

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 22 1937

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

Do not use this space.

12578

1. PLACE OF DEATH
 County Jefferson Registration District No. 541
 Township Jefferson Primary Registration District No. 5730
 City Staley (No.) St. Ward

2. FULL NAME Stanley Becker
 (a) Residence, No. St. Ward
 (Usual place of abode)
 Length of residence in city or town where death occurred 15 yrs. 2 mos. 21 da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18 - 19 22
 7. AGE YEARS 15 MONTHS 2 DAYS 21 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
 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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 11 - 19 37
 22. I HEREBY CERTIFY, That I attended deceased from Mar. 8 - 19 37 to Mar. 11 - 19 37
 I last saw alive on Mar. 6 - 19 37 Death is said to have occurred on the date stated above, at 8 A. M.
 The principal cause of death and related causes of importance were as follows:

Acute Hepatitis
 Date of onset Mar. 8 - 19 37
 Other contributory causes of importance:
Anaemia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Staley Mo.
 13. NAME Ray Becker
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Staley Mo.
 15. MAIDEN NAME Rebecca Eubank
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Staley Mo.
 17. INFORMANT (ADDRESS) Ed. Bailey Mo.
 18. BURIAL, CREMATION OR REMOVAL PLACE Shelby Cemetery DATE 3-11-37
 19. UNDERTAKER (ADDRESS) W. B. Schiller Belle Mo.
 20. FILED April 10 19 37 Mr. J. J. Gorman Registrar.

Name of operation none Date of
 What test confirmed diagnosis Symptoms 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) W. B. Schiller, M. D.
 (Address) Belle Mo.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Marion

Registration District No. 541

File No. 125-78

Township _____

Primary Registration District No. 5730

Registered No. _____

City _____ (No. _____)

St. _____ Ward _____

2. FULL NAME Stanley Decker

(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? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>15</u>	<u>2</u>	<u>2</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS)

20. FILED July 2 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 11 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

acute nephritis

Date of onset

Other contributory causes of importance:

Tuberculosis Pulmonalis

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) M. R. Ferrell, M. D.

(Address) Belle

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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