

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

Do not use this space.

36723

**1. PLACE OF DEATH**

County Wright  
Township Clark  
City Macomb (No. \_\_\_\_\_)

Registration District No. 1122  
Primary Registration District No. 6226

File No. \_\_\_\_\_  
Registered No. 9 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Arthur T Babb

(a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. 6 mos. 24 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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2, 1908

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>23</u>	<u>6</u>	<u>24</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) Aug 1934 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright Mo

13. NAME Aberham Babb

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Melvin K. Freeman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright Mo

17. INFORMANT (ADDRESS) Virgil Babb Macomb

18. BURIAL, CREMATION, OR REMOVAL PLACE Macomb Cem DATE Oct 27, 1931

19. UNDERTAKER (ADDRESS) H. A. Steffe Macomb

20. FILED Oct 26, 1931 T B Boulden Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1931 to Oct 26, 1931

I last saw him alive on Oct 26, 1931. Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

Asphyxiation by Bowls

25  
92A  
57A

Date of onset \_\_\_\_\_

Other contributory causes of importance: Metrol Druggery

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) L. S. Dunning, M. D.  
(Address) Macomb 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.

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