

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Lafayette

Township Lexington

Village Lexington

City Lexington

Registration District No. 461

File No. 62-13761

Primary Registration District No. 2024

Registered No. 13761

(NO. 184 Queder St. 3 Ward)

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

2 FULL NAME Henry F. Menickel

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH April 27, 1918
(Month) (Day) (Year)

6 DATE OF BIRTH March 12, 1885
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from April 22, 1918, to April 24, 1918, that I last saw him alive on April 26, 1918, and that death occurred, on the date stated above, at 2:30 p.m.

7 AGE 63 yrs. 1 mos. 15 ds. If LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH^o was as follows:
Carcinoma of Stomach

8 OCCUPATION (a) Trade, profession, or particular kind of work Cabinet Maker
(b) General nature of industry business, or establishment in which employed (or employer) Turn Factory

4-15 40
(Duration) yrs. 8 mos. ds.

9 BIRTHPLACE (City or town, State or foreign country) Concordia Mo

CONTRIBUTORY (Secondary) (Signed) H. Payne (Address) Lexington Mo

10 NAME OF FATHER H. F. Menickel

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany

12 MAIDEN NAME OF MOTHER Catherine Wilker

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany

*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)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J. C. Winkler (Address) Lexington Mo

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

15 Filed April 27, 1918 Joe Cope Registrar

19 PLACE OF BURIAL OR REMOVAL Lexington Mo DATE OF BURIAL April 28, 1918

20 UNDERTAKER Frank T. Tyeert ADDRESS Lexington Mo

N. B. Every sign of infirmity should be carefully reported. There should be sufficient exactness in the statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

