JAN 19 1938

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

Do not use this space.

1. PLACE OF DEATH
County JACKSON — Registration District No. 398 — File No. 45582
Township — Primary Registration District No. 3019 — Registered No. 420
City INDEPENDENCE (No. 132 EAST SHORT St. Ward)

2. FULL NAME JOSEPH BECKER
(a) Residence, No. 132 EAST SHORT St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 57 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: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWER

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ ANNA BECKER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 17 - 1856

7. AGE: Years 81 — Months 8 — Days 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED BUILDING CONTRACTOR
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) SEVEN YEARS
11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) SYRACUSE (STATE OR COUNTRY) NEW YORK

FATHER
13. NAME JOHN BECKER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER
15. MAIDEN NAME ELIZABETH SHAFER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BADEN GERMANY

17. INFORMANT FRANK J. BECKER
(ADDRESS) 132 EAST SHORT

18. BURIAL, CREMATION, OR REMOVAL
PLACE ST. MARY'S DATE 12-27-37

19. UNDERTAKER STAHL'S FUNERAL HOME
(ADDRESS) 815 W. MAPLE AVE. INDEPENDENCE MO.

20. FILED 12-27-1937 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-18, 1937, to 12-22, 1937
I last saw him alive on 12-22, 1937. Death is said to have occurred on the date stated above, at 11:43 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:
Debility

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) J. W. Sellers, M. D.
(Address) Independence, 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.