

Moeller, Infant of Paul & Mary Klare 1919 - 1919

Dr. R. Reynolds

FORM V B 1-800M 2-29-12
 1 PLACE OF DEATH
 County 1 Kenton
 Vol. Pct. 6
 Inc. Town Covington
 City Covington (No. 637 Main St., 3 Ward)
 2 FULL NAME Infant Moeller

Commonwealth of Kentucky
 STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
 Registration District No. 580
 Primary Registration District No. 2290

File No. 30378
 Registered No. 1029
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Single</u> <small>(Write the word)</small>	16 DATE OF DEATH <u>Nov 15 1919</u> <small>(Month) (Day) (Year)</small>	
6 DATE OF BIRTH <u>Nov 15 19</u> <small>(Month) (Day) (Year)</small>			17 I HEREBY CERTIFY, That I attended deceased from _____, 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred on the date stated above at _____m. The CAUSE OF DEATH* was as follows: <u>Premature Birth</u>	
7 AGEyrs.....mos.....ds. <small>IF LESS than 1 day, hrs. or 1/2 min.?</small>		(Duration)..... yrs..... mos..... ds.	
8 OCCUPATION (a) Trade, profession, or particular kind of work..... (b) General nature of industry business or establishment in which employed (or employer).....			Contributory (Secondary)..... <small>(Duration)..... yrs..... mos..... ds.</small>	
9 BIRTHPLACE (State or country) <u>Covington Ky</u>			(Signed) <u>Dr. R. Reynolds</u> M. D. <u>Nov 15 1919</u> (Address) <u>Covington Ky</u>	
PARENTS	10 NAME OF FATHER <u>Paul Moeller</u>	11 BIRTHPLACE OF FATHER (State or country) <u>Covington Ky</u>	*State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL	
	12 MAIDEN NAME OF MOTHER <u>Mary Klare</u>	13 BIRTHPLACE OF MOTHER (State or country) <u>Covington Ky</u>	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, If not at place of death?	
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Paul Moeller</u> (Address)		Former or usual residence	
15 Filed <u>Nov. 17, 1919</u> <u>J. B. Schumring</u> REGISTRAR			19 PLACE OF BURIAL OR REMOVAL <u>Mother of God</u>	DATE OF BURIAL 191.....
			20 UNDERTAKER <u>John W. Macnamara</u>	ADDRESS <u>La. Co. Ky</u>

N. B.—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.

11-3184