

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 20 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Knox Co
 Township Benton
 City _____ (No. _____)

Registration District No. 441
 Primary Registration District No. 5600

File No. 36481
 Registered No. 2429 St. _____ Ward _____

2. FULL NAME

Clara Becker
 (a) Residence, No. Knox Co St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. 11 mos. _____ ds. _____ How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Wm Becker
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6, 1898
 7. AGE YEARS 36 MONTHS 7 DAYS 10 IF LESS than 1 day, _____ hrs. _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
 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) Knox Co Mo
 (STATE OR COUNTRY)

13. NAME James Hafferman

14. BIRTHPLACE (CITY OR TOWN) Knox Co Mo
 (STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth Worley

16. BIRTHPLACE (CITY OR TOWN) Knox Co Mo
 (STATE OR COUNTRY)

17. INFORMANT Mary Becker
 (ADDRESS) Benton Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Benton Mo DATE Oct 12, 1934

19. UNDERTAKER Frederick Schmitt
 (ADDRESS) Edina Mo.

20. FILED Oct 17, 1934 Mrs. C. M. Smith
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1934, to 10-16, 1934

I last saw him alive on 10-14, 1934 Death is said

to have occurred on the date stated above, at 7:00 P. M.

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

1203
603
Immune enteric colitis Date of onset 2-5-34

Any local degeneration line

Other contributory causes of importance: 1203

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? no

If so, specify _____

(Signed) Frederick Schmitt M. D.

(Address) Edina, Mo.

