

REC'D JUN 8 1938

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

Do not use this space.

Cullers.

## 1. PLACE OF DEATH

County Newton  
Township Benton  
City..... (No. ....) St. .... Ward)Registration District No. 609  
Primary Registration District No. 5809File No. 19043  
Registered No. 552. FULL NAME Mrs Mary Jane Babb(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

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

## MEDICAL CERTIFICATE OF DEATH

## 3. SEX

Female

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

John Babb

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

March 8, 1858

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

80

1

6

OCCUPATION

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

House Wife

## 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)

Benton County  
Arkansas

## 13. NAME

Mr. Cardwell

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

Unknown

## 15. MAIDEN NAME

Polly McHuron

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

Unknown

## 17. INFORMANT (ADDRESS)

Charles Babb  
Granby Ft. #2

## 18. PLACE OF CREMATION, OR REMOVAL

PLACE Wassonia Cem. DATE 5/14/38

## 19. UNDERTAKER (ADDRESS)

Thompson Funeral Home  
Rebsho, Mo.

## 20. FILED

5-28 1938 Malasala  
Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1938

## 22. I HEREBY CERTIFY, That I attended deceased from

Small May 10, 1938 to May 10, 1938, 19.....I last saw her alive on May 10, 1938, 19..... Death is saidto have occurred on the date stated above, at 3:15 p. m.

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

One call May 11 1938 Date of onsetCancer on neckOther contributory causes of importance: 53

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) P. D. Cullers, M. D.Rebsho Mo. (Address)

