

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

Do not use this space.

6215

1. PLACE OF DEATH

County Jefferson Registration District No. 421
 Township _____ Primary Registration District No. 4249
 City Festus (No. _____) St. _____ Ward _____

2. FULL NAME Ray Becker

(a) Residence, No. Festus Mo 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 Male 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) Nov. 11., 1932
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 3 26

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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) Festus Mo.

FATHER
 13. NAME Comodore Dewey Becker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson County

MOTHER
 15. MAIDEN NAME Edna Martin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson County Missouri

17. INFORMANT C.D. Becker (ADDRESS) Festus Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE 2/27/33 Festus Mo. DATE 3/27/33 19__

19. UNDERTAKER Duester and Vinyard (ADDRESS) Festus Mo.

20. FILED 2/27 33 19__ J.E. Rutledge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 24th 1933 to Feb 26 1933

I last saw him alive on Feb 26 1933 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Influenza & Lobar Pneumonia Date of onset Feb 24th

Other contributory causes of importance: 11A 108

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chinoid Was there an autopsy? no

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? _____
 If so, specify _____

(Signed) J.E. Rutledge M. D.
 (Address) Cape Girardeau 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.

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