

REC'D OCT 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County Adair
Township
City Kirkville

Registration District No. 4
Primary Registration District No. 3001

File No. 31548
Registered No. 170
St. _____ Ward _____

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

St. _____ Ward _____

2 hours

ds.

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

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

Single

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

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

12-6-1935

7. AGE

YEARS

2

MONTHS

9

DAYS

17

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

OCCUPATION

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

Child

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)

Novinge Missouri

MOTHER FATHER

13. NAME

George Albert Babcock

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

Kirkville Missouri

15. MAIDEN NAME

Irene Barnett

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

Kirkville Missouri

17. INFORMANT (ADDRESS)

G. A. Babcock Kirkville Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Country Club DATE 9-25-1938

19. UNDERTAKER (ADDRESS)

DeG. Riley Funeral Home Kirkville Mo

20. FILED

Sept 25 1938 Spenser Newman

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Sept 23 1938

22. I HEREBY CERTIFY, That I attended deceased from

Sept 23 1938 to Sept 23 1938I last saw him alive on Sept 23 1938 Death is saidto have occurred on the date stated above, at 7:10 P.

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

Generalized Convulsions

Date of onset

9/22

Other contributory causes of importance:

Eating raw cucumber 9/22

Name of operation

None

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? No

If so, specify _____

(Signed)

E. S. Smith, M. D.

(Address)

Kirkville 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.

86

RECEIVED

District Health Officer No. 10

District File Number 10-38-214

Date Filed 10-11-38

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

315-48
Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 4
(b) Township Primary Registration District No. 3001 Registered No. 170
(c) City Hicksville (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Frances Colleen Babcock
(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23 1938

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
I last saw h. alive on 19... Death is said to have occurred on the date stated above, at.....m.

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

The principal cause of death and related causes of importance were as follows:
Generalized Convulsion
Acute food poisoning
197-

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 9 17

Other contributory causes of importance:
Eating raw cucumber

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 11/7/38 19 J. L. Freeman Local Registrar.
by ESS

Date of onset
197-

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) E. S. Smith, M. D.
(Address) Hicksville Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

