

CERTIFICATE OF DEATH

Reg. Dist. No. 26

MARGIN RESERVED FOR BINDING

VS 415

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH County <u>Rockville Rural</u> City or town <u>Rockville Rural</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death <u>Sudden</u> Hospital, institution, or street address where death occurred: How long in hospital or institution?			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Pa.</u> County <u>Dade</u> City or town <u>Miami Beach</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>732 Pennsylvania St.</u> (If rural, give LOCATION) 2.(c) If veteran, name war		
3. (a) FULL NAME <u>Murray Miller</u>			3. (b) Social Security Number <u>EDY</u>		
4. Sex <u>M</u> 5. Color or race <u>White</u> 6. (a) Single, married, widowed, or divorced <u>Married</u>			MEDICAL CERTIFICATION		
8. (b) Name of husband or wife <u>Pauline Miller</u>			20. DATE OF DEATH <u>May 30</u> 19 <u>47</u> at <u>6:42 P</u> M		
7. Birth date of deceased (mo., day, year) <u>May 10 1908</u>			21. I CERTIFY that death occurred on the date above stated: that I attended deceased from <u>19</u> to <u>19</u> and that I last saw him alive on <u>19</u>		
8. AGE: Years <u>38</u> Months <u>20</u> Days <u>20</u> If less than one day <u>hrs.</u> <u>min.</u>			Immediate cause of death <u>Mutilated</u>		
9. Birthplace <u>Russia</u> (Town, county, and state)			Due to <u>Body</u>		
10. Usual occupation <u>Unemployed</u>			Due to <u>Accident</u>		
11. Industry or business <u>Unemployed</u>			Other conditions		
12. Name <u>Pauline Miller</u>			(Include pregnancy within 3 months of death)		
13. Birthplace <u>Russia</u>			Major findings of operations		
14. Maiden name <u>Ester Sackman</u>			Date of op.		
15. Birthplace <u>Russia</u>			Autopsy results		
16. Information <u>Pauline Miller</u>			PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17. Address <u>732 Penna St. Miami Beach</u>			22. VIOLENCE: If death was due to external causes, fill in the following:		
18. Removal <u>Removal</u> Date thereof <u>6-4-47</u> (month) (day) (year)			Accident, suicide, homicide, etc. Date of <u>6/30/47</u>		
19. Cemetery or cremation <u>Blvd. Fun. Parlor</u>			Where did injury occur <u>Street</u> (City or town) (County) (State)		
20. Location <u>Brooklyn N.Y.</u>			Injured at home? farm, industrial, public place (specify) <u>Public Car</u>		
21. Funeral home <u>W. E. Pugh & Son</u>			Means of injury <u>Car</u> Injured at work?		
22. Address <u>Brooklyn, N.Y.</u>			23. Physician <u>Dr. Dodson</u> M. D. or other		
23. Date <u>June 4 1947</u> (Date rec'd by registrar)			Address <u>Brooklyn, N.Y.</u> Date signed <u>6/4-47</u>		

This is to certify that the above is a true copy of a certificate on file in the office of the Bureau of Vital Statistics.

JUN 10 1947

Date

Chief, Bureau of Vital Statistics