

JAN 28 1929

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

37871

1. PLACE OF DEATH

County *Franklin*Registration District No. *716*Township *Franklin*Primary Registration District No. *5945*City *Franklin* (No. *1*)File No. *18*Registered No. *18*St. *Mo.* Ward *1*

2. FULL NAME

(a) Residence. No. *1* St. *Mo.* Ward *1*

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

*Male**White**Single*5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Infant*

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

July 7, 1928

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

*4**17*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Infant*(b) General nature of industry, business, or establishment in which employed (or employer) *unknown*(c) Name of employer *unknown*

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) *Missouri*

10. NAME OF FATHER

John A. Becker

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) *Missouri*

12. MAIDEN NAME OF MOTHER

Julia Holleman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) *Missouri*

14.

INFORMANT (Address) *John A. Becker*
Richard Mo.

15.

FILED *Nov 30, 1928*19 *St. Louis*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Nov 29, 1928

17.

I HEREBY CERTIFY That I attended deceased from *Nov 28, 1928* to *Nov 29, 1928*that I last saw him alive on *Nov 28, 1928*, and that death occurred, on the date stated above, at *8:30 P.M.*

THE CAUSE OF DEATH WAS AS FOLLOWS:

*Internal Obstruction caused by invagination or Intussusception.**122 B*

(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) *unknown*

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH *118 B.1*DID AN OPERATION PRECEDE DEATH? *No* DATE OF *11/30, 1928*WAS THERE AN AUTOPSY? *No*WHAT TEST CONFIRMED DIAGNOSIS? *St. Louis*(Signed) *St. Louis*M. D. *St. Louis*(Address) *Cracks Mo.*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

*Franklin**Nov 30, 1928*

20. UNDERTAKER

ADDRESS

*Paul Hoops**Cracks Mo.*

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.

