WHITE PEDINEY, 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.

OCT 25 1932

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

Do not use this space.

1. PLACE OF DEATH
36 County Franklin — Registration District No. 292 — File No. 28936
Township Boeuf — Primary Registration District No. 5410 — Registered No.
City ..... (No. ..... , ... St. ..... Ward)

2. FULL NAME Louis Deppermann
(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 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22 - 1882
7. AGE YEARS 50 MONTHS 4 DAYS 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer. 1
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) (STATE OR COUNTRY) New Haven Mo 1

FATHER
13. NAME Fritz Deppermann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Haven Mo

MOTHER
15. MAIDEN NAME Mary Scheer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Haven Mo

17. INFORMANT (ADDRESS) Fred Deppermann New Haven Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Port Hudson DATE 9-25-1932
19. UNDERTAKER (ADDRESS) L. C. Fertig New Haven Mo
20. FILED 9/23 1932 A. J. Sherble Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22, 1932
22. I HEREBY CERTIFY, That I attended deceased from Sept 19 1932 to Sept 22, 1932
I last saw him alive on Sept 22, 1932 Death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	9-19-32
82A 102 82A	

Other contributory causes of importance:
Hypertension

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? No 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 No
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) S. F. Goodrich, M. D.
(Address) New Haven Mo