

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

Do not use this space.

8957

**PLACE OF DEATH**

County Cole Registration District No. 214  
 Township Tyng Primary Registration District No. 5294  
 City Russellville (No. 770) St. 1 Ward

File No. \_\_\_\_\_  
 Registered No. 6

2. FULL NAME MORRIS HERMAN BECKER  
 (a) Residence. No. California Mo. St. (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U.S., if of foreign birth? 49 yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male  
 4. COLOR OR RACE white  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed  
 5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (ex) WIFE of Mrs. Winnie Hertrick Becker  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 6 1851  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 81 3 21

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Labourer  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Saxon (STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER John Becker  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 12. MAIDEN NAME OF MOTHER Johanna Troch  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Tyng (Address) Miss 7th St. Russellville

15. FILE NO. 329 REG. NO. 23 REGISTRAR Miss E. C. ...  
by 2135

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-27 1933  
 17. I HEREBY CERTIFY, That I attended deceased from Feb 10 1933 to March 27 1933 that I last saw him alive on March 22 1933, and that death occurred, on the date stated above, at 7:30 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Nephritis  
 (duration) 10 yrs. mos. da.  
 CONTRIBUTORY Myocarditis (SECONDARY)  
 (duration) 6 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? 131  
 IF NOT AT PLACE OF DEATH, \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) W. L. Leslie, M. D.  
 (Address) Russellville Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ev. California Cemetery DATE OF BURIAL 3-29 1933  
 20. UNDERTAKER Hugo - Hazel Schuber ADDRESS Russellville Mo

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

APR 24 1933

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.

