STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

20357

1. PLACE OF DEATH
County Ross Registration District No. 1132 File No.
Township Primary Registration District No. 1430 Registered No. 81
or Village No. 192 Burbridge St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
or City of Chillicothe
Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
2 FULL NAME Anna Margaret Miller Did Deceased Serve in U. S. Navy or Army
(a) Residence. No. 192 Burbridge St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR or RACE: White
5. SINGLE, MARRIED, Widowed or Divorced: Widow
6a. If Married, Widowed, or Divorced, Husband of (or) Wife of: Jacob Miller
6. DATE OF BIRTH (month, day, and year): Sept 26-1857
7. AGE (years): 82 | Months: 5 | Days: 12 | If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town): Chillicothe
(State or country): Ohio
13. NAME: Adam Edinger
14. BIRTHPLACE (city or town):
(State or country): Germany
15. MAIDEN NAME: Anna M Schmid
16. BIRTHPLACE (city or town):
(State or country): Germany
17. INFORMANT: The Signature of: Earl Miller
and (Address): Chillicothe, R. Eastern ave
18. BURIAL, CREMATION, OR REMOVAL
Place: Grandview Date: 3-12 1940
19. FUNERAL FIRM: Traverse
19a. BURIED BY: H. M. [illegible] Lic. No.
Address: Chillicothe, O.
19b. EMBALMER: H. M. Traverse Lic. No. 1371
20. FILED: 3-15 1940 C. R. Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): March 10, 1940
22. I HEREBY CERTIFY, That I attended deceased from 3/4, 1940, to 3/10, 1940
I last saw h alive on 3-10, 1940, death is said to have occurred on the date stated above at 8:15 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

	Date of onset
Chronic Myocarditis	2 yrs
Myelomatosis	6 mo
Streptococcus Septicemia	3 wk

CONTRIBUTORY CAUSES of importance not related to principal cause:

Name of operation: None Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. C. Bayer M. D.
Date 3-11 1940. Address

Quellenangabe:
"Montgomery, Ohio, United States Aufzeichnungen," Aufnahmen, FamilySearch (https://www.familysearch.org/ark:/61903/3:1:33SQ-GPK5-9G5F?view=index : 4. Mai 2025), Aufnahme 572 von 3252; Ohio Historical Society (Columbus, Ohio).
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