

BUREAU OF VITAL STATISTICS

C. O. V. S.
O.
R.
12County of Franklin17Militia District of Middle R.Registration District No. 1420

Registered No. _____

City of _____

(No. _____)

St.) _____

2 FULL NAME Mrs. Beaul MoonResidence, No. Mountain Sta #1

(Usual place of abode)

St. _____

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If non-resident give city or town and State)
How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 Single, Married, Widowed, or Divorced (write the word) Widowed6a If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____8 DATE OF BIRTH. (Mo. da. yr.)
Nov 4 day 18847 AGE 33 yrs.
If less than 7 years state if breast fed

Yes

No

If less than 1 day

ds.

hrs.

mins.

9 OCCUPATION

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

10 BIRTHPLACE (State or country)

Robert Co

11 NAME OF FATHER

Moon

12 BIRTHPLACE OF FATHER (State or country)

Madison Co

13 MAIDEN NAME OF MOTHER

Don't know

14 BIRTHPLACE OF MOTHER (State or country)

Don't know

15 THE ABOVE IS TRUE

(Informant)

(Address)

Lost River

16 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE

17 UNDERTAKER

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