

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH County <u>Ocean City</u> City or town <u>Ocean City</u> (If outside city or town limits, write RURAL and give nearest town)			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
How long in above place of death <u>1 month</u>			State <u>Ocean City</u> County <u>Ocean City</u>		
Hospital, institution, or street address where death occurred: <u>732 Penna Ave.</u>			City or town <u>Ocean City</u> (If outside city or town limits, write RURAL and give nearest town)		
How long in hospital or institution? <u>1 month</u>			Street No. <u>732 Penna Ave.</u> (If rural, give LOCATION)		
3. (a) FULL NAME <u>Murray Miller</u>			2. (e) If veteran, name war <u>EOD</u>		
4. Sex <u>M</u>	5. Color or race <u>White</u>	6. (e) Single, married, widowed, or divorced <u>Married</u>	3. (b) Social Security Number <u>807</u>		
6. (d) Name of husband or wife <u>Pauline Miller</u>			MEDICAL CERTIFICATION		
7. Birth date of deceased (mo. day year) <u>Aug 10 1908</u>			20. DATE OF DEATH <u>Aug 30 1947</u>		
8. AGE: <u>39</u> Years <u>20</u> Months <u>0</u> Days			21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>19</u> to <u>10</u> to <u>19</u> , and that I last saw him <u>alive</u> on <u>19</u> .		
9. Birthplace <u>Russia</u> (Town, country, and state)			22. Immediate cause of death <u>Strangled</u>		
10. Usual occupation <u>Businessman</u>			23. Due to <u>Body</u>		
11. Industry or business <u>Businessman</u>			24. Due to <u>Asphyxiant</u>		
12. Name <u>Pauline Miller</u>			25. Other conditions <u></u>		
13. Birthplace <u>Russia</u>			(Include pregnancy within 3 months of death)		
14. Maiden name <u>Esther Sackman</u>			Major findings of operations <u></u> Date of op. <u></u>		
15. Birthplace <u>Russia</u>			Autopsy results <u></u>		
16. Information <u>Pauline Miller</u>			PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17. Removal <u>Removal</u> Date thereof <u>6-4-47</u>			22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, homicide, or other <u>Homicide</u> Date of <u>1947</u>		
Cemetery or crematory <u>Baldwin Fun. Parlor</u>			Where did injury occur <u>Home</u> (City or town) <u>Ocean City</u> County <u>Ocean</u>		
Location <u>Brooklyn</u>			Injured at home, farm, industrial, public place (where) <u></u> Means of injury <u>Asphyxiant</u> Injured at work <u></u>		
18. Funeral home <u>The E. Miller & Son</u>			23. SIGNATURE <u>W. D. Dodson</u> M. D. or <u>Physician</u> Address <u>Young Sun Mill</u> Date signed <u>6/4/47</u>		
Address <u>Ocean City, Md.</u>					
19. (Date rec'd by registrar) <u>June 4, 1947</u> Irene E. Daugherty (Registrar)					

VS A15

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.

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.

Date

JUN 10 1947

W. D. Dodson
Chief, Bureau of Vital Statistics