

Moeller, Anna 1913 - 1930

Kentucky Post - July 21, 1930

Anna, beloved daughter of Mary Moeller (nee Klatt) and the late Paul Moeller, Sunday, July 20, 1930, at the residence, 630 Wain St., Covington, Ky., age 16 years. Funeral Wednesday, July 23, at 7:30 a. m. from the late residence. Requiem high mass at Mother of God Church at 8 a. m. to be followed by interment in Mother of God Cemetery.

Form V. S. 1-50m-4-17-28

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

County Hunter File No. **17550**

Vol. Pat. \_\_\_\_\_ Registration District No. 190 Registered No. \_\_\_\_\_

Ino. Town \_\_\_\_\_ Primary Registration District No. 2290

City Covington (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anna Moeller

(a) Residence. No. 520 main St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
1 SEX <u>F</u>	4 COLOR OR RACE <u>W</u>	5 Single Married Widowed or Divorced (Write the word)	16 DATE OF DEATH Month <u>7</u> Day <u>20</u> Year <u>1930</u>	17 I HEREBY CERTIFY, That I attended deceased from <u>7-17</u> , 19 <u>30</u> , to <u>7-20</u> , 19 <u>30</u> that I last saw her alive on <u>7-20</u> , 19 <u>30</u> and that death occurred on the date stated above at <u>6:30 P</u> and that death occurred on the date stated above at <u>6:30 P</u> The CAUSE OF DEATH* was as follows: <u>Status epilepticus</u> <u>Delirium</u>
6a If married, widowed, or divorced HUSBAND of (or) WIFE of _____ 19 <u>19</u>	6 DATE OF BIRTH <u>Sept 14</u> , 19 <u>14</u> (Month) (Day) (Year)	7 AGE <u>16</u> yrs. <u>10</u> mos. <u>6</u> ds. IF LESS than 1 day _____ hrs. or _____ min?	18 WHERE WAS DISEASE CONTRACTED If not at place of death? _____ Did an operation precede death? _____ Date of _____ Was there an autopsy? _____ What test confirmed diagnosis? <u>Clinical</u> (Signed) <u>R. H. Hargett</u> , M. D. <u>7-21</u> 19 <u>30</u> (Address) <u>St. John's</u>	8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work <u>None</u> (b) General nature of industry, business or establishment in which employed (or employer) _____
9 BIRTHPLACE (city or town) (State or country) <u>Cov. Ky.</u>	10 NAME OF FATHER <u>Paul Moeller</u>	11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Ky.</u>	12 MAIDEN NAME OF MOTHER <u>Mary Klatt</u>	13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Ky.</u>
14 (Informant) <u>Mother</u> (Address) _____	15 Filed <u>7/21</u> , 19 <u>30</u> Registrar <u>M. Muddendorf</u> Sub City _____	19 PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL <u>Mother of God 7/23/30</u> UNDERTAKER <u>M. Muddendorf</u> ADDRESS _____		

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

\*Every item of information should be carefully supplied. 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.