

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

28681

1 PLACE OF DEATH

County Muhlenberg

File No. ....

Vet. Pct. ....

Registration District No. 1090-1087

Registered No. ....

Ine. Town. ....

Primary Registration District No. XXY

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

City Creston City

(No. .... St. .... Ward)

2 FULL NAME Opal Moore

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH (Month) (Day) (Year)

7 AGE about 2 yrs. .... mon. .... ds. IF LESS than 1 day .... hrs. or .... min?

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

9 BIRTHPLACE (State or country) Muhlenberg Co 14

PARENTS 10 NAME OF FATHER Walter Moore 11 BIRTHPLACE OF FATHER (State or country) Christian Co 14 12 MAIDEN NAME OF MOTHER Rosa Long 13 BIRTHPLACE OF MOTHER (State or country) Don't know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Arthur Moore (Address) Mercer 14

15 Filed 12/21/24 1924 W. D. Wickliffe Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 20, 1924 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1924, to Dec 1, 1924, that I last saw him alive on Dec 1, 1924, and that death occurred on the date stated above at 2 P m.

The CAUSE OF DEATH\* was as follows: Calitia (Duration) .... yrs. .... mos. .... ds.

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

(Signed) C. G. Crandall M. D. Dec 21, 1924 (Address) Creston City 14

\*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 Lee 039 DATE OF BURIAL Dec 21, 1924

20 UNDERTAKER M B McDonald ADDRESS Gumville

NAME RESERVED FOR OTHER PURPOSES  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, but it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.