JAN 25 1938

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

Do not use this space.

47002

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File No.

Registered No. 333

1. PLACE OF DEATH

County Vernon

Township Washington

City ..... (No. ..... St. ..... Ward)

Registration District No. 875

Primary Registration District No. 6162

108

2. FULL NAME Wm. L. Babbitt

(a) Residence, No. State Hospital #2 St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 4 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	~~66~~ 67	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer — com. labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. chronic invalid

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) Mo.

FATHER

13. NAME no information

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Chas. T. Black, Wheatland Mo.
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethel Cem DATE 12/15 1937

19. UNDERTAKER Lucky
(ADDRESS) Wheatland Mo.

20. FILED 12/13 1937 Alice V. Hays
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 4, 1921, to Dec. 12, 1937

I last saw him alive on ....., 1937 Death is said to have occurred on the date stated above, at 9:30 P. m.

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

	Date of onset
Cerebral arteriosclerosis	7
Other contributory causes of importance: Cerebral hem.	Dec 4, 37

Name of operation none Date of .....

What test confirmed diagnosis? Clinical 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? no

If so, specify .....

(Signed) T. T. Dalton, M. D.

(Address) Nevada Mo.

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.