

County Eaton

Township _____

Village SimsontvilleRegistered No. 16City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Andrew J. Miller(a) Residence. No. _____ St., Ward. _____
(Usual place of abode.) (If non-resident 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 male 4 Color or Race white 5 Single, Married, Widowed or Divorced (write the word.) Married5a If married, widowed, or divorced HUSBAND of Mrs. Rebecca Miller6 DATE OF BIRTH (Month, day and year.) 9-7-18587 AGE Years Months Days 1/2 LESS than
71 11 24 1 day, _____ hrs. OR _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer 5 yrs9 BIRTHPLACE (city or town) (State or country) Ohio10 NAME OF FATHER Peter Miller11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany12 MAIDEN NAME OF MOTHER Katherine Leonard13 BIRTHPLACE OF MOTHER (city or town) (state or country) Germany14 Informant May Chen
(Address) Halt Michigan15 Filled Sept 4, 1930 John V. Sine
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Sept 1 193017 I HEREBY CERTIFY, That I attended deceased from Aug 28, 1930 to Sept 1, 1930 that I last saw him alive on Sept 1, 1930 and that death occurred on the date stated above at 7:30 P.M.

The CAUSE OF DEATH* was as follows:

Pneumo pneumonia 3 yrs
Sugar Diabetes 2 yrs
Arterio Sclerosis 6 yrs
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____

18 Where was disease contracted _____ (duration) _____ yrs. _____ mos. _____ ds.
If not at place of death? Long 3, pneumonia, arterio, here

Did an operation precede death? _____ Date of _____

Was there an autopsy? noWhat test confirmed diagnosis? _____
(Signed) E. H. McLaughlin M. D.Sept 4, 1930 Address Simsontville

*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 further instructions.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Charlotte Sept 1930

2 UNDERTAKER Address

H. P. Barnard Halt Mich

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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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.