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

Do not use this space.

16139

File No. .....
Registered No. 1032

1. PLACE OF DEATH

County: Jackson — Registration District No. 399
Township: Kaw — Primary Registration District No. 1002
City: Kansas City (No. Geo. H. Nettleton Home St. ..... Ward)

2. FULL NAME Annie Becker

(a) Residence, No. Geo. H. Nettleton Home Ward 76
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 5, 1837

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	94	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

FATHER

13. NAME: Peter Conetsit
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Cordine Slot
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Geo. H. Nettleton Home, 51st + Swope Parkway

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Elmwood DATE: 5-14, 1932

19. UNDERTAKER (ADDRESS): Stone + McClure, 3235 Gillham Plaza

20. FILED 5/13, 1932 M. M. Crouse, asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1932, to May 13, 1932
I last saw h.e.r alive on May 12, 1932. Death is said to have occurred on the date stated above, at 3:30A m. 3:30
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Gangrene of Right Leg 9-1	4 days
Fatty Degeneration of Heart	10 yrs.
Other contributory causes of importance: General Arteriosclerosis	20 yrs.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) John G. Lapp, M. D.
(Address) 1318 Professional Bldg

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.

WRITE PLAINLY, WITH INK AND PRESS HARD. PHYSICIANS SHOULD ... PLAINLY