

34154

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

4 NO.

M.E. CASE NO.

1. NAME OF DECEASED  
(Type or Print)

RAYMOND PETER MILLER

2. DATE AND HOUR OF DEATH

APR. 7, 1927 4:10 A. M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3816 OSWEGO ST.  
PITTSBURGH, PA

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

PA. ALLEG.  
C. CITY OR TOWN (If outside city limits, write RURAL and give township)  
PITTSBURGH  
D. STREET ADDRESS (If rural, give location)  
3816 OSWEGO ST.

5. SEX

M W

6. RACE

W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)  
SINGLE

8. DATE OF BIRTH

FEB. 12, 1889 39

9. AGE (in years last birthday)

If Under 1 Yr. If Under 24 Hrs.  
Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

PRO. BALL PLAYER

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
PITTSBURGH, PA.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

JOHN RAYMOND MILLER

14. MOTHER'S MAIDEN NAME

MARY FOERSTER

15. Was Deceased Ever in U. S. Armed Forces? (Yes or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
WILLIAM A. MILLER, 3816 OSWEGO ST.

18. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH  
(A) PULMONARY TUBERCULOSIS

INTERVAL BETWEEN ONSET AND DEATH  
4 YRS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) 31-90  
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CHRONIC MYOCARDITIS

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (Injury medical examined)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Approx.)  
Month: Day: Year: Hour

21E. INJURY OCCURRED  
White At Work  Not White At Work

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_ that (I) (we) last saw the deceased alive on \_\_\_\_\_ 19 \_\_\_\_\_ and that in (my) (our) opinion death occurred on the date and hour stated from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE

M.D. Attending Phys.  Med. Director  Staff Phys.

23B. DATE SIGNED  
APR. 7, 1927

23C. PHYSICIAN'S NAME (Print)

WESLEY D. RICHARDS

23D. ADDRESS

M.D. 484 LINCOLN AVE. BELLEVIEW

BURIAL CREMATION REMOVAL (Specify)

23E. DATE  
APR. 9, 1927

24C. NAME OF CEMETERY OR CREMATORY

ST. MARY'S

24D. LOCATION (City, town, or county) (State)

MT. TROY

DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR

M.G. SCHWENKE

25C. FUNERAL DIRECTOR

WILLIAM A. GIVLIN, 1416 DAVIS AVE, N.S.