

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25224

PLACE OF DEATH
County MonroeVol. Pot. JurisdictionRegistration District No. 1061

File No.

Ino. Town.

Primary Registration District No. 6729

Registered No.

City.

(No.) St.

Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Lindsey J. Moore

DELAY

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)DATE OF BIRTH Aug. 10, 1854
(Month) (Day) (Year)AGE 77 yrs. 1 mos. 4 ds. IF LESS than 1 day ... hrs. or ... min.?OCCUPATION
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry business or establishment in which employed (or employer)BIRTHPLACE (State or country) Monroe Co KyPARENTS 10 NAME OF FATHER Emory Moore11 BIRTHPLACE OF FATHER (State or country) Monroe Co Ky12 MAIDEN NAME OF MOTHER Mannia Pitcock13 BIRTHPLACE OF MOTHER (State or country) Monroe Co Ky14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) L. F. Davis(Address) Tompkinsville KyFiled Nov 9, 1931 J. L. Lane
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept. 22, 1931
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from May, 1931, to Sept. 28, 1931, that I last saw him alive on Sept. 28, 1931, and that death occurred on the date stated above at 44 m. The CAUSE OF DEATH* was as follows:Dropsy of L. L. Pufford
Chronic 2 Bladder

Contributory (Duration) ... yrs. ... mos. ... ds.

(Secondary) (Duration) ... yrs. ... mos. ... ds.

(Signed) W. S. Lawrence, M. D.
Oct. 20, 1931 (Address) Comptonville Ky

*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 DATE OF BURIAL

20 UNDERTAKER ADDRESS

VITAL RECORD

WITH UNFADING INK—THIS IS A PE

WRITE PL

N. B.—Every item of information should be carefully supplied. AGE should be 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.

MARGIN RESERVED FOR INDEXING