

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.

FILED FEB 11 1944

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

Do not use this 3045

1. PLACE OF DEATH

County HOWARD
Township CHARITON
City GLASGOW

Registration District No. 382
Primary Registration District No. 4528

File No. 43
Registered No. 2
St. 1 Ward 1

2. FULL NAME

SARAH AGNES BECKER

(a) Residence, No. 1 St. 1 Ward. 1
(Usual place of abode)

Length of residence in city or town where death occurred 88 yrs. — mos. — da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF EDWARD BECKER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR 27, 1853

7. AGE YEARS 90 MONTHS 9 DAYS 7 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HOME

10. Date deceased last worked at this occupation (month and year) 1914 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St LOUIS MO

13. NAME EDWARD HUMPHREY

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CO VENTRY ENGLAND

15. MAIDEN NAME JUDITH HIGGINS

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND

17. INFORMANT Miss Lillie Becker (ADDRESS) Glasgow Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Glasgow Mo DATE Jan 6 1944

19. UNDERTAKER (ADDRESS) Anderson - Triemuth

20. FILED 6 19 44 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 1944

22. I HEREBY CERTIFY, That I attended deceased from 12 28 1943 to 1 4 1944

I last saw her alive on 1 13 1944 Death is said

to have occurred on the date stated above, at HA m.

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

Influenza
Apoplexy

Other contributory causes of importance: 33a

Name of operation none Date of none

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

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) W. B. Kitcher, M. D.

(Address) Glasgow

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

29-44

Embalmed By
J. Walker Andsley
Missouri License # 3336
Glasgow Mo.