JAN 20 1938

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

43733
Do not use this space.

1. PLACE OF DEATH
(a) County MACON 3
(b) Township Hudson 1
(c) City Macon
Registration District No. 533
Primary Registration District No. 5713
Registered No. 81
(d) Street No. Still Pilgrim Sanatorium
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

61

2. PRINT FULL NAME Andrew Jackson DePriest
(a) Residence, No. Bethany Missouri St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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~~ Sally DePriest
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28, 1864
7. AGE: Years 74 | Months 1 | Days 20 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Jan. 1927
11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy, ILL.

FATHER
13. NAME MARION DePriest
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Grover De Priest (son) BETHANY MO.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethany, Mo. DATE 12/22 1938
19. FUNERAL DIRECTOR (ADDRESS) J. H. Hacs Bethany, Mo.
20. FILED 12/20 1938 Leo A. Henderson Local Registrar. 471

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 20. 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1938, to Dec 20, 1938
I last saw him alive on Dec 20, 1938. Death is said to have occurred on the date stated above, at 7.50 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile dementia with agitation and exhaustion	Nov. 28 1938

Other contributory causes of importance: 87 B 2

Name of operation ..... 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) Frank J. Gasperich D.D.S. (Address) 5H.6.S. MACON MO.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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RECEIVED
District Health Officer No. 10
District File Number 10-38-922
Date Filed 1/12/39

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)