

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

Do not use this space.

17774

25 1929

1. PLACE OF DEATH

County Franklin
Township Washington
City Washington

Registration District No. 297
Primary Registration District No. 3016

File No. _____
Registered No. 52
St. _____ Ward _____

2. FULL NAME Ferdinand Becker

(a) Residence No. Jefferson Sq. St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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 Matilda L. Becker, nee Kampschroeder (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 3rd, 1858

7. AGE YEARS MONTHS DAYS H LESS than 1 day, hrs. or min.
70 11 0

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Haufterbeck
(STATE OR COUNTRY) Germany

10. NAME OF FATHER August Becker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs. Matilda L. Becker
(Address) Washington, Mo.

15. FILED May 4, 1929 O. L. Munch
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 3 19 29

17. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1929, to May 3, 1929.
that I last saw alive on May 2, 1929, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Pyelitis
11B
135B

(duration) 2 yrs. 6 mos. _____ ds.

CONTRIBUTORY Influenza (SECONDARY) (duration) _____ yrs. _____ mos. 21 ds.

18. WHERE WAS DISEASE CONTRACTED Place of death
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? No
(Signed) J. D. Manpin, M. D.

May 4, 1929 (Address) Washington Mo.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Peters Cemetery DATE OF BURIAL 5/7 1929

20. UNDERTAKER Otto & Co. ADDRESS Washington, 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.

WHITE PRINTING, WITH UNWRITING MATERIALS IS A PERMANENT RECORD

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