PLACE OF DEATH

County Seneca — Registration District No. 1172 — File No. 2

Township Reid Twp — Primary Registration District No. 5803 — Registered No. 518

or Village ______ No. ______ (If death occurred in a hospital or institution, give its name instead of street and number) ______ Ward

or City of ______

2 FULL NAME John Miller

(a) Residence. No. ______ St., ______ Ward. (Usual place of abode)

Length of residence in city or town where death occurred ______ yrs. ______ mos. ______ ds. How long in U.S. if of foreign birth? ______

Did Deceased Serve in U.S. Navy or Army

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed or Divorced (write the word)
Male	White	Married

6 If married, widowed or divorced HUSBAND of (or) WIFE of Elizabeth Searly Miller

7 DATE OF BIRTH (month, day, and year) June 7-1845

8 AGE Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
81	7	12	

9 OCCUPATION OF DECEASED

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

(b) General nature of Industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Germany

11 NAME OF FATHER John Miller

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

13 MAIDEN NAME OF MOTHER [illegible]

14 BIRTHPLACE OF MOTHER (city or town) (State or country) [illegible]

15 Informant [illegible]

(Address) [illegible]

16 Filed 1/22 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 20 '27

17 I HEREBY CERTIFY, that I attended deceased from Jan 18 '27 to Jan 20 '27

that I last saw him alive on Jan 20 '27

and that death occurred, on the date stated above, at 1:55 P.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ______ yrs. ______ mos. ______ ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) ______ yrs. ______ mos. ______ ds.

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

Did an operation precede death? No Date of ______

Was there an autopsy? No

What test confirmed diagnosis? Clinical picture

(Signed) Dr Bryce Miller, M. D.

Jan 22, 1927 (Address) Attica, O

*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
Reid Twp	Jan 24 1927

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J. Wm. Hoffman, Tiffin