

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.

APR 29 1933

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

Do not use this space.

1. PLACE OF DEATH
 72 County New Madrid Registration District No. 604
 Township Primary Registration District No. 5802
 City (No.) St. Ward

2. FULL NAME Ella Babcock

(a) Residence, No. St. Ward
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

17263
 File No. 340
 Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laylor Babcock
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) X-X-1857
 7. AGE YEARS 76 MONTHS X DAYS X If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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)
 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) New Albany (STATE OR COUNTRY) Ind
 13. NAME Charlie Pats paw
 14. BIRTHPLACE (CITY OR TOWN) Ind (STATE OR COUNTRY)
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) " (STATE OR COUNTRY) "
 17. INFORMANT Mrs. Geo. Babcock (ADDRESS) 1816 Babcock Ave. St. Louis Mo
 18. BURIAL, CREMATION, OR REMOVAL Evergreen Cem PLACE DATE 5-28 1933
 19. UNDERTAKER Richards and Co (ADDRESS) New Madrid Mo
 20. FILED 6/1 1933 W. H. O'Bannon Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-28 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-10 1933, to 5-28 1933. I last saw him alive on 5-25 1933. Death is said to have occurred on the date stated above, at 5a m. The principal cause of death and related causes of importance were as follows:
Cardiac failure -
2nd - arterial degeneration
3rd - semi-placental
4th - arteriosclerosis
 Other contributory causes of importance: 930
183
750
 Name of operation Date of
 What test confirmed diagnosis? Physic Was there an autopsy? No
 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? No
 If so, specify
 (Signed) W. H. O'Bannon M. D.
 (Address) New Madrid Mo

