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.

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

Do not use this space.

17217

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399 — File No.:
Township: Kaw — Primary Registration District No.: 1002 — Registered No.:
City: Kansas City (No. St. Joseph's Hospt. St. Ward)

2. FULL NAME: Ralph G. Babbitt
(a) Residence. No. ~~807 W 86 Ave~~ St., Ward.
(Usual place of abode) 5036 S. Olive
(If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. 15 How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
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: Frances D. Babbitt

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 10, 1897

7. AGE: Years 31 — Months 0 — Days 7 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): M. A. Freidman
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City Kansas

PARENTS
10. NAME OF FATHER: Chas. D. Babbitt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Baltimore Md.
12. MAIDEN NAME OF MOTHER: Amanda J. Williams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Bates Co., Mo.

14. INFORMANT: Mrs. Frances D Babbitt
(Address) 5036 S Olive

15. FILED 5/18, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 17 1928

17. I HEREBY CERTIFY: That I attended deceased from 5-17, 1928, to 5-17, 1928, that I last saw him alive on 5-17-28, 1928, and that death occurred, on the date stated above, at 4:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peritonitis follow Intestinal obstruction
121A
122B
129
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY): Ruptured appendix
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 5036 Olive
DID AN OPERATION PRECEDE DEATH? yes DATE OF 5-17-28
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Operation
(Signed) C. A. McGuire M. D
5/18, 1928 (Address) 829 Rialto 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: Memorial Pk, KC Kans — DATE OF BURIAL: 5-19 1928

20. UNDERTAKER: D. W. Newcomer & Sons K. C. Mo — ADDRESS

8.2 [illegible]
Vic 8476.
[illegible]