Barnhorn, Herman Charles 1870 - 1940

U. S. DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

STATE OF OHIO
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.

1 PLACE OF DEATH
County Butler — Registration District No. 130 — File No. 72036
Township 097 — Primary Registration District No. 8053 — Registered No. 688
or Village — No. Mercy Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
or City of Hamilton
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.

2 FULL NAME Herman Charles Barnhorn — Did Deceased Serve in U. S. Navy or Army ...
(a) Residence. No. 2122 Pleasant ave. (Usual place of abode) Ward ... (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) widowed
5a. If Married, Widowed or Divorced Husband of (or) Wife of Elizabeth Billerman
6. DATE OF BIRTH (month, day, and year) Jan-31-1869
7. AGE (years) 71 Months 10 Days 3 — If LESS than 1 day ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cafe Owner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 889 / 46
10. Date deceased last worked at this occupation (month and year) 1915
11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Covington Ky

FATHER
13. NAME John Henry Barnhoen
14. BIRTHPLACE (city or town) (State or country) Germany Germany

MOTHER
15. MAIDEN NAME Mary Von Keitz
16. BIRTHPLACE (city or town) (State or country) Covington Ky.

17. The Signature of INFORMANT Carl Barnhorn and (Address) 2122 Pleasant ave
18. BURIAL, CREMATION, OR REMOVAL Place St Stephen's Date Dec 6 1940
19. FUNERAL FIRM Brown - Dawson
19a. BURIED BY George R Brown Lic. No. 30660 Address Hamilton Ohio
19b. EMBALMER George R Brown Lic. No. 4769
20. FILED 12/6 1940 Marie J. Solinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 4 . 1940
22. I HERBY CERTIFY, That I attended deceased from Jan. 22, 1940, to Dec. 5, 1940
I last saw him alive on Dec. 4, 1940 death is said to have occurred on the date stated above at 12:15 A m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: — Date of onset
Scirrhus Cancer of pylorus and duodenum

CONTRIBUTORY CAUSES of importance not related to principal cause:
Old gastric ulcer

Name of operation none 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? ... 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? ...
If so, specify ...
(Signed) J. A. Davis M.D.
Date 12/4 1940 Address Hamilton, O.