

COMMONWEALTH OF KENTUCKY
 State Board of Health
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

PLACE OF DEATH

County MitchellVot. Prec. Messersick

Inc. Town

City

Registration District No. 1087Primary Registration District No. 2135No. Michael Angelus Moore St. WardFile No. 19234Registered No. 477087

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Married
 Married Widowed
 or Divorced
 (Write the word)

6 DATE OF BIRTH Feb. 23, 1878
 (Month) (Day) (Year)

7 AGE 36 yrs. 5 mos. — ds.
 IF LESS than 1 day — hrs. or — min?

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

9 BIRTHPLACE (State or country) Kentucky

10 NAME OF FATHER Michael Moore

11 BIRTHPLACE OF FATHER (State or country) Ireland

12 MAIDEN NAME OF MOTHER May Fool

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Helise Kanhan

(Address) Equality St

15 Filed 7/2, 1924 Art Blaupied
 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 21, 1924
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May, 1924 to July, 1924 that I last saw him alive on July 17, 1924 and that death occurred on the date stated above at 12:20 p.m.

The CAUSE OF DEATH* was as follows:
Pneumonia, Bronchitis & Embolus
 (Duration) 1 yrs. — mos. — ds.

Contributory (Secondary) (Duration) — yrs. — mos. — ds.

(Signed) Haver J. Hester, M. D.
July 21, 1924 (Address) 111 S. Central St.

*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homocidal.

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 Memphis Ky DATE OF BURIAL July 21, 1924

20 UNDERTAKER Maare J. Co ADDRESS Central City

WRITE PLAINLY, WITH FADING INK—THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated FULLY. 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.

MAKING IMPROVED FOR RECORDS