

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.

OCT 27 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

35506

1. PLACE OF DEATH

County Sullivan
 Township Jackson
 City Jackson

Registration District No.

Primary Registration District No.

File No.

Registered No.

St. _____ Ward _____

2. FULL NAME

Andrew S Babbitt

(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 73 yrs. 4 mos. 3 ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Flora Williams Babbitt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-10-1864</u>		
7. AGE <u>73</u>	YEARS <u>4</u>	MONTHS <u>3</u>
		DAY <u>3</u>
		If LESS than 1 day, hrs. min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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)	<u>Jackson Twp.</u> <u>Sullivan Co. Mo.</u>
---	--

FATHER	13. NAME <u>A. S. Babbitt</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Maryland</u>

MOTHER	15. MAIDEN NAME <u>Raiter</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Maryland</u>

17. INFORMANT <u>Orin Babbitt</u> (ADDRESS) <u>Pollock, Mo.</u>
--

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Babist</u> DATE <u>Sept 14 1937</u>

19. UNDERTAKER <u>C. A. Schaefer</u> (ADDRESS) <u>Pollock, Mo.</u>

20. FILED <u>Oct 9 1937</u> <u>C. H. Hagan</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-13 .193722. I HEREBY CERTIFY, That I attended deceased from Aug 1 1937, to Sept 13 1937I last saw him alive on Sept 12 1937. Death is saidto have occurred on the date stated above, at 3:20 a.m.

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

Chronic nephritis Date of onset

Other contributory causes of importance:

Prostatic hypertrophydue toinability to retain food.Name of operation none Date ofWhat test confirmed diagnosis? Phys. exam Was there an autopsy? no

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

Accident, suicide, or homicide? no 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) J. C. Roberts M. D.(Address) Pollock, Mo.

