

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH County <u>Prince George's</u> City or town <u>Beltsville 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 new-born infants give residence of mother) State <u>Del.</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 Kensington Ave.</u> (If rural, give LOCATION) 2. (a) If veteran, name war	
3. (a) FULL NAME <u>Murray Miller</u>		3. (b) Social Security Number <u>EOY</u>	
4. Sex <u>M</u> 5. Color or race <u>White</u> 6. (a) Health, married, widowed, or divorced <u>Married</u>		MEDICAL CERTIFICATION 20. DATE OF DEATH <u>May 30</u> 19 <u>47</u> , at <u>6 42 P</u> M	
6. (b) Name of husband <u>Pauline Miller</u>		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from and that I last saw him alive on _____ 19____, at _____ 19____ Immediate cause of death: <u>Mutilated</u> Due to <u>Body</u> Due to <u>Airplane crash</u> Other conditions _____ (Include pregnancy within 3 months of death) Major findings of operations _____ Date of op. _____	
7. Birth date of deceased (mm, day, year) <u>May 10 1906</u> 8. (c) If alive, give age <u>32</u> years 8. AGE: Years <u>32</u> Months <u>20</u> Days _____ If less than one day _____ hrs. _____ min.		22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide _____ Date of _____ Where did injury occur _____ (City or town) _____ (County) _____ (State) _____ Injured at home _____ Injured at work? _____ Means of transport _____ Injured at work? _____	
9. Birthplace <u>Russia</u> (Town, county, and state) 10. Usual occupation <u>Unemployed</u> 11. Industry or business _____		Autopsy results _____ PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide _____ Date of _____ Where did injury occur _____ (City or town) _____ (County) _____ (State) _____ Injured at home _____ Injured at work? _____ Means of transport _____ Injured at work? _____	
12. Name <u>Amabel Miller</u> 13. Birthplace <u>Russia</u> 14. Maiden name <u>Esther Sackman</u> 15. Birthplace <u>Russia</u> 16. Information <u>Pauline Miller</u> Address <u>732 Kensington Ave. Miami Beach</u>		23. Registrar <u>W. E. Dodson, M.D.</u> M. D. or other _____ Date signed <u>6/4-47</u>	
17. Removal <u>Removal</u> Date thereof <u>6-4-47</u> (month) (day) (year) Cemetery or crematory <u>Bvd. Fun. Parlor</u> Location <u>Brooklyn, N.Y.</u> 18. Funeral <u>Rev. E. Peterson, Jr.</u> Address <u>Wilmington, Del.</u> 19. Death <u>June 4 1947</u> <u>Irene E. Dougherty</u> (Registrar)		23. Registrar <u>W. E. Dodson, M.D.</u> M. D. or other _____ 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.

Date JUN 10 1947 W. E. Dodson
 Chief, Bureau of Vital Statistics

MARGIN RESERVED FOR BINDING

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