

FEB 27 1937

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

Do not use this space.

891

1. PLACE OF DEATH
37 County Gasconade Mo Registration District No. 304
Township Richland Primary Registration District No. 6421
City Richland (No. 2) St. Richland Ward 1

2. FULL NAME Louis Walter Deppe
(a) Residence, No. 1 St. Richland Ward 1
(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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-23-37

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 0 0 0 0

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. None

10. Date deceased last worked at this occupation (month and year) 1-23-37 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fredrickshurg Va

13. NAME Louis Walter Deppe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fredrickshurg Va

15. MAIDEN NAME None

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fredrickshurg Va

17. INFORMANT (ADDRESS) Stell Brown

18. BURIAL, CREMATION, OR REMOVAL PLACE Richland Mo DATE 1-24-37

19. UNDERTAKER (ADDRESS) Stell Brown

20. FILED 2-17-37 F. S. Kierker Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 23 1937, to Jan 23 1937
I last saw h. Jan 23 1937 alive on Jan 23 1937. Death is said to have occurred on the day stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:
Premature birth
Not quite seven months
Date of onset Jan 23 1937

Other contributory causes of importance:

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 1937
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None
If so, specify None
(Signed) John L. Hunsicker M. D.
(Address) Marion Mo.

