

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.

DEC 27 1934

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

Do not use this space.

40456

1. PLACE OF DEATH

County Ripley
Township Warner
City Lexington

Registration District No. 751
Primary Registration District No. 5992

File No. 61
Registered No. 601
St. _____ Ward _____

2. FULL NAME

(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)

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 Geo Babbs
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21 1884
7. AGE YEARS 50 MONTHS 4 DAYS 18 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 18

12. BIRTHPLACE (CITY OR TOWN) Chillicothe (STATE OR COUNTRY) mo

13. NAME Elizabeth K. Babbs

14. BIRTHPLACE (CITY OR TOWN) Chillicothe (STATE OR COUNTRY) mo

15. MAIDEN NAME Kenneth K. Babbs

16. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY) va

17. INFORMANT her husband Geo. Babbs (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL burial PLACE Lexington DATE Nov 10 1934

19. UNDERTAKER Mrs. M. C. Cash (ADDRESS) Lexington

20. FILED Nov 15 1934 Heidelberg Registrar.

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 9 1934

22. I HEREBY CERTIFY, That I attended deceased from November 9, 1934, to November 9, 1934

I last saw him alive on November 9, 1934. Death is said to have occurred on the date stated above, at 8:30 P.m.

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

Thirst, Deeper burns
about chest, stomach
and face & head, big pain
out of fire in yard
Other contributory causes of importance: _____
Taxation

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? guilt Date of injury 11-9 1934

Where did injury occur? City of Lexington (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. in home

Manner of injury burning fire under Kettle
Nature of injury scalds on face, head, upper body

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify cooking in kettle

(Signed) J. E. Kellum M. D.
(Address) Lexington

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