

REC'D MAY 12 1939

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

15754

Do not use this space.

1. PLACE OF DEATH

(a) County Perry Registration District No. 662
(b) Township Salon Primary Registration District No. 5880 Registered No. 8
(c) City (d) Street No. St.
(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.

2. PRINT FULL NAME

(a) Residence, No. 110 Chmark Rubel St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 E. depp Rubel
Attorney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-14-1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20 7 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Homework
9. Industry or business in which work was done, as saw mill, bank, etc. Homework
10. Date deceased last worked at this occupation (month and year) 1939 11. Total time (years) spent in this occupation 15'

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Mo.13. NAME E. W. depp14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Mo.15. MAIDEN NAME depp16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Mo.17. INFORMANT (ADDRESS) Oris depp18. BURIAL, CREMATION, OR REMOVAL PLACE Adger DATE 4-13- 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Young & Sons
Perryville Mo20. FILED 4-11- 1939 J. B. depp Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11 1939

22. HEREBY CERTIFY, That I attended deceased from April 10 1939, to April 11 1939
I last saw her alive on April 11 1939 Death is said to have occurred on the date stated above, at 11:45 m.
The principal cause of death and related causes of importance were as follows:

1938 TB of Lungs Date of onset

Other contributory causes of importance: JaName of operation no Date ofWhat test confirmed diagnosis? renal Was there an autopsy?23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury ren 1939Where 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) E. W. depp, M. D.(Address) Menfro mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.