

CERTIFICATE OF DEATH

DEPT. OF PUBLIC HEALTH

STATE OF TENNESSEE

DIV. OF VITAL STATISTICS

COOPERATING WITH DEPT. OF COMMERCE

BUREAU OF THE CENSUS

3172

 REG. NO. **2838**

REG. DIST. NO.

1. FULL NAME Charles Bradley Miller 2. DATE OF DEATH Sept. 3 1945
(FIRST MIDDLE LAST) MONTH DAY YEAR

3. PLACE OF DEATH:
 A) COUNTY Shelby CIVIL DISTRICT _____
 B) CITY OR TOWN Memphis
(IF OUTSIDE CITY LIMITS, WRITE RURAL)
 C) NAME OF HOSPITAL Southern Ave.
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)
 D) LENGTH OF STAY: IN HOSPITAL _____ IN COMMUNITY 45 Yr

4. USUAL RESIDENCE Shelby A) STATE Tenn.
 B) COUNTY _____ CIVIL DISTRICT _____
 C) CITY OR TOWN Memphis
(IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)
 D) STREET NO. Southern Ave.
 E) CITIZEN OF FOREIGN COUNTRY _____ (YES OR NO)
 IF YES, NAME COUNTRY _____

5. RACE OR COLOR Wh 6. SEX Male 7. SINGLE, MARRIED, WIDOWED, DIVORCED
 8. AGE 76 YEARS 11 MONTHS 24 DAYS IF LESS THAN ONE DAY
HRS. MINS.

MEDICAL CERTIFICATION

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM August 8 1945 TO September 3 1945
 AND THAT I LAST SAW HIM ALIVE ON August 8 1945
 AND THAT DEATH OCCURRED ON THE DATE STATED AT _____ M.
 IMMEDIATE CAUSE OF DEATH: _____

9. DATE OF BIRTH: MONTH Sept. DAY 10, YEAR 1868

DURATION _____

10. PLACE OF BIRTH: CITY OR COUNTY Oil City STATE OR COUNTRY Penn.

Coronary Thrombosis

11. HUSBAND OR WIFE OF Mrs. Ollie Miller
 AGE OF HUSBAND OR WIFE, IF LIVING _____ YEARS

12. IF VETERAN _____ SOCIAL SECURITY NUMBER _____
 NAME OF WAR _____

DUE TO: _____

13. USUAL OCCUPATION Salesman

OTHER CONDITIONS _____
(INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH)

14. INDUSTRY OR BUSINESS Real Estate

OPERATION? _____ FINDINGS _____

MOTHER FATHER
 15. FULL NAME Charles Miller
 BIRTHPLACE CITY OR COUNTY STATE OR COUNTRY Penn.

AUTOPSY? _____ FINDINGS _____

16. MAIDEN NAME Anna Miller
 BIRTHPLACE CITY OR COUNTY STATE OR COUNTRY Penn.

21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:

17. INFORMANT Mrs. Ollie Miller
 ADDRESS Southern Ave.

A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY) _____

18. BURIAL, REMOVAL OR CREMATION Burial DATE Sept. 4, 1945
 CEMETERY Forest Hill PLACE Memphis, Tenn

B) DATE OF OCCURRENCE _____

19. UNDERTAKER Spencer S urla Co.
 ADDRESS Memphis, Tenn. BY W.A. MoD

C) WHERE DID INJURY OCCUR _____ CITY COUNTY STATE

D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE? _____

WHILE AT WORK _____ MEANS OF INJURY _____

DATE FILED 9-8-45 19 _____ REGISTRAR

SIGNATURE J. E. Holmes M.D.

ADDRESS _____ DATE SIGNED 9-5-45