

STANDARD CERTIFICATE OF DEATH

**1 PLACE OF DEATH**  
County of McLean Registration  
Dist. No. 690  
Homan  
•Township  
•Road Dist.  
•Village  
•City  
Primary Dist. No. 5046  
\*(Cancel the three terms not applicable—Do not enter "R. R.," "R. F. D.," or other P. O. address).  
Street and Number, No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward, Brockton Hospital.

Registered No. 139  
(Consecutive No.)

**2 FULL NAME** Albert Miller  
(a) Residence No. 1507 N. Franklin St.; \_\_\_\_\_ Ward, Bloomington Ill.  
(Usual place of abode) (If non-resident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3 SEX** Male **4 COLOR OR RACE** White **5 SINGLE, MARRIED, WIDOWED, or DIVORCED** (Write the word) Married

**5a** If married, widowed or divorced HUSBAND of (or) WIFE of Caroline Miller

**6 DATE OF BIRTH** 4 / 19 / 1865  
(Month) (Day) (Year)

**7 AGE** Years 61 Months 4 Days 29 If LESS than 1 day \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.?

**8 OCCUPATION OF DECEASED**  
(a) Trade, profession, or particular kind of work Laborer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

**9 BIRTHPLACE** (city or town) \_\_\_\_\_ (State or Country) Germany

**10 NAME OF FATHER** August Miller  
**11 BIRTHPLACE OF FATHER** (city or town) \_\_\_\_\_ (State or Country) Germany

**12 MAIDEN NAME OF MOTHER** \_\_\_\_\_  
**13 BIRTHPLACE OF MOTHER** (city or town) \_\_\_\_\_ (State or Country) Germany

**14 INFORMANT** Leanne Leashan (personal signature with pen and ink)  
P. O. Address Bloomington Ill

**15 Filed** 9/25 1926 Ed. Jones Registrar.  
P. O. Address Homan Ill.

**MEDICAL CERTIFICATE OF DEATH**

**16 DATE OF DEATH** 9 / 23 / 1926  
(Month) (Day) (Year)

**17 I HEREBY CERTIFY**, That I attended deceased from 1 / 26 / 1926, to 9-23 / 1926, that I last saw him alive on 9-23 / 1926, and that death occurred, on the date stated above, at \_\_\_\_\_ m. The CAUSE OF DEATH was as follows:  
Perforation of Stomach  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**CONTRIBUTORY (Secondary)** \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18** Where was disease contracted, if not at place of death? \_\_\_\_\_  
Was an operation performed? \_\_\_\_\_ Date of \_\_\_\_\_  
For what disease or injury? \_\_\_\_\_  
Was there an autopsy? \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_  
(Signed) E. L. Brown M. D.  
Address Bloomington Ill  
Date 9-24 / 1926 Telephone \_\_\_\_\_

\*N. B.—State the disease causing death. All cases of death from "Violence, casualty, or any undue means" must be referred to the coroner. See Section 10, Coroner's Act.

**19 PLACE OF BURIAL OR REMOVAL** Park Hill cem **21 DATE OF BURIAL** 9-25 / 1926

**20 UNDERTAKER** Edwards ADDRESS Bloomington  
(personal signature with pen and ink) (firm name, if any)

FOR GENEALOGICAL PURPOSES ONLY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record for the person named and that this record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths, deaths, and marriages.

DATE: APR 02 2003

AT: Bloomington, Illinois

SIGNED: Peggy Ann Milton  
Peggy Ann Milton  
OFFICIAL TITLE: McLean County Clerk

The original record is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. Local Registrars are authorized to make certifications from copies of the original record. The Illinois Statutes provide that the certification of this record by the Department of Public Health or the Local Registrar shall be prima facie evidence in all courts and places of the facts therein stated.