

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.

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

Do not use this space

FILED JAN 6 1944

1. PLACE OF DEATH  
 County Cooper Registration District No. 82-  
 Township Blackwater Primary Registration District No. 4143  
 City Blackwater (No. 162-) Ward 1  
 2. FULL NAME BARRY-LEE-BECKER  
 (a) Residence, No. Nelson Mo. Mo. St. Mo. Ward 1  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 1 1/2 yrs. ds. 1 mos. 1 How long in U. S., if of foreign birth? 2 yrs. 2 mos. 2 ds.

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF no  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) \_\_\_\_\_  
 7. AGE YEARS ✓ MONTHS ✓ DAYS ✓ If LESS than 1 day, \_\_\_\_\_ hrs. or 20 min.  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none  
 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) Nelson Mo. RFD  
 13. NAME George Becker  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nelson Missouri  
 15. MAIDEN NAME Helvie Widel  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blackwater Missouri  
 17. INFORMANT (ADDRESS) Dr. J. B. Burk  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Put York Cem DATE 12-15-43  
 19. UNDERTAKER (ADDRESS) Wells & Gossamer  
 20. FILED 42-16 1943 Dr. Chas. Swap Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) \_\_\_\_\_ 1943  
 22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1943 to Dec 14, 1943  
 I last saw h.w. alive on Dec 14, 1943 Death is said to have occurred on the date stated above, at 4:05 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Premature Birth  
159  
 Other contributory causes of importance:  
Premature Rupture of  
Bay of Water  
 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 \_\_\_\_\_, 1943  
 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) D. J. W. Hunt M. D. 0  
 (Address) Blackwater Mo

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 1-5-44 \_\_\_\_\_

Baby was not Embalmed  
J. C. King