Do not use this space.

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

File No. 20633

Registered No. 27

1. PLACE OF DEATH
County: Pemiscot
Township: Holland
City: ..... (No. ..... St. ..... Ward)

Registration District No. 656
Primary Registration District No. 6281

2. FULL NAME: George L. 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 1 yrs. 11 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: m
4. COLOR OR RACE: w
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 6-19-1931

7. AGE: YEARS 1 | MONTHS 11 | DAYS 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
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): Holland Mo

FATHER

13. NAME: Carl Becker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Holland Mo

MOTHER

15. MAIDEN NAME: Nellie L. King
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Steele Mo

17. INFORMANT (ADDRESS): Carl Becker Holland Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Zion DATE: 6-6 1933

19. UNDERTAKER (ADDRESS): Gorman undtr Caruthersville Mo.

20. FILED June 9 1933 Alexander Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-6 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-1 1933, to 6-1 1933

I last saw him alive on 6-1 1933. Death is said to have occurred on the date stated above, at 1:15 a.m.

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

Cellitis and Malaria — Date of onset

Sick about 5 days.

119 B 38 119

Other contributory causes of importance:

Name of operation ..... Date of —

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external cause (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. R. McDaniel, M. D.
(Address) Steele Mo

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.

JUL 28 1933