

MAR 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County GulasskiRegistration District No. 716File No. 7730Township JavernPrimary Registration District No. 594.5Registered No. 8City Crocker Mo.

St. _____ Ward _____

2. FULL NAME

Justina 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 53 yrs. mos. ds.How long in U. S., if of foreign birth? 55 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>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF <u>Alois Becker</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 7 - 1860</u> | | |
| 7. AGE <u>77</u> | YEARS <u>4</u> | MONTHS <u>10</u> |
| DAYS <u>10</u> | | IF LESS than 1 day, _____ hrs. or _____ min. |

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|------------|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>farming</u> |
| | 10. Date deceased last worked at this occupation (month and year) <u>Nov 1/26</u> |
| | 11. Total time (years) spent in this occupation <u>always</u> |

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| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> |
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|-------------------------|
| 13. NAME <u>Ritz</u> |
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| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> |
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|-----------------------------------|
| 15. MAIDEN NAME <u>Unknown</u> |
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| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> |
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| 17. INFORMANT (ADDRESS) <u>Rosa Becker</u> |
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| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dixon Mo.</u> | DATE <u>Feb 19 1937</u> |
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| 19. UNDERTAKER (ADDRESS) <u>J. Harps & Sons</u> |
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| 20. FILED <u>2/19 1937</u> |
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17 193722. I HEREBY CERTIFY, That I attended deceased from Feb 17 1937 to Feb 17 1937I last saw h. a. alive on Feb 17 1937 Death is saidto 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:

Cerebral Hemorrhage Date of onset 2/15/37Other contributory causes of importance: 124BLeukemia & Liver 1936

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) W. J. Bell, M. D.(Address) Becker Mo.

