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.

SEP 21 1929

9

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

Do not use this space.

26933

1. PLACE OF DEATH
County Bollinger — Registration District No. 1026 — File No. 2
Township Lorance — Primary Registration District No. 51209 — Registered No. 2
City " (No. ..., ... St. ..... Ward)

2. FULL NAME Norma Lee Becker

(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 yrs. 5 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): —

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 9-1928

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	8	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Festus, Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Lillburn L. Becker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Festus
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Lillie Husker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Victoria
(STATE OR COUNTRY) Mo

14. INFORMANT Mrs Lillie Becker
(Address) Glen Allen Mo

15. FILED 9-10, 1929 J M C Monister
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 15 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1929, to Aug 15, 1929, that I last saw her alive on Aug 15, 1929, and that death occurred, on the date stated above, at 12:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-Pneumonia

101A (duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) C. A. Sander, M. D
, 19 (Address) Marble Hill 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: Festus Mo
DATE OF BURIAL: Aug 16 1929

20. UNDERTAKER: A. J. Baker
ADDRESS: Lutesville Mo