

REC'D MAY 23 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County Marion  
Township Liberty  
City Palmyra (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 548.  
Primary Registration District No. 4323.

File No. 15273  
Registered No. 35

## 2. FULL NAME

Mrs May Babcock Eldridge 436  
Palmyra, Mo.

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) 2 6 7

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1861

7. AGE YEARS 76 MONTHS 11 DAYS 27 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) 1937 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Durand, Wisconsin

13. NAME George W. Babcock

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

15. MAIDEN NAME Harriett Babcock  
New York

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

17. INFORMANT Jeanne Eldridge  
(ADDRESS) Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Durand, Wisconsin DATE 5/1/38

19. UNDERTAKER Lee  
(ADDRESS) Palmyra, Mo.

20. FILED April 28, 1938 Caroline Lee Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1936, to April 28, 1938

I last saw him alive on Apr. 28, 1938. Death is said to have occurred on the date stated above, at 12:20 A.M.

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

Chronic interstitial nephritis Date of onset 12/1

Other contributory causes of importance:

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 Mr. W. C. O'Neal, M. D.

(Signed) 487 (Address) Palmyra, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS SIGNING STATE

