24 1935

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

Do not use this space.

16550

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township ~~Kaw~~ — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 420 West 11th St. St. Ward)

2. FULL NAME Dr. Harry G DePew
(a) Residence, No. 420 West 11th St. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16 1866

7. AGE: YEARS 68 — MONTHS 6 — DAYS 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physican
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) Kentucky

FATHER
13. NAME Dr. H H DePew
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

MOTHER
15. MAIDEN NAME No record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) Nell Wing 420 West 11th St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood Cem DATE May 17 1935

19. UNDERTAKER (ADDRESS) Quirk & Tobin Co. 20 W Linwood

20. FILED May 17, 1935 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19..., to ..., 19...
I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at 9: A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the prostate	
Chronic myocarditis	

Other contributory causes of importance: 51

No

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) [signature], M. D.
(Address) [signature]

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.

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