

NOV 21 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Gasconade
 Township Canaan
 City (No.)

Registration District No. 305
 Primary Registration District No. 5432

File No. 32362
 Registered No. 39
 St. Ward

2. FULL NAME

(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 yrs. mos. ds. How long in U. S., if of foreign birth? 54 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>John Becker</u> <u>Widow</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 20 - 1870</u>		
7. AGE <u>65</u>	YEARS <u>6</u>	MONTHS <u>23</u>
IF LESS than 1 day, <u> </u> hrs. or <u> </u> min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House work</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>
	10. Date deceased last worked at this occupation (month and year) <u> </u>
	11. Total time (years) spent in this occupation <u> </u>

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	13. NAME <u>Joseph Maha</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Agatha Madi</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>

17. INFORMANT (ADDRESS) <u>Henry R. Becker</u> <u>Owensville, Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Catholic Cemetery</u> DATE <u>10 - 15</u> , 19 <u>35</u>
19. UNDERTAKER <u>W. F. Gatt</u> (ADDRESS) <u> </u>
20. FILED <u>11-2</u> , 19 <u>35</u> <u>J. J. Farrell</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 13, 193522. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1935, to Oct 12, 1935I last saw her alive on Oct 5, 1935 Death is saidto have occurred on the date stated above, at 3:45 Am.

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

Chronic myocarditis
with myocardial
decompensation
93 E

Date of onset

about
1932

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Clinical 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? NO
 If so, specify

(Signed) C. J. Dump, M. D.
 (Address) Owensville, 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.

RECORD WITH CHARGING INFORMATION THIS IS A PERMANENT RECORD

