

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

25224

1 PLACE OF DEATH
Monroe

County *Monroe*

Vol. Pot. *Jurisdiction* Registration District No. *1061*

Inc. Town..... Primary Registration District No. *6729*

City..... (No. St. Ward) *DELAWARE*

2 FULL NAME *Lindsay J. Moore*

File No.

Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Man*

4 COLOR OR RACE *White*

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Married*

6 DATE OF BIRTH *Aug. 10, 1854*

(Month) (Day) (Year)

7 AGE *77* yrs. *1* mos. *+* ds.

IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work *Farmer*
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) *Monroe Co Ky*

10 NAME OF FATHER *Emery Moore*

11 BIRTHPLACE OF FATHER (State or country) *Monroe Co Ky*

12 MAIDEN NAME OF MOTHER *Marion Pittcock*

13 BIRTHPLACE OF MOTHER (State or country) *Monroe Co Ky*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *L. F. Davis*
(Address) *Tampkinsville Ky*

15 Filed *Nov 9, 1931* *J. L. Lane*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Sept. 27, 1931*

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Ky*, 1931, to *Sept 27*, 1931, that I last saw him alive on *Aug 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. & R. L. of the heart
due to atherosclerosis of the aorta

(Duration) yrs. mos. ds.

Contributory (Secondary) *with old age*

(Duration) yrs. mos. ds.

(Signed) *W. S. Orman*, M. D.
Oct 20, 1931 (Address) *Unionville Ky*

*State the DISEASE CAUSING DEATH, or, in death 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.
In the 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