

1 PLACE OF DEATH

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 80County BarronVol. No. Slack RoadRegulation District No. W. 115Registered No. 2

Inc. Town.....

Primary Registration District No. 111

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

City.....

No. St. Ward)

2 FULL NAME John J Moore

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OF RACE white 5 ^{Married} ~~Unmarried~~ ^{Widowed} ~~Unwedged~~ (Write the word)6 DATE OF BIRTH Jan 19 1926
(Month) (Day) (Year)7 AGE 67 yrs. 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) Ky10 NAME OF FATHER Abraham Moore11 BIRTHPLACE OF FATHER (State or country) Ky12 MAIDEN NAME OF MOTHER Elizabeth Moore13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. H. Greer
(Address) GlasgowFiled Jan 9 1926 H. H. Greer Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 19 1926
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from October 15, 1925, to Oct 30, 1925, that I last saw him alive on Oct 30, 1925, and that death occurred on the date stated above at.....

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) yrs. mos. ds.

Contributory (Secondary).....

(Signed) C. W. Hedges, M. D.Jan 10, 1926. (Address) Glasgow 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. In the State yrs. mos. ds.

Where was disease contracted? Lee BottsIf not at place of death? Former or usual residence Franklin19 PLACE OF BURIAL OR REMOVAL Boles Bereford DATE OF BURIAL Jan 20 192620 UNDERTAKER W. J. J. J. J. ADDRESS Glasgow

WRITE PLAINLY. WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B.—Every item of information should be correctly supplied. AGE should be an EXACTLY. PHYSICIANS should give CAUSE OF DEATH in plain language so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

ISSUANCE OF CERTIFICATE NOT NECESSARY