

5043

Form V. S. 3-200m-4-11-33

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH1 PLACE OF DEATH  
County Muhlenberg  
City Carroll  
Inc. Town  
No. St. Ward

File No. ....

Registered No. ....

(If death occurred in a  
hospital or institution,  
give its NAME instead  
of street and number.)Registration District No. 10936839  
Primary Registration District No. 442 FULL NAME Ray Milton Moore

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single  Married  
Widowed  
or Divorced  
(Write the word)6 DATE OF BIRTH  
(Month) (Day) (Year)7 AGE 4 yrs. 6 mos. 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. Ky.

PARENTS

10 NAME OF  
FATHER Milton Moore11 BIRTHPLACE  
OF FATHER  
(State or country) Muh. Co. Ky.12 MAIDEN NAME  
OF MOTHER Bessie Wyle13 BIRTHPLACE  
OF MOTHER  
(State or country) Muh. Co. Ky.14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Louise Moore  
(Address) Yatesville Ky.15 Filed Dec 15, 1925 O. B. Welliff  
Registrar

11-5184

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 14, 1925  
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased  
from....., 192....., to....., 192.....,  
that I last saw h..... alive on....., 192.....,  
and that death occurred on the date stated above at.....m.The CAUSE OF DEATH\* was as follows:  
Heart failure(Duration) ..... yrs. .... mos. .... ds.  
Contributory  
(Secondary) .....  
(Duration) ..... yrs. .... mos. .... ds.  
(Signed) ..... M. D.  
, 192..... (Address).....\*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 ..... in the  
of death ..... yrs. .... mos. .... ds. State ..... yrs. .... mos. .... ds.  
Where was disease contracted,  
if not at place of death?  
Former or  
usual residence .....19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  
Pleasant Hill Ky. Dec. 15, 1925  
20 UNDERTAKER ADDRESS  
M B McDonald YatesvilleEXACTLY. PHYSICIANS should  
carefully supplied. AGE should be stated  
in plain terms that it may be properly classified. Exact  
important. See instructions on back of certificate.