

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.

MAY 22 1933

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

Do not use this space.

12906

PLACE OF DEATH

County Franklin
Township Syon
City (None)

Registration District No. 300
Primary Registration District No. 3417

File No.
Registered No. 4
St. Ward)

2. FULL NAME Sophia M Wagtime, Becker

(a) Residence, No. New Haven Mo. St., 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 Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED MARRIED OF (OR) WIFE OF Aug 7 1906

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 4 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 64 5 2

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Housewife

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Haven Mo.

13. NAME Fred J Becker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Mary Breckenkamp

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

17. INFORMANT (ADDRESS) Aug 7 Wagt
New Haven Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Abenezzer Camp DATE April 9 33

19. UNDERTAKER (ADDRESS) Fred J Becker
New Haven Mo

20. FILED 4/9 1933 M. K. Weathers
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 6 1933

22. I HEREBY CERTIFY, that I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 313 9p m.

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

Mitral Insufficiency and complicated by degenerative
Date of onset: 12/1 1910

Other contributory causes of importance: A. B. W.

Name of operation Date of
What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

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) E. A. Washington Coroner
Labadie Mo. (Address)

