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.

MAY 18 1936

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

Do not use this space.

14134

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 — File No.:

Township: — Primary Registration District No.: 1001 — Registered No.: 532

City: St. Joseph, Mo (No. St. Joseph's Hospital St. Ward)

2. FULL NAME: William A. Deppen

(a) Residence, No. St., Ward. (Usual place of abode) Marion Twp. Buchanan Co. (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: 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: Ollie Deppen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 27, 1866

7. AGE: YEARS 70 — MONTHS 2 — 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.: 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. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buchanan Co., Mo.

FATHER

13. NAME: Clark Deppen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Penn.

MOTHER

15. MAIDEN NAME: Francis Pierce

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ill.

17. INFORMANT (ADDRESS): Mrs. Ollie Deppen St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Memorial Park Cem. DATE: Apr. 10, 1936

19. UNDERTAKER (ADDRESS): Walter Maierhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED: 4-10-1936 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 7, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934, to April 7, 1936

I last saw him alive on April 6, 1935. Death is said to have occurred on the date stated above, at 11.30 P.M.

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

	Date of onset
Cancer of the anus	unknown

Other contributory causes of importance:

Name of operation: Colostomy — Date of: April 1, 1936

What test confirmed diagnosis? Abnormal — 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? No

If so, specify

(Signed) John F. Byrne, M. D.

(Address) Corby Bldg. St. Joseph, Mo.