

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.

NOV 10 1933

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

Do not use this space.

1. PLACE OF DEATH
 70 County Montgomery Registration District No. 5-89
 Township Bridge Creek Primary Registration District No. 5-787a
 City High Hill (No. _____) St. _____ Ward _____

2. FULL NAME Donald J. Becker
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 28 1931</u>		
7. AGE	YEARS	MONTHS
	<u>1</u>	<u>11</u>
		DAYS
		<u>21</u>
		If LESS than 1 day, _____ hrs. or _____ min.
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) <u>High Hill Mo.</u> (STATE OR COUNTRY)		
13. NAME <u>Mathias Becker</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>Washington Mo.</u> (STATE OR COUNTRY)		
15. MAIDEN NAME <u>Elizabeth Klein</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>East St. Louis Ill.</u> (STATE OR COUNTRY)		
17. INFORMANT <u>Mathias Becker</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lumburg Mo.</u> DATE <u>Oct. 21</u> , 19 <u>33</u>		
19. UNDERTAKER <u>C. M. Thompson</u> (ADDRESS) <u>Lumburg Mo.</u>		
20. FILED <u>Oct. 23 1933</u> <u>Te A Base</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) October 19, 1933

2. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1933 to Oct. 29, 1933
 I last saw him alive on Oct. 19, 1933. Death is said to have occurred on the date stated above, at P. P. m.
 The principal cause of death and related causes of importance were as follows:
Disinfectant and Enteritis,
cause undetermined
119B
 Date of onset Oct. 12, 1933

Other contributory causes of importance:
119B

Name of operation _____ Date of _____
 What test confirmed diagnosis Phys. Exam. 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) Buell M. Muefer, M. D.
 (Address) Montgomery Co., Mo.

Please follow and
return by mail