

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

REC'D SEP 19 1939

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

Do not use this space.

1. PLACE OF DEATH

County Carter
Township JACKSON
City (No. _____) _____ St. _____ Ward _____

Registration District No. 144
Primary Registration District No. 5207

File No. 28823
Registered No. _____

2. FULL NAME

(a) Residence, No. 260 EMMA Becket St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State) Carter Co., Mo.

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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm. Becket</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 2 - 1881</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>1</u>
	DAYS <u>2</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>	
	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) <u>St. Francis Co. Mo.</u>		
MOTHER	13. NAME <u>Edward Mason</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Francis Co. Mo.</u>	
	15. MAIDEN NAME <u>Sarah Elizabeth Waring</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iron Co. Mo.</u>	
17. INFORMANT (ADDRESS) <u>Wm. Becket</u> <u>Norcrossen Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Grinnington</u> DATE <u>7-9-1939</u>		
19. UNDERTAKER (ADDRESS) <u>Craig - Seichel</u> <u>St. Louis Mo.</u>		
20. FILED <u>7-9-1939</u> <u>Pearl Brooks</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1939

22. I HEREBY CERTIFY That I attended deceased from July 1, 1939, to July 4, 1939
I last saw her alive on July 4, 1939. Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:
Biliary calculi (126) Date of onset 1-4-39
92 h
Other contributory causes of importance: metabolic Regulation ?

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) N. D. Davis M. D.
(Address) W. Williamsville

RECEIVED

District Health Officer No. 5,

District File Number 939 217

Date Filed 9/11/39