

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

Do not use this space.

OCT 20 1936

1. PLACE OF DEATH
 County Doune Registration District No. 78
 Township Missouri Primary Registration District No. 4446
 City (No. 51152) St. _____ Ward _____

2. FULL NAME Stell Barn Babe
 (a) Residence, No. Rockport Mo. 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.

File No. 48960
 Registered No. 4

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Babe

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-23-1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

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) Doune Co. Mo

MOTHER FATHER

13. NAME Veniz & Rutledge

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Speddy Co. Mo

15. MAIDEN NAME Blanche Taylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bedaz Co. Mo

17. INFORMANT Veniz & Rutledge
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Burial
 PLACE Union Cemetery DATE 9-24 1936

19. UNDERTAKER _____
 (ADDRESS)

20. FILED _____ 19 _____

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-23-1936

22. I, HEREBY CERTIFY, That I attended deceased from at Birth, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Placenta Previa Date of onset _____

Other contributory causes of importance: _____

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? _____ (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. P. Rutledge M. D.
 (Address) Rockport Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

