

Kentucky Post - June 10, 1936

MOELLER, Mary (nee Klare), widow of Paul Moeller, Thursday, June 9, 1936, at the residence, 824 Green Bay, Covington, Ky., age 55 years. Funeral Saturday, June 13, from the John M. Middendorf Sons Funeral Home, 917 Main St. at 8:30 a. m. Requiem High Mass at Mother of God Church at 9 a. m. Interment Mother of God Cemetery.

Form V. S. 1-B-5001-6-17-31

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

File No. **16845**
Registered No. _____

1. PLACE OF DEATH
County Newton Registration District No. 790
City Covington Primary Registration District No. 290
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Mary Moeller
(a) Residence No. 824 Green Bay St. Ward _____
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 Female 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Widowed
6. DATE OF BIRTH Sept 25 - 1880
7. AGE 55 8 15 If LESS than 1 day ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE Covington Ky
13. NAME Joseph Klare
14. BIRTHPLACE Germany
15. MAIDEN NAME Not known
16. BIRTHPLACE

MOTHER/FATHER

17. INFORMANT Mrs. Mary Moeller
(Address) 824 Green Bay St.
18. BURIAL, CREMATION, OR REMOVAL
Place Mother of God Date June 13, 1936
19. UNDERTAKER John M. Middendorf
(Address) 917 Main St.
20. FILED June 11, 1936 Mrs. H. C. O'Brien Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 6-9, 1936
22. I HEREBY CERTIFY, That I attended deceased from 6-8, 1936 to 6-9, 1936
I last saw her alive on 6-9, 1936, death is said to have occurred on the date stated above, at least 11 m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
1) <u>Inoperable Carcinoma of Uterus</u>	<u>1933</u>
2) <u>Anemia</u>	<u>1936</u>
Contributory causes of importance not related to principal cause:	
<u>Senescent Vascular System</u>	

Name of operation _____ Date of _____
What test confirmed diagnosis?— Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?— date of injury _____ 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____
(Signed) C. G. Heinemann M. D.
(Address) St. Elizabeth Hosp. Cov. Ky.

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH FADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied and 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.