

1. PLACE OF DEATH
 County Hillsdale
 Township Ambay
 Village _____

STATE OF MICHIGAN
 Department of State—Division of Vital Statistics

CERTIFICATE OF DEATH

Registered No. 127

NOV 8 1920

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

2. FULL NAME Victor Foy Moore

(a) Residence No. _____ St. Ward _____
 (Usual place of abode) (If non-resident give city or town and state.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male Color or Race white Single, Married, Widowed or Divorced (WRITE the word.) Single

12. DATE OF DEATH (Month, day and year) Oct 16 1920

4a. If married, widowed, or divorced HUSBAND of _____

13. I HEREBY CERTIFY, That I attended deceased from Oct 1 1920 to Oct 16 1920 and that I last saw him alive on Oct 16 1920

5. DATE OF BIRTH (Month, day and year.) 11/26 1914

14. That death occurred on the date stated above at _____

AGE	Years	Months	Days	If LESS than	
				1 day.	hrs.
	<u>5</u>	<u>10</u>	<u>24</u>		

The CAUSE OF DEATH* was as follows:
Typhoid Fever;
acute nephritis
complication.
 (Duration) _____ yrs. mos. ds.

6. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work child living with parents
 (b) General nature of industry, business, or establishment in which employed (or occupation)
 (c) Name of employer

15. CONTRIBUTORY (Secondary) _____

7. BIRTHPLACE (city or town) (State or country) Michigan

16. Where was disease contracted If not at place of death? _____

8. NAME OF FATHER George A Moore

17. Did an operation precede death? no Date of _____

9. BIRTHPLACE OF FATHER (city or town) (State or country) Hillsdale Co. Michigan

18. Was there an autopsy? no

10. MAIDEN NAME OF MOTHER Ester B Snyder

What test confirmed diagnosis? (Signed) R. M. Beard M. D.

11. BIRTHPLACE OF MOTHER (city or town) (State or country) Hillsdale Co. Michigan

Oct. 17. 1920. Address Pioneer, Ohio
 *State the DISEASE CAUSING DEATH, or its death from VIOLENT CAUSES, state (1) BRANCH and NATURE of INJURY, and (2) WHETHER ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)

14. Informant Carlton D Snyder
 (Address) Pioneer Ohio

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ambay, Ohio Date of Burial 11-18-20

15. Filed Oct 18 1920 by John Simondis Registrar

20. UNDERTAKER P. L. Voucher

WHAT PLACE OF BIRTH WITHIN STATE?