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

Do not use this space.

25715

1. PLACE OF DEATH

County Warren — Registration District No. 881 — File No.

Township Elkhorn — Primary Registration District No. 6171 — Registered No. 27

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Herman Louis Koelln

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, 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.

AUG 10 1930

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): —

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 5th 1930

7. AGE: YEARS — MONTHS — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Near Warrenton
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER —
11. BIRTHPLACE OF FATHER (CITY OR TOWN) —
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Louisa Koelln
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Warrenton,
(STATE OR COUNTRY) Mo.

14. INFORMANT C. G. Koelln
(Address) Warrenton Mo.

15. FILED July 11, 1930 A. W. Ehling REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 10th 1930

17. I HEREBY CERTIFY, That I attended deceased from July 5, 1930, to July 10, 1930 that I last saw him alive on July 7, 1930 and that death occurred, on the date stated above, at 7 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Meningitis
79A
..... (duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) ✓ ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) John H Dyer, M. D.
July 10, 1930 (Address) Warrenton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Warrenton City Ave. — DATE OF BURIAL: 7/10 1930

20. UNDERTAKER: F. O. Nuhring — ADDRESS: Warrenton Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.