

REC'D OCT 21 1938

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

Do not use this space.

32512

1. PLACE OF DEATH

50 1 1
County Jefferson Registration District No. 421
Township Crystal City Primary Registration District No. 5575A
City Crystal City No. _____ St. _____ Ward _____

File No. _____

Registered No. 96

2. FULL NAME

Garrett Andrew Becker 210
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Rosa M. Becker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 21-1874

7. AGE YEARS 63 MONTHS 7 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

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

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) St. Francisco Cal. Mo.13. NAME Nicholas S. Becker14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Julia Ann Snelch16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Rosa M. Becker18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral Home DATE 5/22 19. 3819. UNDERTAKER Funeral Home (ADDRESS) Crystal City Mo.20. FILED 9/15 1938 J. E. Rutledge MD Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/20 193822. I HEREBY CERTIFY That I attended deceased from Oct. 4 to May 20 1938Last saw him alive on May 19 1938 Death is saidto have occurred on the date stated above, at 2 A. m.

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

Pulmonary Tuberculosis Date of onset unknownOther contributory causes of importance 23

Name of operation _____ Date of _____

What test confirmed diagnosis? Chivald 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. E. Rutledge M. D.(Address) Crystal City Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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