

Fitz

10300

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 92

Form V. B. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

Registration District No. 1085 Primary Registration District No. 2435

1. PLACE OF DEATH:
(a) County Muhlenberg
(b) City or town Central City, Ky
(c) Name of hospital or institution:
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky (b) County Muhl
(c) City or town _____
(If outside city or town limits write RURAL)
(d) Street No. _____
(If rural give precinct)
(e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME Thomas Andrew Miller

3(b) If veteran, Name war _____
3(c) Social Security No. _____
4. Sex Male 5. Color of hair White 6(a) Single, widowed, married, divorced W.

6(b) Name of husband or wife _____
6(c) Age of husband or wife Wife _____

7. Birth date of deceased April 29 - 1858
(Month) (Day) (Year)

8. AGE: 85 Years 11 Months 3 Days
If less than one day hr. _____ min.

9. Birthplace Ky.

10. Usual occupation _____

11. Industry or business _____

FATHER { 12. Name Samuel Miller
13. Birthplace Ky

MOTHER { 14. Maiden name Curtiss
15. Birthplace Ky

16(a) Informant's name Sam Miller
(b) Address Central City, Ky

17. BURIAL, CREMATION, OR REMOVAL
Place Columbian Date 4-4-44

18(a) Signature of funeral director Funeral Home
(b) Address Central City, Ky

19(a) April 11, 1944 (Date received by local registrar)
W. D. Bradford (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH April 2 1944
21. I hereby certify that I attended the deceased from Aug 12, 1942
to April 2, 1944 that I last saw her alive on March 31, 1944 and that death occurred on the date stated above at 7:30 P.M.

Immediate cause of death Arterio-sclerosis (heart)

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations 99

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 or in public place? _____
(Specify type of place)

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

23. Signature J. D. Fitzhugh
(M. D. or other)

Address Central City, Ky Date signed 4-8-44

DURATION years to my family

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.