

A 7972

14-H 25-2608-32-B

1 PLACE OF DEATH

STATE OF NEW YORK

Department of Health of The City of New York

BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH

BOROUGH OF

at sea.

788 miles east of

No.

Character of premises,
whether tenement, private,
hotel, hospital or other place, etc.Hospital
S. S. Pres. Harding.

Registered No.

2 PRINT FULL NAME

James A. Miller

3 SEX

m.

4 COLOR OR RACE

w.

5 SINGLE
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

married

15 DATE OF DEATH

Aug 14, 1935
(Month) (Day) (Year)5A. WIFE
HUSBAND

OF Dorothy Miller

6 DATE OF BIRTH

Aug

8

1884
(Month) (Day) (Year)

7 AGE

51 yrs. 6 mos. 6 ds.

If LESS than

1 day, hrs.

or min.?

8 OCCUPATION

(a) Trade, profession, or
particular kind of work.

Missionary

(b) General nature of industry,
business or establishment in
which employed (or employer).

9 BIRTHPLACE

(State or country)

Edenville Pa.

(9) How long in
(A) U. S. (if of for-
eign birth)(9) How long resi-
(B) dent in City
of New York10 NAME OF
FATHER

John Miller

11 BIRTHPLACE
OF FATHER
(State or country)Canton
Switzerland12 MAIDEN NAME
OF MOTHER

Dorothy Miller

13 BIRTHPLACE
OF MOTHER
(State or country)City of New York
Switzerland14 Special INFORMATION required in deaths in hospitals and institu-
tions and in deaths of non-residents and recent residents.

Usual Residence

Monrovia, Liberia

FILED

17 PLACE OF BURIAL

at sea
700 miles east of New York
at request of
wife.

18 UNDERTAKER

DATE OF BURIAL

Aug 15, 1935

ADDRESS

16 I hereby certify that the foregoing particulars
(Nos. 1 to 14 inclusive) are correct as near as the
same can be ascertained, and I further certify that
I attended the deceased from Aug 8, 1935
to Aug 14, 1935 that I last saw him
alive on the 14 day of Aug 1935
that death occurred on the date stated above at 1:30 P.M.,
and that the cause of death was as follows:

(1) Cancer of Liver & Gall
Bladder.

duration yrs. 2 mos. ds.
Contributory (Secondary) Texemia
Operation? State kind

duration yrs. 1 mos. ds.
Witness my hand this 14 day of Aug 1935

Signature Herbert A. Hartshel M. D.
S. S. Pres. Harding
Address Pier 62, N. R.

MARGIN RESERVED FOR FILING
NO MUTILATED CERTIFICATE WILL BE RECEIVED

D50 Illuminant, 2 degree observer

Density

0.04

0.09

0.15

0.22

0.36

0.51

Golden Thread

0.75

0.98

1.24

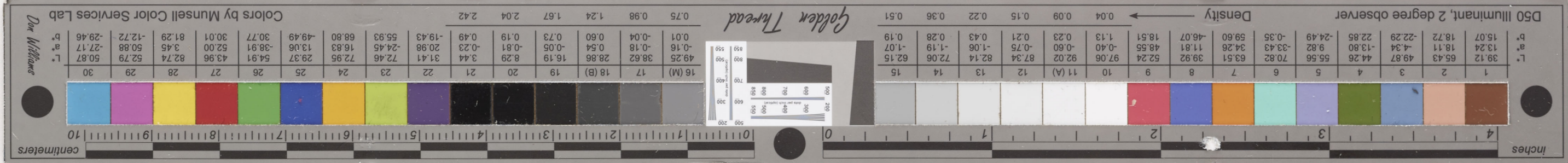
1.67

2.04

2.42

Colors by Munsell Color Services Lab

Don Williams



TO PHYSICIANS

1. The attending physician must furnish a certificate to the Department of Health within 36 hours after death, and where death has resulted from infectious or contagious disease a certificate must be furnished by him forthwith (Sanitary Code, Sections 33 and 90).

2. All physicians practicing in The City of New York (including those in public institutions) must be registered in the Bureau of Records (Sanitary Code, Section 218).

3. If a person dies from criminal violence or by a casualty or by suicide, or suddenly while in apparent health, or when unattended by a physician or in prison, or in any suspicious or unusual manner, it shall be the duty of any citizen who may become aware of the death of any such person to report such death forthwith to the office of the chief medical examiner, and to a police officer who shall forthwith notify the officer in charge of the station house in the police precinct in which such person died. Any person who shall wilfully neglect or refuse to report such death or who without written order from a medical examiner shall wilfully touch, remove or disturb the body of any such person, or wilfully touch, remove, or disturb the clothing, or any article upon or near such body, shall be guilty of a misdemeanor. (Inserted by Laws 1915, Chapter 284, Section 2. In effect January 1, 1918.)

4. Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death:

| | | | |
|--------------|-------------|--------------|-------------|
| Abortion, | Hemorrhage, | Meningitis, | Phlebitis, |
| Cellulitis, | Gangrene, | Metritis, | Pyæmia, |
| Childbirth, | Gastritis, | Miscarriage, | Septicæmia, |
| Convulsions, | Erysipelas, | Peritonitis, | Tetanus. |

(Any one of these may be the result of an injury, and thus be a subject for investigation by a Medical Examiner. If it is not, the certificate should make that fact plain.)

5. No certificate giving "Heart failure," "Dropsy," or other mere symptom as the sole cause of death will be accepted, unless accompanied by a satisfactory written explanation.

6. **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*, *Compositor*, *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*.

TO UNDERTAKERS

1. No burial permit can be obtained without a proper certificate.

2. Certificates must be written throughout in black ink.

3. No certificate will be accepted which is mutilated, illegible, inaccurate, or any portion of which has been erased, interlined, corrected or altered, as all such changes impair its value as a public record.

I hereby certify that I have been employed, without any solicitation on my part or that of any other person, as undertaker by.....

(NAME AND ADDRESS)

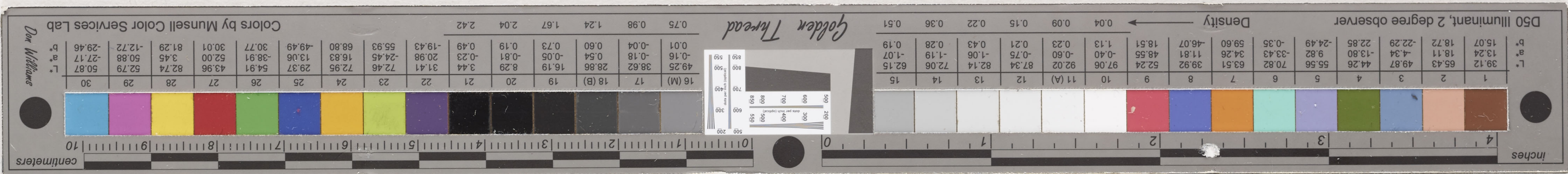
the.....of deceased. This statement is made to obtain a permit

(RELATIONSHIP)

for the burial or cremation of the remains of deceased.....

Signature.....

74a



SEE THE BACK OF THIS APPLICATION.

25-2055-34-BA 21H-1934

APPLICATION FOR A TRANSIT PERMIT

To the Bureau of Records, Department of Health of The City of New York

No.

Permission is Desired to pass through the City the remains of

Name James A. Miller

Age

| Years | Months | Days |
|-------|--------|------|
| 51 | | |

Occupation, Missionary

Place of Death, At sea Lat. 42-12 N.

Date of Death August 14th, 1935

Cause of Death, Cancer of liver & Gall bladder

Place of Birth, U.S.

Now at Sea

Arrived by what Route, S.S. President Harding

For interment at sea

By What Route,

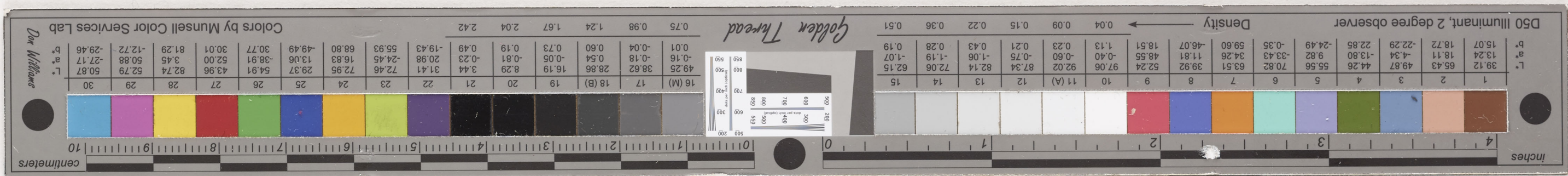
How Certified (Name of Medical Attendant, &c.) Herbert A. Hartfiel

Name of Applicant Dorothy Miller

Address of Applicant Monrovia, Liberia

New York, (DATE) August 15th, 1935

SEE THE BACK OF THIS APPLICATION.



REGULATIONS GOVERNING THE TRANSIT OF BODIES

Burial or cremation permits issued by Boards of Health in any state of the United States other than that of the City of New York must be accepted by superintendents of crematories or cemeteries, provided the name of the cemetery or crematory is stated thereon, and if not stated said permit must be exchanged for one issued by the Board of Health of this city.

Superintendents or keepers of cemeteries or crematories shall not permit human remains to be interred or cremated except in accordance with the conditions stated upon the permit presented at the time of such burial or cremation, and no permit shall be accepted by them which has been altered or changed in any manner whatsoever.

A transit permit for the removal of the dead body of a human being to a premises other than the place of final disposal is limited by its terms and does not authorize burial, cremation, or other final disposal.