

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 20 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Lewis
 Township Union
 City La Grange, (No. _____, _____, _____)

Registration District No. 480
 Primary Registration District No. 4289

File No. 45383
 Registered No. 3P
 St. _____ Ward _____

2. FULL NAME

Annie M. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. A. Becker
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19th 1872
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 10 12

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. At Home
 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) (STATE OR COUNTRY) La Grange, Mo.

13. NAME Mordecia quinn
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La Grange, Mo.

15. MAIDEN NAME Elizabeth Wood
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La Grange Mo.

17. INFORMANT Mrs. Grace Drescher
 (ADDRESS) La Grange, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE La Grange DATE Jan. 1st 19 37

19. UNDERTAKER A. A. Roberts
 (ADDRESS) La Grange, Mo.

20. FILED Jan 1 1937 W. B. H. H. H.
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31 19 36

22. I HEREBY CERTIFY. That I attended deceased from Dec 30 19 36 to Dec 31 19 36
 I last saw her alive on Dec 31 19 36. Death is said to have occurred on the date stated above, at 12:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Grandmal Pneumonia Date of onset Dec 30

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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? Yes

If so, specify _____
 (Signed) Phillips
 (Address) La Grange, Mo.

