

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.

OCT 23 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Monette
Township Walker
City Monette (No. 371)

Registration District No. 371
Primary Registration District No. 3769

File No. 35027
Registered No. 365
St. Monette Ward 1

2. FULL NAME

(a) Residence, No. William Fred August Becker St. Monette Ward 1

(Usual place of abode)

(If nonresident, give city or town and State)

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>Male</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		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 20 - 1866</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>8</u>	DAY <u>19</u>
		If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

OCCUPATION	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	13. NAME <u>Christoff, Becker</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Heggenau</u>
	15. MAIDEN NAME <u>Conradina</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	17. INFORMANT (ADDRESS) <u>Mrs. J. M. Becker</u>
MOTHER	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cem</u> DATE <u>9/10</u> 19 <u>36</u>
	19. UNDERTAKER (ADDRESS) <u>Thilleus F. Friedmaner</u>
20. FILED <u>9-9-1936</u> <u>A. R. Roberson</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>9-8-</u> 19 <u>36</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>12-27-</u> 19 <u>35</u> to <u>9-8-</u> 19 <u>36</u> I last saw him alive on <u>9-6-</u> 19 <u>36</u> Death is said to have occurred on the date stated above, at <u>2 A</u> m. The principal cause of death and related causes of importance were as follows: <u>Carcinoma of the prostate</u> <u>51</u> Other contributory causes of importance:
Name of operation
What test confirmed diagnosis? <u>Ch. & c.</u> Date of
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? <u>No</u> If so, specify
(Signed) <u>A. R. Roberson</u> M. D.
(Address) <u>California</u>

