

STATE OF OHIO  
DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Hamilton Registration District No. 8728 File No. 47349  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. 163

or Village Norman No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
or City of Norman (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George Miller Did Deceased Serve in U. S. Navy or Army \_\_\_\_\_  
(a) Residence No. 4741 Section A R St. Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident 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) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Ernesta K. Miller

6 DATE OF BIRTH (month, day, and year) Feb 19 1885

7 AGE Years Months Days If LESS than 1 day...hrs. or...min.  
76 5 5

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) Machinist  
(c) Name of employer Allis-Chalmers

9 BIRTHPLACE (city or town) (State or country) Kentucky

10 NAME OF FATHER John Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mikunov

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Buman

14 Informant Mrs Emma K Miller  
(Address) 4741 Section A R

15 Filed 7-26-29 L. H. Brooker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) 7-24-29

17 I HEREBY CERTIFY, That I attended deceased from July 18, 1929, to July 24, 1929  
that I last saw him alive on July 26, 1929  
and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH\* was as follows:  
Myocarditis

(duration) yrs. mos. ds.  
CONTRIBUTORY Acute nephritis  
(SECONDARY) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? \_\_\_\_\_

Did an operation precede death? Yes Date of \_\_\_\_\_

Was there an autopsy? Yes

What test confirmed diagnosis Chinical findings  
(Signed) M. B. Carupper, M. D.  
, 19 (Address) Elmwood Rd, Norman, Ohio

\*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 additional space.)

19 PLACE of Burial, Cremation, or Removal DATE OF BURIAL  
Spring Hill, Ohio 7-27-1929

20 UNDERTAKER ADDRESS  
W. J. Schroder, Norman, Ohio

20a WAS THE BODY EMBALMED? Yes EMBALMEN'S LICENSE NO. 15329

PARENTS