

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.

JAN 21 1936

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

Do not use this space.

42169

File No. 82
Registered No. 82

1. PLACE OF DEATH

County Stoddard
Township Liberty
City Bernie (No. _____)

Registration District No. 836
Primary Registration District No. 4507

2. FULL NAME

Henry Herman Becking

(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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Matilda Becking</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 10 1876</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>5</u>
	DAYS <u>7</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) St. Wendell
(STATE OR COUNTRY) Indiana

13. NAME John G. Becking

14. BIRTHPLACE (CITY OR TOWN) St. Wendell
(STATE OR COUNTRY) Indiana

15. MAIDEN NAME Mary Ann Negle

16. BIRTHPLACE (CITY OR TOWN) Wendenburg Co
(STATE OR COUNTRY) Indiana

17. INFORMANT Mrs Mary Meyers
(ADDRESS) Bernie Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bernie Mo. DATE Dec 18 1935

19. UNDERTAKER Dale J. Hopkins
(ADDRESS) Bernie Mo

20. FILED Dec 18 1935 Flourice Allen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-13-35 to 12-17-35, 1935
I last saw him alive on 12-17-35, 1935. Death is said to have occurred on the date stated above, at 1:30 P.M.
The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs Date of onset _____

Other contributory causes of importance _____

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) Dawson Ryan, M. D.

(Address) Bernie Mo

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