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.

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

Do not use this space.

5868

MAR 21 1936

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 611
City Kansas City (No. Hyde Park Hotel St. Ward)

2. FULL NAME Mrs. Mary C. Babcock
(a) Residence, No. Moberly, Mo. St., Ward. Moberly, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 3 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): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13, 1846

7. AGE: Years 89 — Months 9 — Days 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Lindenville (STATE OR COUNTRY) N.Y.

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. William Knapp
(ADDRESS) Hyde Park Hotel

18. BURIAL, CREMATION, OR REMOVAL
PLACE Moberly, Mo. DATE Feb. 9, 1936

19. UNDERTAKER D. W. Newcomer's Sons
(ADDRESS) 2111 East 9th

20. FILED 2/9, 1936 M. M. Cranmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1935, to February 9, 1936
I last saw her alive on February 9, 1936 Death is said to have occurred on the date stated above, at 1:50 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured left hip	
Hypostatic pneumonia	
Cerebral thrombosis	

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? ..... 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? .....
If so, specify .....
(Signed) Paul C. Platt, M. D.
(Address) 925 Argyle Bldg Kansas City, Mo