MAR 9 1936

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

Do not use this space.

39205 - a.

1. PLACE OF DEATH

County Gasconade Co   Registration District No. 304   File No.

Township Richland   Primary Registration District No. 5421   Registered No. 1

City Pershing (No. , St. , Ward)

2. FULL NAME Harry B. Depple

(a) Residence, No. (Usual place of abode) , St., Ward.   (If nonresident, give city or town and State)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5 1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ......min.
	39	5	29	

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gasconade Co.

13. NAME Fred W. Depple

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

15. MAIDEN NAME Helene T. Haus

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

17. INFORMANT (ADDRESS) Fred W. Depple

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pershing Mo DATE 3/4 1936

19. UNDERTAKER (ADDRESS) Arnold Hummert Morrison Mo

20. FILED 3-6 1936 F. L. Ricker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4 — 1935

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 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Found Dead in Gasconade River. Cause unknown. Coroners Jury Verdict

Other contributory causes of importance:

Name of operation None   Date of
What test confirmed diagnosis?   Was there an autopsy?

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) Howard Workman , M. D.

(Address) Pershing Mo