

Commonwealth of Kentucky

STATE BOARD OF HEALTH.

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHPLACE OF DEATH  
County Muhlenberg  
Vol. Pat. Hillside  
Inc. Town.....  
City..... (No..... St.)..... Ward.....Registration District No. 7136  
Primary Registration Dist. No. 16File No. 25974Registered No. 28

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

FULL NAME # No name J Moore

## PERSONAL AND STATISTICAL PARTICULARS

1 SEX Female 2 COLOR OR RACE White 3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Sing

4 DATE OF BIRTH July 4, 1912  
(Month) (Day) (Year)

7 AGE 2 yrs. 24 mos. 24 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) Muhlenberg Co Ky

10 NAME OF FATHER Granville Moore

11 BIRTHPLACE OF FATHER (State or country) .....

12 MAIDEN NAME OF MOTHER Vincent

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE,  
(Informant) N. B. Nixon  
(Address) Franklin, Ky.

15 Filed Oct 27, 1912  
Mrs J. M. Nixon  
J. H. Hamilton  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 28, 1912  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 11, 1912, to Oct 28, 1912,

that I last saw her alive on Oct 28, 1912,

and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH\* was as follows:

Whooping cough

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

Contributory Bronchitis  
(Secondary)

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

(Signed) J. H. Hamilton, M. D.

Oct 28, 1912 (Address) Greenwell

\*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 East Union

DATE OF BURIAL..... 191.....

20 UNDERTAKER M. B. McDonald

ADDRESS Greenwell

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

2. Every item of information should be carefully verified. 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.

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