

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

Do not use this space.

File No. **24070**
Registered No. **198**
St. **198** (Ward)

1. PLACE OF DEATH

County Jackson Registration District No. 2502
Township Kass Primary Registration District No. 2502
City Kansas City, Mo. (No. 3119 East 30)

2. FULL NAME

Robert Earl Babbitt
(a) Residence. No. 3119 East 30 St. 198 Ward. 198
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 18-1892
7. AGE YEARS 35 MONTHS 5 DAYS 9 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Labeler-Dyer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Okla
(STATE OR COUNTRY)

10. NAME OF FATHER Madison Babbitt

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

12. MAIDEN NAME OF MOTHER May Chapman

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

14. INFORMANT Grace Hobson
(Address) 3119 East 30 St

15. FILED 7/27/28 **19. REGISTRAR** M. H. Craue
asch

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 27-1928

17. I HEREBY CERTIFY That I attended deceased from July 15 to July 27, 1928
that I last saw him alive on July 15, 1928, and that death occurred, on the date stated above, at o'clock a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis Pulmonary
23A

18. WHERE WAS DISEASE CONTRACTED Probably at work as clothes cleaner & presser
IF NOT AT PLACE OF DEATH, AND AN OPERATION PRECEDE DEATH, DATE OF July 15

CONTRIBUTORY (SECONDARY) Probably Occupation
(duration) 9 months yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Probably at work as clothes cleaner & presser
IF NOT AT PLACE OF DEATH, AND AN OPERATION PRECEDE DEATH, DATE OF July 15

19. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Sputum test; X-rays
(Signed) E. E. Hubbard, M. D.
27, 1928 (Address) 621 East 30 St. KC, Mo

*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 Forest Hill Cemetery **DATE OF BURIAL** July 28 1928

20. UNDERTAKER John W. Wagner **ADDRESS** 1409 Grand Ave

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.

RECORD WITH CHANGING NAMES IS PERMANENT RECORD

621 Park Ave. N.Y.C.

March 13, 1942