

Commonwealth of Kentucky
STATE DEPT. OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County *Madison*

Vot. Pot. *Lake 5*

Inc. Town

City *Carlington*

Registration District No. *531*

Primary Registration District No. *2266*

(No. *5* St., *5* Ward)

FULL NAME *Jessie C. Moore*

File No.

Registered No. *12263*

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widow*
(Write the word)

6 DATE OF BIRTH *June 16, 1835*
(Month) (Day) (Year)

7 AGE *82 yrs. 8 mos. 3 ds.* IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work.
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) *Madison Co*

PARENTS

10 NAME OF FATHER *W B Mc Gary*

11 BIRTHPLACE OF FATHER (State or country) *Fayette Co*

12 MAIDEN NAME OF MOTHER *Delia*

13 BIRTHPLACE OF MOTHER (State or country) *Fayette Co*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Paul M. Moore*

(Address) *Carlington Ky*

15 Filed *2/20, 1918* *R. M. Quinn*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Feb 18, 1918*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Feb 12*, 191..., to *Feb 18*, 1918, that I last saw him alive on *Feb 17*, 1918, and that death occurred on the date stated above at *3:20* pm. The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) *3* yrs. mos. ds.

Contributory (SECONDARY)

(Duration) ... yrs. mos. ds.

(Signed) *B. Johnson* M. D. *Feb 18, 1918* (Address) *Carlington Ky*

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death ... yrs. mos. ds. In the State ... yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Madisonville Ky* DATE OF BURIAL *Feb 20, 1918*

20 UNDERTAKER *Ed. Water* ADDRESS *Madisonville*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be given 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.