

Kentucky Post - July 26, 1912

Edward Moeller, 17, died at his home, 21 West Ninth-st., yesterday. The funeral will be held Saturday morning, at 9 o'clock, at Mother of God Church. Burial in Mother of God Cemetery.

FORM V. S. 1-1034-1-10-11. Commonwealth of Kentucky STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

1 PLACE OF DEATH County Wentworth Registration District No. 580 File No. 17723

2 SEX Male 3 COLOR OR RACE White 4 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single 5 DATE OF DEATH July 24, 1912

6 Vol. Pat. .... 7 Primary Registration Dist. No. 2200 8 Registered No. 1738

9 Inc. Town Cornington (No. 21 W 9th St.) (Ward) 1738

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

11 FULL NAME Edward Clements Moeller

**PERSONAL AND STATISTICAL PARTICULARS**

12 SEX Male 13 COLOR OR RACE White 14 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

15 DATE OF BIRTH Sept 17, 1894 (Month) (Day) (Year)

16 AGE 17 yrs. 10 mos. 7 ds. (If LESS than 1 day, hrs., or min.)

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

18 BIRTHPLACE (State or country) Cornington Ky

19 NAME OF FATHER Herman Moeller

20 BIRTHPLACE OF FATHER (State or country) Cornington Ky

21 MAIDEN NAME OF MOTHER Mary Bonehorn

22 BIRTHPLACE OF MOTHER (State or country) Cornington Ky

23 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs Mary Moeller (Address) 21 W 9th St

24 PLACE OF BIRTH OR REMOVAL 21 W 9th St 25 DATE OF BIRTH Sept 17, 1894

26 PLACE OF BURIAL OR REMOVAL Mother of Gods 27 DATE OF BURIAL July 27, 1912

28 UNDERTAKER John N. Moore ADDRESS 1000 Park St

11-4184

NOTE: Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

I HEREBY CERTIFY, That I attended deceased from May 15, 1912 to July 24, 1912, that I last saw him alive on July 23, 1912, and that death occurred, on the date stated above, at 5:30 P.M.

The CAUSE OF DEATH\* was as follows:  
Pulmonary Tuberculosis.

Contributory (Secondary) None (Duration) None yrs. None mos. None ds.

(Signed) W. H. Kelly M. D. (Address) Cornington Ky

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

(10) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR NEWCOMER 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 .....