLACE OF FATHER (State or country) **Marbleburg**

12 MAIDEN NAME OF MOTHER **Annie Wilson**

13 BIRTHPLACE OF MOTHER (State or country) **Graves Co Ky**

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) **B. B. Robinson**
 (Address) **Midland Ky**

15 Filed **June 20 1912** **M. C. Spruill**
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH **June 19th 1912**
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from **June 14th 1912**, to **June 19th 1912**, that I last saw him alive on **June 19th 1912**, and that death occurred, on the date stated above, at... m.

The CAUSE OF DEATH* was as follows:
Enteric - Colitis

(Duration) ... yrs. ... mos. **7** ds.

Contributory (SECONDARY) (Duration) ... yrs. ... mos. ... ds.

(Signed) **Harry J. Ideley**, M. D.
June 19th 1912 (Address) **Central City 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. In the State ... yrs. ... mos. ... ds.
 Where was disease contracted, If not at place of death?
 Former or usual residence

19 PLACE OF BURIAL OR REMOVAL **Bluff Graveyard** DATE OF BURIAL **June 20, 1912**

20 UNDERTAKER **B. Stuard** ADDRESS **Rembert Ky**

WRITE PLAINLY, WITH CAREFUL HAND-WRITING IN A PERMANENT INK. Every item of information should be correctly supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE 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.