

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 750
Registered No. _____

1 PLACE OF DEATH

County CumberlandVol. Pct. Spearis No. 10Registration District No. 4011

Inc. Town _____

Primary Registration District No. 4894

City _____

(No. _____ St. _____ Ward _____)

2 FULL NAME Flower Whitson Moore

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Wht 5 Single Married Married
Widowed
or Divorced
(Write the word)

6 DATE OF BIRTH 9 22 1877
(Month) (Day) (Year)

7 AGE 36 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) Cumberland Co. Ky.

10 NAME OF FATHER J. W. Moore
11 BIRTHPLACE OF FATHER (State or country) Cumberland Co. Ky.
12 MAIDEN NAME OF MOTHER Jane Short
13 BIRTHPLACE OF MOTHER (State or country) Cumberland Co. Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____

(Address) _____

15 Filled _____, 192____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 1 1 1923
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 12/22, 1922, to 1/1, 1923, that I last saw him alive on 1/1, 1923, and that death occurred on the date stated above at _____ m.

The CAUSE OF DEATH* was as follows:
Tampe Wound
(Suicide)
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (Secondary) _____

(Signed) J. P. Webb M. D.
1/2, 1923 (Address) Utter 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 _____ in the State _____ yrs. _____ mos. _____ d.
Where was disease contracted, _____

if not at place of death? _____
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Spearis Chapel DATE OF BURIAL 1/2 _____
20 UNDERTAKER ADDRESS _____

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 classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.