OCT 12 1934

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

Do not use this space.

30457

1. PLACE OF DEATH
County Pulaski Registration District No. 716
Township TAVERN Primary Registration District No. 5945
City ..... (No. ....., ... St. ..... Ward)
File No. .....
Registered No. 18

2. FULL NAME Alois 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 51 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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8-1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	75	5	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. On farm
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 Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) -

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) -

17. INFORMANT Anton Becker (ADDRESS) Richland

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dixon DATE Aug 26 1934

19. UNDERTAKER J. L. Hoopes & Sons (ADDRESS)

20. FILED Aug 25 1934 W. Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5th, 1934, to Aug 24, 1934
I last saw h[illegible] alive on Aug 21, 1934. Death is said to have occurred on the date stated above, at 7:00 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset Aug 5-34

Other contributory causes of importance:
Unknown

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

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) W. Lee Lawson M. D.
(Address) Chester 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.