

Moeller, Paul 1882 - 1929

Kentucky Post - August 23, 1929

MOELLER — Paul; husband of Mary Moeller (nee Klare), Wednesday, Aug. 21, 1929, at residence, 520 Main-st., Covington, aged 48 years. Funeral Saturday, Aug. 24, at 7:30 a. m., from John M. Mittendorf Sons Funeral Home, 917 Main-st., Covington. Requiem high mass at Mother of God Church at 8 a. m. Interment in Mother of God Cemetery. —1

Form V. S. 1-99m-11-3-28

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

File No. **21800**
Registered No. _____

1 PLACE OF DEATH
County Jefferson
Vot. Prec. Anchorage, Ky. Registration District No. 757
Inc. Town _____ Primary Registration District No. 8004
City Lakeland, Kentucky Central State Hospital _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Paul Moeller
(a) Residence No. Henton County, Ky. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF DEATH August 21, 1929
(Month) (Day) (Year)

7 AGE 47 yrs. 7 mos. 21 ds. IF LESS than 1 day _____ hrs. or _____ min?

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

9 BIRTHPLACE (city or town) Covington, Ky.
(State or country)

PARENTS

10 NAME OF FATHER Herbert J. Moeller
11 BIRTHPLACE OF FATHER (city or town) Kentucky
(State or country)
12 MAIDEN NAME OF MOTHER Mary Bornhom
13 BIRTHPLACE OF MOTHER (city or town) Kentucky
(State or country)

14 Record (Informant) Central State Hospital,
(Address) Lakeland, Ky.

15 Filed Aug 21, 1929 J. P. Price
Registrar

MEDICAL CERTIFICATE OF DEATH

16 I HEREBY CERTIFY, That I attended deceased from Aug 12, 1929, to Aug 21, 1929, that I last saw him alive on Aug 20, 1929, and that death occurred on the date stated above at _____ m.
The CAUSE OF DEATH* was as follows:
General Result of the disease
(Duration) _____ yrs. _____ mos. _____ ds.
Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.

18 WHERE WAS DISEASE CONTRACTED
if not at place of death? _____
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____
What test confirmed diagnosis? _____
(Signed) James H. Mackey, M. D.
Aug 21, 1929 (Address) Lakeland, Ky.

*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 OR REMOVAL Covington Ky DATE OF BURIAL _____
20 UNDERTAKER Bornell & Gross ADDRESS Lakeland Ky