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.

OCT 30 1932

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

Do not use this space.

31213

1. PLACE OF DEATH
105 County Sullivan — Registration District No. 852 — File No.
5 Township — Primary Registration District No. 4518 — Registered No.
2 City Milan (No. ..... St. ..... Ward)

2. FULL NAME Mathias Walter Derringer,

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Mary Ellen Derringer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24, 1847

7. AGE — YEARS 85 — MONTHS 4 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Terre Haute, Indiana. 2

FATHER
13. NAME Mathias Derringer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Dont know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " 31

17. INFORMANT (ADDRESS) Mrs. Mathias Derringer Milan, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Oakwood Cem Milan Milan, Mo. DATE Sept 6 1932

19. UNDERTAKER (ADDRESS) C. A. Schoene Milan, Mo.

20. FILED 9/9 19 Mayme Calfee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1932, to Sept 4, 1932
I last saw him alive on Sept 4, 1932 Death is said to have occurred on the date stated above, at 11.40 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
93C
16B 93C

Date of onset

Other contributory causes of importance:
Senility (1)

Name of operation ..... Date of .....
What test confirmed diagnosis? None 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) E. W. Hickson, M. D.
(Address) Milan, Mo.

~~Aug~~ Sept 5 1932