

# Registrar of Vital Statistics

## Certified Copy



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 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 ascertained. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V 5 1-300M 2-29-12 1 PLACE OF DEATH County <u>Mourning</u> Vol. <u>#6 West Tompkinsville</u> Inc. Town ..... City ..... (No. .... St., ..... Ward)		Commonwealth of Kentucky STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS <b>CERTIFICATE OF DEATH</b> Registration District No. <u>840</u> Primary Registration District No. <u>2036</u>		File No. <u>20672</u> Registered No. <u>33</u> (If death occurred in a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME <u>George C. Moore</u>				
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED <u>married</u> <small>(Write the word)</small>	16 DATE OF DEATH <u>July 2, 1917</u> <small>(Month) (Day) (Year)</small>	
6 DATE OF BIRTH <u>mch. 6, 1844</u> <small>(Month) (Day) (Year)</small>		17 I HEREBY CERTIFY, That I attended deceased from <u>July 15<sup>th</sup></u> , 191 <u>6</u> , to <u>July 2<sup>nd</sup></u> , 191 <u>7</u> , that I last saw him alive on <u>July 1st</u> , 191 <u>7</u> , and that death occurred on the date stated above at <u>4 P. m.</u> The CAUSE OF DEATH* was as follows: <u>Cerebral Hemorrhage (Apoplexy)</u>		
7 AGE <u>73</u> yrs. <u>3</u> mos. <u>26</u> ds.		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) <u>Farming</u>		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL		
9 BIRTHPLACE (State or country) <u>Ky.</u>		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, if not at place of death? Former or usual residence		
10 NAME OF FATHER <u>John W. Moore</u>		Contributory (SECONDARY) (Duration).... yrs. .... mos. .... ds. (Signed) <u>J. B. Williams</u> , M. D. <u>July 3, 1917</u> (Address) <u>Tompkinsville Ky.</u>		
11 BIRTHPLACE OF FATHER (State or country) <u>Ky.</u>		19 PLACE OF BURIAL OR REMOVAL <u>Harlins Roads</u>		
12 MAIDEN NAME OF MOTHER <u>Mary Greenup</u>		DATE OF BURIAL <u>July 3, 1917</u>		
13 BIRTHPLACE OF MOTHER (State or country) <u>Ky.</u>		20 UNDERTAKER <u>J. W. Yobley, Tompkinsville Ky.</u>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>G. C. Moore</u> (Address) <u>Tompkinsville Ky.</u>				
15 Filed <u>July 3, 1917</u> <u>S. L. Bell</u> REGISTRAR				

11-3184

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW



I, Barbara F. White, State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 26<sup>th</sup> day of Sept, 1917.

Barbara F. White, State Registrar