

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

1 PLACE OF DEATH

County Letcher

Vol. No. Spears # 5 Registration District No. J. 4 1 3

Incl. Town..... Primary Registration District No. ....

City Peytonburg No. .... St., .... Ward) (If death occurred in a hospital or institution, give its name instead of street and number.)

2 FULL NAME

Alex Moore

File No. 9753

Registered No. ....

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
6 DATE OF BIRTH <u>June 19, 1831</u> (Month) (Day) (Year)		
7 AGE <u>82 yrs. 10 mos. 8 ds.</u>		IF LESS than 1 day ... hrs. or ... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <u>Letcher Co. Ky.</u>		
PARENTS	10 NAME OF FATHER <u>John Dulworth</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Knoxville, Tenn.</u>	
	12 MAIDEN NAME OF MOTHER <u>Hile Willis</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Letcher Co. Ky.</u>	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant).....

(Address).....

Filed W. M. H. Scott REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH  
April 27, 1914  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased

from....., 191... to....., 191...  
that I last saw him..... alive on....., 191...  
and that death occurred on the date stated above  
at..... m. The CAUSE OF DEATH\* was as follows:

Old age

Contributory (SECONDARY).....  
(Duration)..... yrs. .... mos. .... ds.  
(Signed)....., M. D.  
....., 191... (Address).....

\*State the DISEASE CAUSING DEATH, or, in deaths from Violence CAUSE state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDE, or HOMICIDE

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, YEARN SIENTS 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  
Alex Long DATE OF BURIAL  
Apr. 28, 1914

20 UNDERTAKER  
W. H. Long ADDRESS  
Peytonburg, Ky.

WRITE PLAINLY, WITH UPWARD LINE--THIS IS A PERMANENT RECORD  
M. D.--Short form of information should state CAUSE OF DEATH, plain terms, or that it may be properly certified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.