

Moeller, Victor Nicholas 1923 - 1923

Form V. S. 1-25m-4-2-22

1 PLACE OF DEATH  
 County Boydton  
 Vol. Pct. 9 Registration District No. 790  
 Inc. Town \_\_\_\_\_ Primary Registration District No. 2290  
 City Covington (No. 5 West Co. 11<sup>th</sup> & Yesscamp St Ward)

2 FULL NAME Victor Nicholas Moeller

3 SEX M 4 COLOR OR RACE W 5 Single Infant  
 Married \_\_\_\_\_  
 Widowed \_\_\_\_\_  
 or Divorced \_\_\_\_\_  
 (Write the word)

6 DATE OF BIRTH Feb 13 1923  
 (Month) (Day) (Year)

7 AGE \_\_\_\_\_  
 IF LESS than 1 day 26 hrs. or \_\_\_\_\_ min?

8 OCCUPATION (a) Trade, profession or particular kind of work Infant  
 (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 Victor Moeller  
 11 BIRTHPLACE OF FATHER (State or country) Covington Ky  
 12 MAIDEN NAME OF MOTHER Elizabeth Hughes  
 13 BIRTHPLACE OF MOTHER (State or country) New Liberty Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Victor Moeller  
 (Address) 5 West Co. 11<sup>th</sup> & Yesscamp

15 Filed Feb 15 1923 H. W. Miller Registrar

16 DATE OF DEATH Feb 13 1923  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 13 1923 to Feb 14 1923, that I last saw him alive on Feb 14 1923, and that death occurred on the date stated above at 6 P.M.

The CAUSE OF DEATH\* was as follows:  
Cerebral Hemorrhage  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Contributory none (Secondary)  
 (Signed) S. F. Neusser M. D.  
2.15 1923 (Address) 811 Main St  
 \*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)  
 at place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Where was disease contracted, if not at place of death?  
 Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Method of God DATE OF BURIAL Feb 16 1923  
 20 UNDERTAKER John W. Anderson ADDRESS Covington Ky

11-3184

MARGINS RESERVED FOR BINDING  
 WRITE PLAINLY IN UNFADING INK—THIS IS A PERMANENT RECORD  
 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.