

31207

1 PLACE OF DEATH

County Mason
 Vol. #10 - South Tompkinsville

Registration District No. 840

File No.

Inc. Town

Primary Registration Dist. No. 7040

Registered No. 57

City

(No. 04 Ward) [If death occurred in a hospital or institution give its name, location of street and number.]

3 FULL NAME William Moore

PERSONAL AND STATISTICAL PARTICULARS

4 SEX Male 5 COLOR OR RACE White 6 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

8 DATE OF BIRTH Oct. 9, 1853
(Month) (Day) (Year)

7 AGE 62 yrs. 2 mos. - ds. 11 LESS than 1 day... hrs. or... min.?

9 OCCUPATION (a) Trade, profession, or particular kind of work Farmer.
 (b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE (State or country) Kentucky

10 NAME OF FATHER Abn. Moore

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Bettie Ford

13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) J. W. Yuley
 (Address) Tompkinsville, Ky.

15 Dec. 9, 1915 S. L. Gill
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. 9, 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1915, to Dec. 9, 1915, that I last saw ~~him~~ her alive on Dec. 21, 1915, and that death occurred, on the date stated above, at 2 p.m.

The CAUSE OF DEATH* was as follows:

Causes of Stomach

(Duration) 6 yrs. - mos. - ds.

Contributory (secondary) (Duration) yrs. mos. ds.

(Signed) W. H. Richardson, M. D.
Dec. 9, 1915 (Address) Tompkinsville, 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, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Mt. Poland Grave yard DATE OF BURIAL Dec. 9, 1915

20 UNDERTAKER J. W. Yuley ADDRESS Tompkinsville, Ky.

STATE PLACED, WITH SURVIVING MEMBERS OF A FAMILIAR PARTY, PHYSICIAN SHOULD BE CALLED IMMEDIATELY. PHYSICIAN SHOULD BE CALLED IMMEDIATELY IN EACH CASE, AS THAT IS THE WAY TO PROPERLY CLASSIFY. EXACT STATEMENT OF OBSERVATIONS IS VERY IMPORTANT. See instructions on back of certificate.