

Bureau of Vital Statistics
CERTIFICATE OF DEATH

29024

County Dennis Registration District No. 5872 File No. 7
 Township Virginia Primary Registration District No. 655 Registered No. _____
 Inc. Town or City Steele (No. _____ St.; _____ Ward)

2 FULL NAME Willie Earl Miller
 If death occurred in a hospital or institution, give its NAME instead of street and number.

(a) Residence. No. _____ St., _____ Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX m 4 COLOR or RACE col 5 Single, Married, Widowed, or Divorced (write the word) married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Sally Miller

6 DATE OF BIRTH 12 29 1927
 Month Day Year

7 AGE Years Months Days If LESS than 1 day, hrs. or min.
23 7 19

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmers
 (b) General nature of industry, business or establishment in which employed (or employer)
 (c) Name of employer J. J. Southern

9 BIRTHPLACE (city or town) Mottleton
 (State or country) Miss

10 NAME OF FATHER Howard Miller

11 BIRTHPLACE OF FATHER (city or town) _____
 (State or country) Miss

12 MAIDEN NAME OF MOTHER Sillar Mayweather

13 BIRTHPLACE OF MOTHER (city or town) _____
 (State or country) Miss

14 Informant Howard Miller
 (Address) Mottleton Miss

15 Filed 9/1 1931 Max T. Kelly
 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 18 1931
 Month Day Year

17 I HEREBY CERTIFY, That I attended deceased from Aug 14 1931 to Aug 18 1931 that I last saw him alive on Aug 14 1931 and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH was as follows:

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Posto-enteritis
1208 (duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) _____ (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

What operation performed? _____

Was there an autopsy? _____

Confirmed diagnosis? _____

(Signed) B. B. Roberts M. D.
 19 _____ (Address)

19. PLACE OF BURIAL, CREMATION, or REMOVAL Holly Cem DATE OF BURIAL 8-19 1931

20 UNDERTAKER German m... Steele ADDRESS _____

Burial or Permit issued by _____ Date of issue _____
 Transit _____

MARGIN RESERVED FOR BINDING

V. S. No. 4

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.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by
U. S. Census and American Public Health Association]

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 8 yrs.)*. For persons who have no occupation whatever, write *None*.

STATEMENT OF CAUSE OF DEATH.—Name, *first*, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. *The contributory* (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse,"

"Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMOCIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association).

Note.—Certificates may be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.