

SEP 17 1937

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

Do not use this space.

30670

1. PLACE OF DEATH
39 County Greene Registration District No. 318
Township _____ Primary Registration District No. 2001
City Springfield (No. 1401) Johnson File No. _____
Registered No. 627
St. _____ Ward _____

2. FULL NAME Billie Lee Depenny
(a) Residence No. 1401 Johnson St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

5 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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1, 1937

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
✓ 2 4

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Springfield (STATE OR COUNTRY) Mo

FATHER
13. NAME J B Depenny

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

MOTHER
15. MAIDEN NAME Clarcie Faye McLaney

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

17. INFORMANT J B Depenny (ADDRESS) Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL
St. Pasa DATE Aug 6 1937

19. UNDERTAKER White Lohmeyer (ADDRESS) Springfield Mo

20. FILED Aug 6 1937 Chas A George Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-1, 1937, to Aug 5, 1937

I last saw him alive on 8-5, 1937 Death is said

to have occurred on the date stated above, at 1500 m.

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

Cerebral Hemorrhage
(Birth Injury During
a Spontaneous Delivery)
Date of onset 8/2/37

Other contributory causes of importance: 160 lb

Name of operation Spinal Date of _____

What test confirmed diagnosis? fracture Was there an autopsy? No

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) R. Ned White, M. D.

(Address) Springfield

Cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

