

Moeller, Herman 1856 - 1900

CITY OF COVINGTON, KY.  
**DEPARTMENT OF HEALTH.** No. ....

No. .... 366 .....  
BUREAU OF VITAL STATISTICS.

**CERTIFICATE OF DEATH.** No. 261

1.—Full name of deceased, Herman Moeller

2.—\*White, ~~Colored~~. 3.—\*Male, ~~Female~~. 4.—Age, 44 years, ..... months, ..... days.

5.—\*Single, Married, ~~Widower~~, ~~Widow~~. 6.—Occupation, .....

7.—Place of birth, Covington, Ky 8.—If foreign born, how long in U. S. .... years.

9.—How long resident in city, ..... years. 10.—Father's Name, .....

11.—Father's birthplace, ..... 12.—Mother's Name, .....

13.—Mother's birthplace, .....

14.—Place of death, No. 802 Craig St Ward .....

15.—Place of Residence, No. .... Ward .....

16.—Private, Tenement, ~~Public~~ Institution. 17.—Date of death, Apr 5/1900.

18.—Cause of death, { Remote or Predisposing, Phthis Pulmonalis  
Immediate, .....

19.—Duration of last illness, ..... 20.—I certify that I attended the above named in ..... last illness.

21.—Date of interment, Apr 9 - 1900 M. James J. Madden M. D.

22.—Place of interment, Mother of God Cemetery Address, .....

Name of Undertaker, John J. Madden

DRAW A LINE THROUGH WORDS NOT REQUIRED.