

Moeller, Infant of Paul & Mary Klare 1925 - 1925

Form V. S. 1-50m-5-25-25

**1 PLACE OF DEATH**  
 County Benton  
 City Covington

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

File No. **1626**  
 Registered No. **24**

Registration District No. **790**  
 Primary Registration District No. **2390**  
 No. 643 Third St. 3 Ward

**2 FULL NAME** Infant Moeller

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**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX Female 4 COLOR OR RACE White 5 Single Infant  
 Married  
 Widowed  
 or Divorced  
 (Write the word)

6 DATE OF BIRTH Jan 6 1925  
 (Month) (Day) (Year)

7 AGE 6 yrs. 0 mos. 0 ds.  
 IF LESS than 1 day 0 hrs. or 0 min?

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

9 BIRTHPLACE (State or country) Covington Ky

**PARENTS**

10 NAME OF FATHER Paul Moeller  
 11 BIRTHPLACE OF FATHER (State or country) Covington Ky  
 12 MAIDEN NAME OF MOTHER Mary Klare  
 13 BIRTHPLACE OF MOTHER (State or country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Paul Moeller  
 (Address) 643 Third

15 Filed Jan 7 1925 J. O. Riffe Registrar

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**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH Jan 6 1925  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 1925 to 1925 that I last saw h. alive on 1925 and that death occurred on the date stated above at 1925 M.

The CAUSE OF DEATH\* was as follows:  
Premature Birth  
 (Duration) 0 yrs. 0 mos. 0 ds.

Contributory (Secondary) None  
 (Duration) 0 yrs. 0 mos. 0 ds.

Signed H. O. Reynolds, M. D.  
Jan 6 1925 (Address) Covington Ky

\*State the Disease Causing Death, or, in death from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  
 at place 0 yrs. 0 mos. 0 ds. In the State 0 yrs. 0 mos. 0 ds.  
 Where was disease contracted, if not at place of death?  
 Former or usual residence 0 yrs. 0 mos. 0 ds.

19 PLACE OF BURIAL OR REMOVAL Mother of God DATE OF BURIAL Jan 7 1925  
 20 UNDERTAKER John W. Maddox ADDRESS Covington Ky

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