

1 PLACE OF DEATH (Dist. No. 3501-91)Series No. 351

Division of Vital Statistics

(To be inserted by local Registrar)

County Ohio

West Virginia State Department of Health

District _____

CERTIFICATE OF DEATH

5400

(For State Reg. use only)

Town or City WheelingNo. N. Whg. Hospital St. 1st. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph Miller(a) Residence. No. 122 Virginia St., St., 7th. Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S. A.; if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of
(Give full maiden name)6 DATE OF BIRTH (month, day and year) Feb. 17 1861

7 AGE	Years	Months	Days	If LESS than
	67	2	6	1 day.....hrs.
				ormin.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work... Retired boiler tender
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.10 NAME OF FATHER Anton Miller11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)12 MAIDEN NAME MOTHER Mary Mahrer13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md.14 SIGNATURE OF Miss Anna Miller
INFORMANT
(Address) Wheeling W. Va.15 Received Apr 26, 1928. W. H. MeLain MD
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) April 23 19 2817 I HEREBY CERTIFY That I attended deceased from March 18, 19 25, to Apr 23, 19 28, that I last saw h in alive on Apr 23, 19 28, and that death occurred on date stated above, at 7:20 PM.The CAUSE OF DEATH was as follows:
(Primary or beginning cause)diabetes mellitus
arterio sclerosis57 (Duration) 6 yrs. 6 mos. 6 ds.Contributory Gangrene
(Secondary or finishing cause)(Duration) 1 yrs. 0 mos. 0 ds.18 Where was disease contracted,
if not at place of death? _____Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? usual(Signed) W. H. MeLain M. D.(Address) Wheeling W. Va.19 PLACE OF BURIAL
Cremation or Removal Mt Calvary Cem.

Date of Burial

20 Undertaker

April 27 1928J. P. Altmeyer & SonsAddress Wheeling W. Va.MARGIN RESERVED FOR BINDING
D. V. Form 2
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHEELING