

REC'D FEB 21 1939

645

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

Do not use this space.

1686

84

1. PLACE OF DEATH

County Buchanan /  
Township  
City St Joseph

Registration District No. 8  
Primary Registration District No. 100  
(No. State Hospital for Insane #2 St. Ward)

File No. 1686  
Registered No. 84

2. FULL NAME

(a) Residence, No. 1506 So 12th St., Ward.

(Usual place of abode)  
Length of residence in city or town where death occurred 68 yrs. 3 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cora Cornish Becker

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25, 1939  
22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1939, to Jan 25, 1939  
I last saw him alive on Jan 24, 1939 Death is said to have occurred on the date stated above, at 4:15 a.m.  
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 8 1870  
7. AGE YEARS 68 MONTHS 3 DAYS 27 if LESS than 1 day, hrs. or min.

Chronic Myocarditis  
Date of onset July 1937

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shop Foreman  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad  
10. Date deceased last worked at this occupation (month and year) Jan 1938 11. Total time (years) spent in this occupation. 30 1/2

Other contributory causes of importance:  
General Arteriosclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Mo

Name of operation None Date of  
What test confirmed diagnosis? Clinical Was there an autopsy? No

13. NAME Henry Becker  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

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.

15. MAIDEN NAME Eva Kirschner  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

17. INFORMANT (ADDRESS) Mrs Peter C Becker 1506 So 12th St

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mora Cem DATE Jan 28 1939

(Signed) P. J. Kraybill M. D.  
(Address) State Hosp #2

19. UNDERTAKER (ADDRESS) Wheaton, Belsale & Bowman 319 S. 10th Funeral Home

20. FILED 7-28 1939 J. H. Hattback Registrar.

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.

MISSOURI STATE BOARD OF HEALTH

I hereby certify that the lady whose name is recorded on  
the reverse side of this certificate was embraced by me  
Jan. 25, 1939

W. E. Cunningham, L.S. 3007

319 So. 10th St. Joplin, Mo.