

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.

NOV 22 1936

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

Do not use this space.

1. PLACE OF DEATH

County Cass

Registration District No. 157

Township Pleasant Hill

Primary Registration District No. 4091

City Pleasant Hill (No.)

File No. 37029

Registered No. 34

St. Ward)

2. FULL NAME Buena Ann Babylon

(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug-4-1936</u>		
7. AGE	YEARS	MONTHS
	<u>—</u>	<u>2</u>
		DAYS
		<u>27</u>
		If LESS than 1 day, ... hrs. or min.

OCCUPATION	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) Pleasant Hill
(STATE OR COUNTRY) mo.

13. NAME Illegitimate child

14. BIRTHPLACE (CITY OR TOWN)

15. MAIDEN NAME Adell Babylon

16. BIRTHPLACE (CITY OR TOWN) Cass co.
(STATE OR COUNTRY) mo.

17. INFORMANT Mrs Bud Babylon
(ADDRESS) Pleasant Hill, mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pitts Chapel DATE Oct-30-1936

19. UNDERTAKER Brown & Co. Bellevue
(ADDRESS) Pleasant Hill, mo.

20. FILED Oct-31-1936 Mrs. Etha M. Aldridge
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 28 1936 to Oct 29 1936

I last saw him alive on Oct 28 1936 Death is said

to have occurred on the date stated above, at 2:15 p.m.

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

Intestinal infarction Date of onset

Other contributory causes of importance:

11/13

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

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) Wm M. Lusk M. D.

(Address) 47 Cass St. St. Louis, Mo.

