

SPADING INK—THIS IS A PERMANENT RECORD. Every item of information filed. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in may be properly classified. Exact statement of OCCUPATION is very important. See Instruct. etc.

COMMONWEALTH OF KENTUCKY
 Department of Health
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

File no. 23857
 Registered No. _____

1. PLACE OF DEATH
 County Jefferson
 Vol. Pat. _____
 Inc. Town _____
 City Louisville, Ky.

Registration District No. 755
 Primary Registration District No. 2273

2. FULL NAME Frank C. Herrmann (If death occurred in a hospital or institution, give its NAME instead of street and number)
 IF VETERAN, WHAT WART? _____
 (a) Residence, No. 741 E. Broadway 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 <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>		
6a. If married, widowed, or divorced HUSBAND of (last name of) <u>Gladys Foster</u>				
6. DATE OF BIRTH <u>April 4 - 1900</u>				
7. AGE		If LESS than 1 day.....hrs. or.....min.		
Years <u>38</u>	Months <u>0</u>	Days <u>26</u>		
8. Trade, profession, or particular kind of work done, as engineer, sawyer, bookkeeper, etc. <u>County Slicer</u>				
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____				
10. Date deceased last worked at this occupation (month and year) _____			11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE <u>Louisville Ky</u>				
13. NAME OF FATHER <u>Joseph Herrmann</u>				
14. BIRTHPLACE <u>France</u>				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH <u>April 30</u> , 19 <u>38</u>	
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____.	
I last saw h_____ alive on _____, 19____. death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance in order of onset were as follows:	
<u>Fractured Skull</u>	Date of onset <u>Apr 30 1938</u>
<u>Internal Injuries</u>	<u>Apr 30 1938</u>
Contributory causes of importance not related to principal cause: <u>Hit by auto on Buller Highway</u>	
Name of operation _____	Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____	

WRITE PLAINLY, WITH SPADING INK—THIS IS A PERMANENT should be carefully supplied. AGE should be stated EXACTLY. PHYSICAL plain terms, so that it may be properly classified. Exact statement of OCCU- tions on back of certificate.

1. married

9a. If married, widowed, or divorced
 HUSBAND of Gladys Foster
 (or) WIFE of

6. DATE OF BIRTH April 4 - 1900

7. AGE
 Years 38 Months 0 Days 26 If LESS than 1 day.....hrs. or.....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. County Clerk

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE Louisville Ky

FATHER

13. NAME Joseph Herrmann

14. BIRTHPLACE France

MOTHER

15. MAIDEN NAME Theresa Meffert

16. BIRTHPLACE Louisville Ky

17. INFORMANT Gladys Herrmann
 (Address) 741 E. Broadway

18. BURIAL, CREMATION, OR REMOVAL
 Place St. Louis Cem Date May 3, 1938

19. UNDERTAKER H. Boese Son
 (Address) Louisville Ky

20. FILED MAY 2 1938

DATE OF DEATH April 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____.

I last saw him alive on _____, 19____. death in said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<u>Fractured Skull</u>	<u>Apr 30 1938</u>
<u>Internal Injuries</u>	<u>Apr 30 1938</u>
Contributory causes of importance not related to principal cause:	
<u>Hit by auto on Public Highway</u>	<u>Apr 30 1938</u>

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
 Accident suicide, or homicide acc date of injury Apr 30 1938
 Where did injury occur? Jefferson
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Hit by auto

Nature of injury as above

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify at work as Col. Police

(Signed) Dr. John M. Henry
 (Address) Army Place