

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.

JUN 24 1932

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

Do not use this space.

17094

8.60

File No. 18

Registered No. 18

St. Ward

1. PLACE OF DEATH

83 County *Platte*

Township *Pettis*

City (No.)

Registration District No. *695*

Primary Registration District No. *1922*

2. FULL NAME

(a) Residence. No. *Madys* St. *Babcock* 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 *Female* 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 *Grant. Babcock*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *May 5 1866*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *66 0 24*

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *Housewife. 235* (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Hampton, Mo.* (STATE OR COUNTRY)

10. NAME OF FATHER *Abner. Bunk*

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

12. MAIDEN NAME OF MOTHER *Juliann. Noland*

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

14. INFORMANT *Grant. Babcock* (Address) *Platte City, Mo.*

15. FILES *5/31 22* REGISTRAR *J. H. Miller*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *May 29 1932*

17. I HEREBY CERTIFY, That I attended deceased from *May 1*, 1932, to *May 29*, 1932 that I last saw him alive on *May 23*, 1932 and that death occurred, on the date stated above, at *11-70* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular Heart Disease
23A 92A

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

18. WHERE WAS DISEASE CONTRACTED *D*

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? *No* DATE OF

WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) *S. P. Ford*, M. D.

, 19 (Address) *Parkville 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 DATE OF BURIAL

Hampton Cen *5-31 1932*

20. UNDERTAKER *Heland H. Francis* ADDRESS *Parkville*

