

Registration District No.

1085

Primary Registration District No.

7471

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Greenville Rural
(c) Name of hospital or institution:
(If outside city or town limits, write RURAL)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ky. (b) County Madison
(c) City or town Greenville
(If outside city or town limits, write RURAL)
(d) Street No. Rural
(If rural give precinct)
(e) If foreign born, how long in U. S. A. _____ years

(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or community _____
(years, months or days)3(a) FULL NAME Silas Theodore Miller

3(b) If veteran, _____

3(c) Social Security _____

Name war _____

No. _____

4. Sex M 5. Color or race W 6(a) Single, widowed, married, divorced Single
6(b) Name of husband or wife _____
6(c) Age of husband or wife if alive _____ Years
7. Birth date of deceased Nov 21 1863
(Month) (Day) (Year)8. AGE: Years 83 Months 0 Days 16 If less than one day _____ hr. _____ min.9. Birthplace Ky.10. Usual occupation farmer

11. Industry or business _____

FATHER { 12. Name William Miller13. Birthplace Ky.MOTHER { 14. Maiden name Mary Richard15. Birthplace Ky.16(a) Informant's own signature Ruf Miller(b) Address Sacramento, Ky.

17. BURIAL, CREMATION, OR REMOVAL

Place Free Union Date 12-8, 194618(a) Signature of funeral director Jucker Funeral Home(b) Address Central City, Ky.19(a) January 3, 1947 Anita L. Blomford
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-7 194621. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____, that I last saw him alive on _____ 19____, and that death occurred on the date stated above at 4:00 P.M.Immediate cause of death inanition DURATION _____Due to Carcinoma of Prostate 2 yrsOther conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (a) Means of injury _____

23. Signature A. F. Buchanan M.D. (M. D. or other)Address Greenville Date signed 12-12-46

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.