

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.

33749

1. PLACE OF DEATH

County Lettis
Township Ledalia
City Ledalia No. _____

Registration District No. 668
Primary Registration District No. 3032

File No. _____
Registered No. 259
St. _____ Ward) _____

2. FULL NAME

Judd Lincoln Babcock
(a) Residence, No. 907 W 7 St. _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 37 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 Anna Angell Babcock

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 4, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 7 4

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

9. BIRTHPLACE (CITY OR TOWN) La Mont Mich.
(STATE OR COUNTRY)

10. NAME OF FATHER Edgar Babcock

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

12. MAIDEN NAME OF MOTHER Lavina K. Phillips

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

14. INFORMANT J. J. Love
(Address) Ledalia Mo

15. FILED 10-10-30 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 8th 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1920 to Oct 8th, 1930
that I last saw him alive on Oct 8th, 1930, and that death occurred, on the date stated above, at 3:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
Chronic nephritis (Interstitial?)
47B
131
73 Probable Carcinoma of
CONTRIBUTORY (SECONDARY)
Stomach (duration) _____ yrs. 10 mos. ds.
? (duration) _____ yrs. ? mos. ds.

18. WHERE WAS DISEASE CONTRACTED no
IF NOT AT PLACE OF DEATH no

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings
(Signed) J. J. Love, M. D.

(Address) Ledalia 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 Ledalia Mo

20. UNDERTAKER M. Langhin

DATE OF BURIAL 10/10/30

ADDRESS Ledalia

