

DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS CERTIFICATE OF DEATH			
1 PLACE OF DEATH County <u>Hamilton</u>		Registration District No. <u>494</u> File No. <u>4719</u>	
Township		Primary Registration District No. <u>8227</u> Registered No. <u>7812</u>	
or Village		No. <u>Cathedral Hospital</u> St. _____ Ward _____	
or City of <u>Cincinnati</u> <small>(If death occurred in a hospital or institution, give its NAME instead of street and number)</small>		Did Deceased Serve in U. S. Navy or Army _____	
2 FULL NAME <u>Hubert Moeller</u>		St. _____ Ward <u>Covington Ky</u>	
(a) Residence. No. <u>520 Main</u> <small>(Usual place of abode)</small>		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			
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 Single, Married, Widowed or Divorced (write the word) <u>single</u>	
3a If married, widowed or divorced HUSBAND of (or) WIFE of _____			
6 DATE OF BIRTH (month, day, and year) <u>Feb 2 - 1908</u>			
7 AGE	Years	Months	Days
	<u>20</u>	<u>10</u>	<u>22</u>
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Operator</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer.			
9 BIRTHPLACE (city or town) <u>Covington</u> (State or country) <u>Kentucky</u>			
PARENTS	10 NAME OF FATHER <u>Paul Moeller</u>		
	11 BIRTHPLACE OF FATHER (city or town) <u>Covington</u> (State or country) <u>Kentucky</u>		
	12 MAIDEN NAME OF MOTHER <u>Mary Ware</u>		
13 BIRTHPLACE OF MOTHER (city or town) <u>Covington</u> (State or country) <u>Kentucky</u>			
14 Informant <u>Mary Moeller</u> (Address) <u>520 Main St</u>			
15 <u>DEC 26 1928</u> <u>Covington</u> REGISTRAR			
MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH (month, day and year) <u>Dec 24 1928</u>			
17 I HEREBY CERTIFY, That I attended deceased from <u>Dec 23</u> , 19 <u>28</u> , to <u>Dec 24</u> , 19 <u>28</u> , that I last saw him alive on <u>Dec 24</u> , 19 <u>28</u> , and that death occurred, on the date stated above, at _____ m.			
The CAUSE OF DEATH* was as follows: <u>Cerebral spinal meningitis (Epidemic)</u> (duration) _____ yrs. _____ mos. <u>4</u> ds.			
CONTRIBUTORY <u>Typhoid meningitis</u> (SECONDARY) (duration) _____ yrs. _____ mos. <u>2</u> ds.			
18 Where was disease contracted if not at place of death? _____			
Did an operation precede death? <u>No</u> Date of _____			
Was there an autopsy? <u>No</u>			
What test confirmed diagnosis? <u>Cerebral fluiding</u> (Signed) <u>R. B. Schuchman</u> M. D. <u>Dec 6, 1928</u> (Address) <u>520 Main St</u>			
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)			
19 PLACE of Burial, Cremation, or Removal <u>Mother of God</u>		DATE OF BURIAL <u>Dec 27 28</u>	
20 UNDERTAKER <u>John M. Maddox</u>		ADDRESS <u>Covington</u>	
21 EMBALMER _____		LICENSE No. _____	