

SEP 24 1930

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

Do not use this space.

26340

1. PLACE OF DEATH

County Franklin
Township Boeuf
City Boeuf (No.)

Registration District No. 292
Primary Registration District No. 5410

File No.
Registered No.
St. Ward)

2. FULL NAME Mrs Sherman Deppermann

(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. 6 mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 24 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 6 10

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Mo

10. NAME OF FATHER Geo Belster

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Plattmann

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT (Address) Geo. Wetten
New Haven, Mo

15. FILED 8/6 30 A. Shuler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 4 1930

17. I HEREBY CERTIFY That I attended deceased from Feb 19 30 to Aug 4 1930 and that I last saw him live on Aug 2 1930 and that death occurred on the date stated above, at 10:45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes (Mell.)
5 yr (duration) yrs. mos. da.
CONTRIBUTORY Diabetic Coma (SECONDARY) (duration) yrs. mos. da. 3

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W. J. Campbell, M. D.
8/6 1930 (Address) New Haven, 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 Port Hudson DATE OF BURIAL 8-6 1930

20. UNDERTAKER Leob. Hertig ADDRESS New Haven

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.

