

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

Do not use this space.

9877

1. PLACE OF DEATH
 76 County Louis Registration District No. 285
 5 Township Baker Primary Registration District No. 3037
 7 City Berkwood (No. 9257) (Ward) _____
2. FULL NAME Delores Becker
 (a) Residence. No. 925 Evans 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3 1929
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2 8 15
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) (STATE OR COUNTRY) Berkwood mo
10. NAME OF FATHER John Becker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Berkwood
12. MAIDEN NAME OF MOTHER Josephine Borden
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Eugene Mo. Berkwood
14. INFORMANT John Becker
 (Address) Berkwood mo
15. FILED 3/19 32 Cl Barret REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-19 1932
17. I HEREBY CERTIFY, That I attended deceased from 3-12 1932 to 3-18 1932
 that I last saw her alive on 3-8 1932, and that death occurred, on the date stated above, at 2:30 a.m.
THE CAUSE OF DEATH WAS AS FOLLOWS:
Subeural meningitis
10
10 2478 (duration) _____ yrs. _____ mos. 2 ds.
CONTRIBUTORY (SECONDARY) Diphtheria and bronchitis
 (duration) _____ yrs. _____ mos. 4 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? Clinical and Laboratory
 (Signed) Cl Barret M. D.
3/19 32 (Address) 1050 1/2 Woodl Berkwood 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 St Peter Cemetery DATE OF BURIAL 3/22 1932
20. UNDERTAKER John G Koch ADDRESS Keaton

PHYSICIANS should state occupation is very important.

APR 29 1932

RECORD

