

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

Do not use this space.

8927

1949

1. PLACE OF DEATH

County Jackson
Township Kear
City Kans. City (No. 3338 Virginia)

Registration District No. 399
Primary Registration District No. 1007

File No. 1090
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mrs Martha J. Babcock

(a) Residence No. 3338 Virginia St. Ward 13
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F.

4. COLOR OR RACE

wh.

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

widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 15 - 1846

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
83	5	16	

8. OCCUPATION OF DECEASED

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

Aurora Ohio

10. NAME OF FATHER

Seth A. Gillette

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

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

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

Unknown

14.

INFORMANT Mrs E. E. Pierson
(Address) 3339 Virginia

15.

FILED Mar 28 1949
REGISTRAR W. M. Craine

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 11 19 28

17. I HEREBY CERTIFY That I attended deceased from 7th March, 1928, to March 11, 1928 that I last saw h. a. alive on March 10, 1928, and that death occurred, on the date stated above, at 6 15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis, Spontaneous Myocarditis, Chronic
90B (duration) 6 yrs. 6 mos. 6 ds.

CONTRIBUTORY (SECONDARY) Prosthetic valve (duration) 3 yrs. 3 mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical tests
(Signed) Quintay S. Deane, M. D.
Mar 19 28 (Address) 1806 E. Pershing Bldg

*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

Lawrence Kans 3-13 19 28

20. UNDERTAKER ADDRESS

L. H. Newcome's Sons Co. 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.

21. 5076
14