

JUN 13 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

18809

1. PLACE OF DEATH

County WayneRegistration District No. 895Township Mill SpringPrimary Registration District No. 6197City (No.)St. Ward

2. FULL NAME

Phillip Jasper Babb(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. mos. ds.

How long in U. S., if of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/10/1851

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. min.8433

OCCUPATION

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

Carpenter

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) (STATE OR COUNTRY)

Unknown

13. NAME

Tom Babb,

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

Unknown

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT (ADDRESS)

J. R. Babb
Super. Mai

18. BURIAL, CREMATION, OR REMOVAL

PLACE

PiedmontDATE May, 10 1935

19. UNDERTAKER (ADDRESS)

Yates Undertaking Company
Piedmont, Mo.20. FILED 6-121935J. R. Owens
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/10 193522. I HEREBY CERTIFY, That I attended deceased from 5/12 1935, to 5/10 1935I last saw him alive on 5/15 1935 Death is saidto have occurred on the date stated above, at 10 m.

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

Pneumonia
(Lobar)

Date of onset

Other contributory causes of importance:

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

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? none 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)

(Address)

G. H. Toney M. D.
Piedmont, 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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