

No. 94 Greenbush (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 Full name Henry P. Miller
3 Residence no. 94 Greenbush St., _____ Ward _____
(Usual place of abode) Years _____ Months _____ Days _____
4 Length of residence in city or town where death occurred 40 5 How long in U. S., if of foreign birth? Years _____ Months _____ Days _____

PERSONAL AND STATISTICAL PARTICULARS

6 SEX MALE 7 COLOR OR RACE WHITE 8 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) MARRIED

8a IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Hannett Mills

9 DATE OF BIRTH (month, day, year) Aug. 6 - 1853

10 AGE Years 79 Months 2 Days 9 If LESS than 1 day, _____ hrs. or _____ min.

11 Trade, profession, or particular kind of work done as spinner, lawyer, bookkeeper, etc. Painter

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wagon Industry

Date deceased last worked at this occupation (month and year) _____ 14 Total time (years) spent in this occupation _____

15 BIRTHPLACE (City or Town) (State or Country) Grant ny

16 NAME Rev. John C. Miller

17 BIRTHPLACE (City or Town) (State or Country) Grant ny

18 MAIDEN NAME Hannah not known

19 BIRTHPLACE (City or Town) (State or Country) Grant ny

20 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Signature of informant) Mrs. Gracey Ashley (Address) 94 Greenbush St.

21 PLACE OF BURIAL, CREMATION, OR REMOVAL Homer ny DATE OF BURIAL Oct 18 1932

22 UNDERTAKER (License No.) (Signature) Carle W. Wright ADDRESS CORTLAND

23 Filed Oct 18 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

24 DATE OF DEATH (month, day, and year) October 15, 1932

25 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1932 to Oct 15, 1932.

I last saw him alive on Oct 13, 1932
To the best of my knowledge, death occurred on the date stated above, at 5 p. m.

CAUSE OF DEATH

Cerebral thrombosis

CONTRIBUTORY CAUSES

(a) Chronic nephritis

(b) Enlarged prostate

(c) Arterio Sclerosis

(d) _____

DURATION OF CONDITION		
Yrs.	Mos.	Dys.

26 Where was disease contracted, or injury sustained? Home

27 Name of operation, if any _____ Date _____
Condition for which performed _____
Organ or part affected _____

28 What laboratory test assisted diagnosis? Chemical Lab

29 Was there an autopsy? Yes (Signed) C. D. Ver Meer, M. D.
Oct 18, 1932 (Address) CORTLAND

BURIAL OR TRANSIT PERMIT ISSUED BY J. P. French DATE OF ISSUE OCT 18 1932

REGISTRAR OF VITAL RECORDS
CITY OF CORTLAND, N.Y.
DEC - 3 1932