

Moore, Katherine Frances 1917 - 1931

Form V. S. 1-A-50m-11-1-39

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS

6464
File No. 6464
Registered No. 53

1 PLACE OF DEATH
County Fayette
Vot. Pot. Montrose
Ine. Town _____
City _____
Registration District No. _____
Primary Registration District No. 27050
(No. Briar Hill Road Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frances Moore
(a) Residence No. _____ St., _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
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) Single
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6. DATE OF BIRTH (month, day, and year) Aug. 13, 1917
7. AGE Years 13 Months 7 Days 8 LESS than day hrs. or min. 107

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

12. BIRTHPLACE (city or town) Fayette Co., Ky
(State or country)
13. NAME John J. Moore
14. BIRTHPLACE (city or town) Fayette Co., Ky
(State or country)
15. MAIDEN NAME Willie Sears
16. BIRTHPLACE (city or town) Fayette Co., Ky
(State or country)
17. INFORMANT John Moore
(Address) Fayette Co., Ky
18. BURIAL, CREMATION, OR REMOVAL Place Lexington, Kentucky 3-22, 1931
19. UNDERTAKER S. R. Brown
(Address) _____
20. FILED March 21, 1931 Registrar _____

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (month, day, and year) 3-21, 1931
22. I HEREBY CERTIFY, That I attended deceased from 3-22-31, 1931 to 3-21-31, 1931
I last saw her alive on 3-21-31, 1931 death is said to have occurred on the date stated above, at 9:15 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:
Branchial pneumonia
Date of onset _____
Contributory causes of importance not related to principal cause: none
Name of operation none Date of _____
What test confirmed diagnosis? physical findings
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury _____ 19____
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury none
Nature of injury none
24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____
(Signed) S. R. Brown, M. D.
(Address) 206 Seaside, Fair Ky.

N. B.—WRITE PLAINLY. WHEN UNREASSURED THIS IS A STATISTICAL FORM. 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.