

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

Do not use this space.

OCT 6 1934

1. PLACE OF DEATH

County New Madrid
Township Cross
City _____ (No. _____)

Registration District No. 605
Primary Registration District No. 4359

File No. 33533
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mitchel Lee Deprow
(a) Residence, No. _____ St., Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 10, 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. _____ min.
1 6 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mil
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) Mo

13. NAME Roy Deprow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Demitral Hilliard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Roy Deprow (ADDRESS) Waldman

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Colead DATE Sept 27, 1934

19. UNDERTAKER T. C. Knight (ADDRESS) Waldman

20. FILED Sept 27, 1934 Dr. C. W. Deprow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1934, to Sept 26, 1934

I last saw him alive on Sept 22, 1934. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:
Gas Colitis Date of onset _____

Other contributory causes of importance:
11/26
HAW

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? Y

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) Dr. C. W. Deprow, M. D.

(Address) Waldman

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

