

PLACE OF DEATH

County Hillsdale
 Township Jefferson
 or
 Village
 or
 City (No. _____)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

CERTIFICATE OF DEATH

Registered No. 18JUL 5th; 1910

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

FULL NAME Alford Miller

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 (Write the word)

DATE OF BIRTH July 20, 1834
 (Month) (Day) (Year)

AGE 75 yrs. 10 mo. 23 da. IF LESS than 1 day, ___ hrs. OR ___ min.?

OCCUPATION
 (a) Trade, profession or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) Delaware

NAME OF FATHER John Miller

BIRTHPLACE OF FATHER (State or country) Delaware

MAIDEN NAME OF MOTHER Anna Grogan

BIRTHPLACE OF MOTHER (State or country) Delaware

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ida E. Fuller

(Address) Hillsdale

Filed July 1st 1910. Scott Phillips REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 12, 1910
 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 3, 1910 to June 11, 1910
 that I last saw him alive on June 11, 1910

and that death occurred, on the date stated above, at 6:30 a.m.

The CAUSE OF DEATH* was as follows:

apoplexy 64

Contributory (SECONDARY) old age

(Signed) Dr. J. H. Stone M. D.

June 13, 1910 (Address) Oscoda Mich

* State the DISEASE CAUSING DEATH, or its death from VIOLENT CAUSE, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSCENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mo. ___ da. In the State ___ yrs. ___ mo. ___ da.

Where was disease contracted, if not at place of death?

Farmer or usual residence _____

PLACE OF BURIAL OR REMOVAL Pittsford DATE OF BURIAL June 14, 1910

UNDERTAKER Chas A Barger ADDRESS Pittsford

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD