

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

Sat. 42-12 n. New York City

No. 56-40 St.

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 } OF
HUSBAND }

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 foreign birth)

(9) How long resident in City of New York

10 NAME OF FATHER

John Miller

11 BIRTHPLACE OF FATHER (State or country)

Canton Switzerland

12 MAIDEN NAME OF MOTHER

Dorothy Miller

13 BIRTHPLACE OF MOTHER (State or country)

City of Geneva Switzerland

14 Special INFORMATION required in deaths in hospitals and institutions 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

DATE OF BURIAL

Aug 15, 1935

18 UNDERTAKER

at request of wife.

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) Operation? Texas State kind

duration yrs. 1 mos. ds.

Witness my hand this 14 day of Aug 1935

Signature Herbert A. Hartel M. D.

Address S.S. Pres. Harding Pier 62, N.Y.C.

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

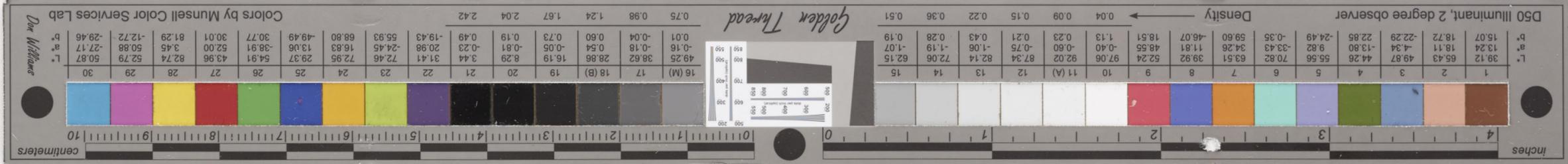
1.67

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,	Septicaemia,
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*, *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*.

TO UNDERTAKERS

- No burial permit can be obtained without a proper certificate.
- Certificates must be written throughout in black ink.
- 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)

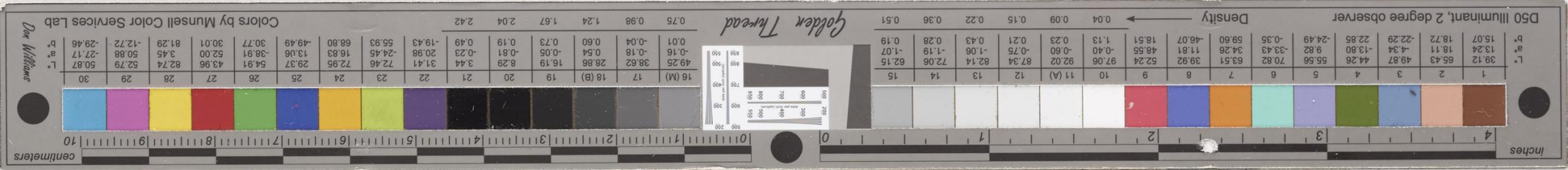
the.....of deceased. This statement is made to obtain a permit

(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. Long. 56-40 W. 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,

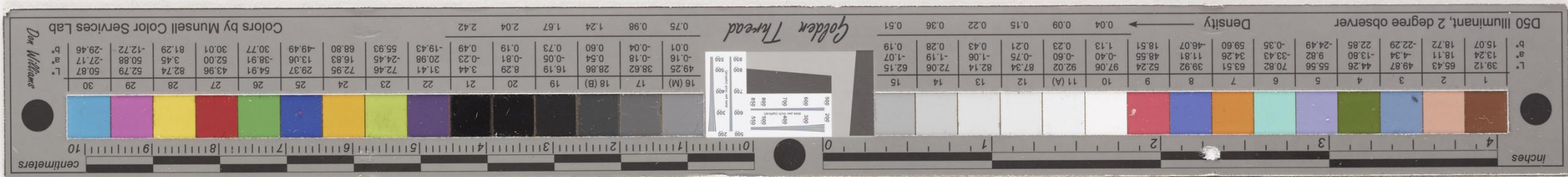
How Certified (Name of Medical Attendant, &c.) Herbert A. Hartfiel

Name of Applicant Dorothy Miller

Address of Applicant Monrovia, Liberia

New York, (DATE) August 15th, 1935

SEE THE BACK OF THIS APPLICATION.



APPLICATION FOR A TRANSIT PERMIT
 To the Bureau of Health, Department of Health of the City of New York

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.