

REC'D JUN 14 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County **BUCHANAN**
 Township **WASHINGTON**
 City **ST. JOSEPH,**

Registration District No. **85**
 Primary Registration District No. **100**
 (No. **MISSOURI METHODIST HOSPITAL**)

File No. **17776**
 Registered No. **552**
 St. _____ Ward _____

2. FULL NAME

MAX BECKER
 (a) Residence, No. **MARYVILLE, MISSOURI** St. _____ Ward **Maryville No**
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **0** 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) **MARRIED**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **JUNE 4, 1904**

7. AGE YEARS **33** MONTHS **11** DAYS **19** If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **IRON AND METAL DEALER**
 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) **MAY 23, 1938** 11. Total time (years) spent in this occupation **UNK**

12. BIRTHPLACE (CITY OR TOWN) **ST. JOSEPH, MISSOURI**
 (STATE OR COUNTRY)

FATHER 13. NAME **LOUIS BECKER**
 14. BIRTHPLACE (CITY OR TOWN) **LATAVIA**
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **SARAH LURREY**
 16. BIRTHPLACE (CITY OR TOWN) **LATAVIA**
 (STATE OR COUNTRY)

17. INFORMANT **ANNA BECKER,**
 (ADDRESS) **MARYVILLE, MISSOURI**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **B'NAI YAAKOV CEM** DATE **MAY 24, 1938**

19. UNDERTAKER **FLEEMAN AND SON INC.**
 (ADDRESS) **1946 CASHMAN ST. ST. JOSEPH MO.**

20. FILED **5/24 1938** **St. Joseph Mo.**
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **MAY 23, 1938** 19

22. I HEREBY CERTIFY. That I attended deceased from **May 24th** **38**, 19____, to _____, 19____
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at **6:00 P.**

The principal cause of death and related causes of importance were as follows:
suicide by drinking carbolic acid Date of onset **163**

Other contributory causes of importance: **none**

Name of operation _____ Date of _____
 What test confirmed diagnosis? **History** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **suicide** Date of injury **5/23/38**

Where did injury occur? **St. Joseph Mo.**
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public place

Manner of injury **Drank carbolic acid**

Nature of injury **Poisoned**

24. Was disease or injury in any way related to occupation of deceased? **no**

If so, specify _____
 (Signed) **B. W. Tallock** - Coroner M. D.

(Address) **King Hill Etc.**

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.

