

SEP 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Waynes Registration District No. 65 File No. 32112
Township Waynes Primary Registration District No. 6192 Registered No. 9
City Waynes (No. _____) St. _____ Ward _____

2. FULL NAME

Wanda 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-28-1937

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

22. I HEREBY CERTIFY, That I attended deceased from Stillborn, 19____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-28-1937

I last saw h. _____ alive on _____, 19____. Death is said

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

to have occurred on the date stated above, at _____ m.

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

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 _____

Date of onset _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Piedmont, Mo.

Other contributory causes of importance: _____

13. NAME Wanda Babb

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Piedmont, Mo.

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME Willa Harrison

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Joplin, Mo.

Where did injury occur? _____ (Specify city or town, county, and State)

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

17. INFORMANT (ADDRESS) Wanda Babb, Piedmont, Mo.

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE 5-29-1937

Nature of injury _____

19. UNDERTAKER (ADDRESS) Friends

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

20. FILED 6/10, 1937 Mrs. T. M. Polk Registrar.

(Signed) T. C. Giles, M. D.

(Address) Piedmont, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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