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FEB 3 1978

Date

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No.

This is to certify that this is a true copy of the record which is on file in the Pennsylvania Department of Health, in accordance with Act 66, P. L. 304, approved by the General Assembly, June 29, 1953.

f, Beckman

EVS-5D-100M-9-56

1. PLACE OF DEATH

Primary Dist. No.

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS

460

File No. 12617

CERTIFICATE OF DEATH

Registered No. 1507

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. (If death occurred in a HOSPITAL or INSTITUTION, give its NAME instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days. (IF U. S. VETERAN, COMPLETE REVERSE SIDE OF CERTIFICATE)

2. FULL NAME (type or print) James McHardy Miller

Residence: No. 153 Merriam Street, Pgh. St. 19 Ward.

(Usual place of abode)

(If nonresident, give place, county, and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Miller

6. DATE OF BIRTH (month, day, and year) Oct. 2 - 1880

7. AGE Years 56 Months 4 Days 6 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ mins.

8. Trade, profession, or particular kind of work done, as spinner, Foreman

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pittsburgh (State or Country) Penna

13. NAME James Miller

14. BIRTHPLACE (city or town) Pgh. (State or Country) Penna

15. MAIDEN NAME Nancy McLaughlin

16. BIRTHPLACE (city or town) Philadelphia (State or Country) Penna

17. SIGNATURE (name and address) OF INFORMANT Antoinette M. Miller 153 Merriam St.

18. BURIAL, CREMATION, OR REMOVAL: Date FEB 11, 1978 Place CALVARY CEM County ALLEG State PA

19. UNDERTAKER (name and address) Wm Slater & Sons 301 Washington Ave Raymond, Pa

20. FILED DEPT 145 193 \_\_\_\_\_ Registrar

7:40 A.M. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 7 1978

22. I HEREBY CERTIFY, that \_\_\_\_\_ was held upon the body of the above named deceased on the 7th day of Feb 1978; that the jury rendered a verdict giving the cause of death as follows:

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

930

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 199

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place:

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) W. J. Mc Gregor M.D. Coroner

(Address) 701 Victorian - Deputy