

JUL 1 1936

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

Do not use this space

18118-2

1. PLACE OF DEATH

County Johnson
Township Lebanon
City Lebanon (No. 1)

Registration District No. 484
Primary Registration District No. 6037A

File No.
Registered No. 5 (No. St. Ward)

2. FULL NAME

Henry Hermann

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Hermann
Married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11 - 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 1 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Mar 31 - 26
11. Total time (years and months) spent in this occupation 66 11 26

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

13. NAME Herman Hermann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Marie Breckner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

17. INFORMANT Henry Hermann Jr
(ADDRESS) State 1850

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lebanon DATE Apr 1 1936

19. UNDERTAKER James F. Sulger
(ADDRESS) State 207

20. FILED Apr 3 1936
H. W. ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1894, to Apr 1 1936

I last saw him... alive on Mar 17 1936 Death is said to have occurred on the date stated above, at 5 A. m.
The principal cause of death and related causes of importance were as follows:

Apoplexy
8201

Date of onset
Apr 1 1936

Other contributory causes of importance:
renal

Name of operation..... Date of.....
What test confirmed diagnosis Cholesterol Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) J. D. ..., M. D.
(Address) Lebanon Ind

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.

