

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

Do not use this space.

12906

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Kaul Primary Registration District No. 222  
 City K. C. Mo. (No. Wesley Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 1835

**2. FULL NAME**

William Becker  
 (a) Residence. No. 409 Prospect Blvd 9 Ward. \_\_\_\_\_  
 (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 Male 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Enon Becker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-5-1862

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, .....hrs. or .....min.  
67 11 22

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Wm Becker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Christina Dittman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Mrs Enon Becker  
 (Address) 409 Prospect Blvd

15. FILED 4 28 30 19 30 M. M. Crowe  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr-27-1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1920 to April 27 1930  
 that I last saw ~~him~~ her alive on Apr 27 1930, and that death occurred, on the date stated above, at 5:40 AM m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Aortic Regurgitation  
Chronic Myocarditis  
92 A  
635 (duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) PO (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chemical/Endog  
4/28 (Signed) R. Klosser M. D.  
 \_\_\_\_\_, 1930 (Address) Kc 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 Elmwood DATE OF BURIAL Apr-29-30

20. UNDERTAKER Mrs. C. T. Foster ADDRESS T. C. Mo.

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.

230 Apple H<sup>a</sup>. 8956

4823 Liberty V<sup>2</sup>. 0134  
7134

R.R. 300 Gate City Bank V<sup>i</sup> 2200

less Grand 621 W. 50 78. 4900