

Moeller, Robert 1890 - 1916

Kentucky Post - June 29, 1916

MOELLER—Robert, beloved son of Mary Moeller (nee Bornhorn), Wednesday, June 28, 1916; aged 25 years. Funeral Saturday, July 1, from the late residence, 235 W. Ninth-st., Covington, Ky., at 7:30 a. m., with requiem high mass at Mother of God Church 8 a. m. Interment Mother of God Cemetery.

FORM V & 1 600M 2-25-12

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Keeton File No. 15866
Vot. Pol. B Registration District No. 680 Registered No. 620
Ino. Town Pomington Primary Registration District No. 230
City Pomington (No. 235 W. 9th St St., 4 Warn) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Robert Moeller

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Single
6 DATE OF BIRTH Aug 13, 1890 (Month) (Day) (Year)
7 AGE 25 yrs. 10 mos. 15 ds. IF LESS than 1 day ... hrs. or ... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. Paper hanger (b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Pomington Ky

PARENTS
10 NAME OF FATHER Herman Moeller
11 BIRTHPLACE OF FATHER (State or country) Pomington Ky
12 MAIDEN NAME OF MOTHER Mary Barahory
13 BIRTHPLACE OF MOTHER (State or country) Cincinnati Ohio

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mary Moeller (Address) 235 W. 9th St

15 Filed June 29, 1916 J. H. Schramm REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 28, 1916 (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from June 1st, 1916, to June 28th, 1916, that I last saw him alive on June 26th, 1916, and that death occurred on the date stated above at 7:30 a. m. The CAUSE OF DEATH* was as follows:
Exhaustion.
(Duration) ... yrs. ... mos. ... ds.
Contributory Phthisis Pulmonalis (SECONDARY) (Duration) ... yrs. ... mos. ... ds.
(Signed) W. B. Thorne, M. D. June 29th, 1916. (Address) 1014 Madison
*State the DISEASE CAUSING DEATH, or, in deaths 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) In the State ... yrs. ... mos. ... ds. At place of death ... yrs. ... mos. ... ds. Where was disease contracted, if not at place of death?
Former or usual residence ...
19 PLACE OF BURIAL OR REMOVAL Mother of Gods DATE OF BURIAL July 1, 1916
20 UNDERTAKER John H. Weidensack ADDRESS Covington

11-3151