

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

15618

PLACE OF DEATH
County St. Francois

Township _____
or

Village _____
or

City Farmington (NO. _____ St. _____ Ward _____)

Registration District No. 773

File No. _____

Primary Registration District No. 4464

Registered No. 65

FULL NAME Herman Hennel

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

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED single
(Write the word)

DATE OF BIRTH don't know
(Month) (Day) (Year)

AGE about 51 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

OCCUPATION (a) Trade, profession, or particular kind of work Harnessmaker
(b) General nature of industry, business, or establishment in which employed (or, employer): _____

BIRTHPLACE (City or town, State or foreign country) don't know

NAME OF FATHER don't know

BIRTHPLACE OF FATHER (City or town, State or foreign country) don't know

MAIDEN NAME OF MOTHER don't know

BIRTHPLACE OF MOTHER (City or town, State or foreign country) don't know

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. S. Dillard

(ADDRESS) Farmington, Mo.

Filed 6-16-1921 B. J. Robinson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 15th, 1921
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 13th, 1921, to June 15th, 1921, that I last saw him alive on June 13th, 1921, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:
Tubercular Pleurisy and Cirrhosis of the liver

23 1/2 (Duration) not known yrs. mos. ds.
23 1/2 (Duration) not known yrs. mos. ds.
Contributory Hemorrhage of stomach and intestine
(SECONDARY) (Duration) yrs. mos. P. ds.

(Signed) R. M. Branning, M. D.
June 15, 1921 (Address) Farmington Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

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

PLACE OF BURIAL OR REMOVAL 11 of P Cemetery DATE OF BURIAL June 17, 1921

UNDERTAKER Farmington Mo ADDRESS Farmington Mo

INFORMATION amount of earnings supplied. AGE should be stated EXACTLY. PHYSICIANS should state
 USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

