

UG 30 1928

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

Do not use this space.

1. PLACE OF DEATH

County Wayne
Township Jefferson
City Bedford (No.)

Registration District No. 891
Primary Registration District No. 4570

File No. 26262
Registered No. 10
St. Ward)

2. FULL NAME

Thomas Babin
(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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7/20/1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 4 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(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) Royal Co. Tenn.

10. NAME OF FATHER

Henderson Babin

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Royal Co. Tenn.

12. MAIDEN NAME OF MOTHER

Sallie Mass

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Royal Co. Tenn.

14.

INFORMANT (Address) Rachel Babin
Bedford, Tenn.

15.

FILED .. 19 .. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 5 19 28

17. I HEREBY CERTIFY That I attended deceased from ..
July 5 .. July 5 .. 19 28
that I last saw him alive on July 5 .. 19 28 .. and that death occurred, on the date stated above, at 7:15 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Paralysis
75W

CONTRIBUTORY (SECONDARY) ..
75W
(duration) .. yrs. .. mos. .. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: ..

DID AN OPERATION PRECEDE DEATH? No DATE OF ..

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Phys. Diagnosis
(Signed) J. L. Fields M. D.
, 19 (Address) Bedford, Tenn.

*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
Parsonic Cem. 7/7 19 28

20. UNDERTAKER ADDRESS
Jones and Co Bedford Tenn

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.

DEPARTMENT RECORD

100-100000-100000

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100-100000-100000

[The body of the document contains several columns of extremely faint, illegible text. The text is scattered across the page and appears to be a list or a set of records. Due to the low contrast and high noise of the scan, the specific words and numbers are not discernible.]

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Wymore Registration District No. 891 File No.
 Township Primary Registration District No. 4340 Registered No. 16
 City Diedmont (No.) St. Ward)

2. FULL NAME

Thomas Polin

(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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED M
(write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work
 (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)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED 8/8 1928 A.C. Pils MD REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 5 1928

17. I HEREBY CERTIFY That I attended deceased from 19....., 19..... that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at

THE CAUSE OF DEATH WAS AS FOLLOWS:

..... (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D. , 19 (Address)

*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 19

20. UNDERTAKER ADDRESS

SUPPLEMENTARY

PERMITS RECORD

ARE COMPLETE AS PRESCRIBED BY LAW NOT RECEIVE A FEE FOR CERTIFICATES UNTIL

N. B.—Every item of information should be carefully supplied. AGE should be EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. If the occupation of OCCUPATION is very important, REGISTRARS SHOULD NOT RECEIVE A FEE FOR CERTIFICATES UNTIL

S-26262