

Registrar of Vital Statistics

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

FORM V.S. NO. 1-A REV. 1-55 FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		COMMONWEALTH OF KENTUCKY DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS CERTIFICATE OF DEATH		FILE NO. <u>116</u>	59- 15573
Registration District No. <u>1064</u>		Primary Registration District No. <u>2420</u>			
1. PLACE OF DEATH a. COUNTY <u>Menroe</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <u>Ky</u> b. COUNTY <u>Menroe</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jopkinsville</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Jopkinsville</u> IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menroe Civil War Memorial Hosp.</u>		e. STREET ADDRESS		IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) <u>Walter Sheldon Moore</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 11 1959</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>3-31-1884</u>	9. AGE (In years last birthday) <u>75</u> If Under 1 Year: Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Trucker</u>		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u> 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Ben Moore</u>		14. MOTHER'S MAIDEN NAME <u>Rebecca Rush</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Walter Moore</u>	
MEDICAL CERTIFICATION		18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Coronary thrombosis, acute</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>
		DUE TO (b) <u>Arteriosclerotic heart disease</u>			
		DUE TO (c) <u>4200</u>			
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		21. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)			
21b. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____					
21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21e. CITY, TOWN, OR LOCATION COUNTY STATE	
22. I hereby certify that I attended the deceased from <u>11 July</u> , 19 <u>59</u> to <u>11 July</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>11 July</u> , 19 <u>59</u> , and that death occurred at <u>12:30 p.</u> , from the causes and on the date stated above.					
23a. DATE SIGNED <u>17 July 59</u>		23b. ADDRESS <u>Jopkinsville, Ky</u>		23c. SIGNATURE (Degree or title) <u>Wendell Hurt, M.D.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>7-13-1959</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u> 24d. LOCATION (City, town, or county) (State) <u>Menroe Co. Ky</u>	
25a. DATE REC'D BY LOCAL REG. <u>7-24-59</u>		25b. REGISTRAR'S SIGNATURE <u>Annie Bauman Deith</u>		26. FUNERAL DIRECTOR <u>Baker Jopkinsville, Ky</u> ADDRESS	



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 22 day of Nov, 1997.

Barbara F. White
Barbara F. White, State Registrar