

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

Do not use this space.

1963

160

1. PLACE OF DEATH

County Lincoln

Registration District No. 49

Township Monroe

Primary Registration District No. 3652

City (No.)

File No.

Registered No.

St. Ward

2. FULL NAME

Anna T. Beckering

(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. 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)

Widowed

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

Widowed

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

Feb 2 1947

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

83

11

9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany 10

10. NAME OF FATHER

Taehoff

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT

(Address)

H. S. Beckering

Monroeville mo RFD

15.

FILED

1/12 19 31

J. E. Neenan

REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

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

Jan 11 1931

17.

I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1929, 1929 to Jan 11, 1931 that I last saw her alive on Jan 11, 1931, and that death occurred, on the date stated above, at 2 6 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

131

130

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Pharyngeal Tonsillitis

(duration) 8 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) H. A. Stephens, M. D.

, 19 (Address) Monroeville Mo RFD

*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

St. Marys Cemetery

Jan. 13 1931

20. UNDERTAKER

David L. Forbush

ADDRESS

Winfield, Mo.

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.

