

NOV 18 1937

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

Do not use this space.

37837

1. PLACE OF DEATH
 County Jackson Registration District No. 398
 Township Atter Primary Registration District No. 3019
 City Judep. (No. Judep. Sanitarium) Ward

2. FULL NAME Milton Becker
 (a) Residence No. Judep. P. R. 4 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 Male 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie S. Becker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11-81

7. AGE YEARS 56 MONTHS 5 DAYS 27 If LESS than 1 day, hrs. or min.

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

MOTHER FATHER
 13. NAME Sylvester Becker
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.
 15. MAIDEN NAME Celeste
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Minnie S. Becker
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Matamoras DATE Oct 11 1937

19. UNDERTAKER Eylar's Funeral Home
 (ADDRESS) N. E. 2nd St. F. L. Cook

20. FILED 10-13-37 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1937, to Oct 9 1937
 I last saw him alive on Oct 8 1937. Death is said to have occurred on the date stated above, at 1:00 a. m.
 The principal cause of death and related causes of importance were as follows:
Coronary heart failure 11 years
coronary atherosclerosis
subacute myocarditis years

Other contributory causes of importance: none

Name of operation none Date of
 What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no, 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 none
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) J. H. P. Jensen M. D.
 (Address) Judep. Sanitarium 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.

