

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____

1. PLACE OF DEATH

County HopkinsVet. Pat. 2-11

Ine. Town _____

City MadisonvilleRegistration District No. 780Primary Registration District No. 5758Registered No. 139

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Amanda Nell Moore(a) Residence. No. _____ St., _____ Ward _____
(Usual place of abode) (If nonresident, 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 Female 4. COLOR OF RACE col 5. Single, Married, Widowed or Divorced (write the word) widowed

No. if married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH Feb 7 18637. AGE Years Months Days If LESS than 1 day hrs. or min.
70 9 108. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house keep

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE McLean Co 1313. NAME Jess Nell14. BIRTHPLACE McLean Co 1315. MAIDEN NAME D-K16. BIRTHPLACE McLean Co 1517. INFORMANT Mrs. Lora Mitchell(Address) Madisonville Ky

18. BURIAL, CREMATION, OR REMOVAL

Place Madisonville Ky Date Nov 18 193319. UNDERTAKER David P. White(Address) Madisonville 1520. FILED 11-21-33 H. C. Gray

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov 17, 193322. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1933 to Nov 17, 1933I last saw him alive on 11-13, 1933, death is said to have occurred on the date stated above, at 7 4 m. The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Bronchus-Pneumonia 7 5

Contributory causes of importance not related to principal cause: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? no

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) Jas. B. Sony, M. D.(Address) Madisonville

Every item of information 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.

N. B. WRITE PLAINLY, WITH LEADING INK—THIS IS A PERMANENT RECORD. 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.