

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.

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

Do not use this space.

1. PLACE OF DEATH

County Muller

Registration District No. 561

Township Olden

Primary Registration District No. 4330

City Olden (No.)

File No. 5366

Registered No. 27

St.

Ward)

2. FULL NAME

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

ys.

mos.

ds.

How long in U.S., if of foreign birth?

ys.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female white

4. COLOR OR RACE

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)

Dec 21 1906

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. min.

21

1

8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

in Public School

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Olden

(STATE OR COUNTRY)

MO

10. NAME OF FATHER

Joseph N Babcock

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

MO

12. MAIDEN NAME OF MOTHER

Alma B. Hasty

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

MO

14.

INFORMANT (Address)

Mrs Grace Vernon
Olden

15.

FILED

4-10 1928 Belle Haynes

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Feb 1 1928

17.

I HEREBY CERTIFY That I attended deceased from Jan 21 1928, to Feb 1 1928 that I last saw him alive on Jan 1 1928, and that death occurred, on the date stated above, at 1500 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sen. Insult ab.
Branch Pulmonary
Paralysis

(duration)

ys.

mos.

ds.

CONTRIBUTORY (SECONDARY)

Peri Tanail abscess

(duration)

ys.

mos.

ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF 1

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) E. B. Halloway, M. D.

, 19 (Address)

Olden

*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

DATE OF BURIAL

Olden Cemetery

2-4 1928

20. UNDERTAKER

ADDRESS

W. G. Phillips

Olden

