

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

*Don Chap*  
Do not use this space **B**  
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NOV 10 1933

**1. PLACE OF DEATH**

County Missouri  
Township Virginia  
City St. Louis (No. ....)

Registration District No. 655  
Primary Registration District No. 4392

File No. ....  
Registered No. ....  
St. .... Ward

**2. FULL NAME**

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

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-30, 1933

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 11

22. I HEREBY CERTIFY, That I attended deceased from 5-30, 1933, to 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-16-1928

I last saw her alive on 5-30-33, 19..... Death is said to have occurred on the date stated above, at 9:10 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
5 1 14

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child  
10. Date deceased last worked at this occupation (month and year) Child 11 Total time (years) spent in this occupation.

Date of onset

Colitis  
120 B. 11/10  
Other contributory causes of importance: none

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kolonia Ark

FATHER 13. NAME D. G. Babcock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Garfield city Mo

MOTHER 15. MAIDEN NAME Fannie E. Hamler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Artistotlephia Ark

17. INFORMANT D. G. Babcock (ADDRESS) St. Louis Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE mt Zion DATE 6-1, 1933

19. UNDERTAKER (ADDRESS) Lynnman mort co St. Louis Mo

20. FILED 6/1, 1933 Wm. Kelly Registrar.

Name of operation ..... Date of .....  
What test 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? Home (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) J. Chapman, M. D.  
(Address) St. Louis, 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.

