

COUNTY OF WAYNE
Born: Germany

BUREAU OF VITAL STATISTICS
RICHMOND, INDIANA

STATE OF INDIANA, U. S. A.

No other information **Certificate of Death**
appears on this record.

I, Francis B. Warrick, MD Wayne County Commissioner of Public Health, do
hereby certify the following to be a true and correct COPY of the CERTIFICATE OF DEATH OF _____
Henry Fienning

on file with the Wayne County Bureau of Vital Statistics.

Year 1889 Volume H-20 Page 306 Certificate 3935

1. PLACE OF DEATH:

County Wayne
City or town Richmond
(If outside city or town limits, write RURAL)
Street address, hospital, or institution:
81 Liberty Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State -- County --
City or town ---
(If outside city or town limits, write RURAL)
Street No. ---
(If rural give LOCATION)
2. (a) IF VETERAN, NAME WAR --

3. (a) FULL NAME

John Henry Fienning

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed or divorced. married

MEDICAL CERTIFICATION

10. DATE OF DEATH Sept. 13, 1889 ~~19~~
Immediate cause of death Typhoid Fever
Duration _____

7. AGE: Years 44

8. Burial Date thereof ---
(Burial, cremation, or removal. Which?) (month) (day) (year)

11. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____
(City or town) (County) (State)

Cemetery or crematory ---

Location ---

9. Funeral director ---

Injured at home, farm, industry, public place (where?) _____

Injured at work? _____ Means of injury _____

Address ---

Francis B. Warrick, MD
Health Officer

12. SIGNATURE Leverett Kelsey, MD
M. D. or other

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and caused my seal to be affixed at Richmond,
this 13th day of April in the year of our Lord one thousand nine hundred and 78

ATTESTED:

Francis B. Warrick MD

Wayne County, Indiana, U. S. A., Health Commissioner