

1 PLACE OF DEATH

County Muhlenberg
 Vol. Pot. Beck & Cook

CERTIFICATE OF DEATH
 Registration District No. 1092
 Primary Registration District No. 68283

File No.
 Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Ino. Town No. St., Ward

2 FULL NAME Henry Lewis Miller

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED single
 (Write the word)

6 DATE OF BIRTH Sept 12, 1915
 (Month) (Day) (Year)

7 AGE 10 yrs. 2 mos. 8 ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Muhlenberg Co Ky

PARENTS

10 NAME OF FATHER William L. Miller

11 BIRTHPLACE OF FATHER (State or country) Butler Co Ky

12 MAIDEN NAME OF MOTHER Ladie A. Steel

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) William L. McMill
 (Address) Beck Creek

15 Filed 11/20/25 W. W. W. W. W.
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 20, 1925
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 14, 1925, to Nov 20, 1925, that I last saw him alive on Nov 20, 1925,

and that death occurred on the date stated above at 12 m m. The CAUSE OF DEATH* was as follows:
Accidental injury from fall

(Duration) ... yrs. ... mos. 7 ds.
 Contributory General Peritonitis
 (SECONDARY)
 (Duration) ... yrs. ... mos. 4 ds.
 (Signed) W. W. W., M. D.
Nov 21, 1925 (Address) Beck Creek 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 Blain B. S. DATE OF BURIAL Nov 20, 1925

20 UNDERTAKER M. B. McDonald ADDRESS Greenmill Ky

WRITE PLAIN WITH UNFADING INK--THIS IS A PERMANENT RECORD
 N. B.--Every item of information should be carefully 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.