OCT 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Gasconade Registration District No. 304 File No. 34181

Township Richland Primary Registration District No. 5421 Registered No.

City (No. 2 St. Ward)

2. FULL NAME HENRY DEPPE

(a) Residence, No. St., Ward.
(Usual place of abode) (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 Mary Deppe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
74	11	25	

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) March 1937

11. Total time (years) spent in this occupation 55 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gaelber, Missouri

FATHER

13. NAME August Deppe

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

MOTHER

15. MAIDEN NAME Mary Eikermann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Henry Deppe Morrison, Missouri RFD

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pershing Zion Cem. 9/29/37 19

19. UNDERTAKER Hugo H. Blumer
(ADDRESS) Hermann, Missouri

20. FILED 10-5- 1937 J. L. Kicker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26 1937

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1937, to Sept 26, 1937
I last saw h. alive on Sept 26, 1937 Death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach — Date of onset about six months previous

Other contributory causes of importance: Chronic cholecystitis Duplicate 2 years

Name of operation None Date of

What test confirmed diagnosis? Physical 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? No
If so, specify

(Signed) Geo Williamson, M. D.
(Address) Morrison Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important

OCT 20 1937

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

Do not use this space.

File No.

Registered No. 37

1. PLACE OF DEATH
County Gus Conade Registration District No. 304
Township Berkland Primary Registration District No. 5421
City (No. , St. Ward)

2. FULL NAME Hy Deppe Sr.
(a) Residence, No. St., Ward.
(Usual place of abode) (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)
Mail	White	married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mary Deppe

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	74	11	25	

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) Mar 1937
11. Total time (years) spent in this occupation

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

FATHER
13. NAME August Deppe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Mary Eikerdamm
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs Henry Deppe
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pershing DATE 9-29- 1937

19. UNDERTAKER Hugo Plumer
(ADDRESS) Hermann Mo

20. FILED 10-5-1937 F. R. Wicker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26- 1937

I HEREBY CERTIFY, That I attended deceased from June 18- 1937, to Sept 26- 1937
I last saw him alive on Sept 26- 1937. Death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	
46	

Other contributory causes of importance:

Chronic	1 yr.

Name of operation None Date of —
What test confirmed diagnosis? — 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) John Williamson, M. D.
(Address) Morrison, Mo

S-34181