

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County JACKSON Registration District No. _____
 Township K.A.W. Primary Registration District No. _____
 City KANSAS CITY (No. Trinity Hosp.) St. _____ Ward _____

File No. 5625
 Registered No. 691

2. FULL NAME

Honey Dina Jean Becker 260
 (a) Residence, No. 5524 Indiana 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 9 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. or 3 min.
2 1/2 mo. premature

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. _____

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) KANSAS CITY Mo.

13. NAME JOE E. BECKER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KANSAS ST LOUIS, ST LOUIS CO.

15. MAIDEN NAME VELLIE JEAN PERRY

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RUNGE MO.

17. INFORMANT JOE E. BECKER

(ADDRESS) 5524 Indiana

18. Funeral CREMATION PLACE K.C. MO. DATE FEB. 11 1938

19. UNDERTAKER D.W. NEWCOMER'S SONS

(ADDRESS) 309 PASSED

20. FILED 11 1938 M.M. Grove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-9 1938 to 2-9 1938

I last saw her alive on 2-9-38, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

2 1/2 mo premature Date of onset _____

Fetal atelectasis

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Other contributory causes of importance: _____

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 _____, 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) Robert M. Myers, M. D.

(Address) 5827 Park, K.C. Mo.

WHITE PRINTING, 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.

1-30314

