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

Do not use this space.

24001

1. PLACE OF DEATH
County Franklin — Registration District No. 292 — File No. 29-23-
Township Boeuf — Primary Registration District No. 5-410 — Registered No.
City (No. , St. Ward)

2. FULL NAME Fritz Deppermann
(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 all 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: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Deppermann
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 21-1853
7. AGE: YEARS 81 — MONTHS 5 — DAYS 23 — If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Haven Mo

FATHER
13. NAME: John Deppermann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Catherine Bohle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Fritz Deppermann Jr. New Haven Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Port Hudson DATE 7-16 1934
19. UNDERTAKER (ADDRESS): L. Fertig & Son New Haven Mo
20. FILED July 16 1934 Jeffie J. Grammann Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 14, 1934
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 8 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
apoplexy	
1113	
1124	

8201

Other contributory causes of importance: Old age. left his house and walked to a gravel bar to show some men where to work and fell dead.
Name of operation: None — Date of —
What test confirmed diagnosis? Clinical — 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. L. Worthington Coroner
(Address) Labadie Mo.