

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

**39501**  
Do not use this space.

DEC 19 1938

**1. PLACE OF DEATH**

(a) County Wasper Registration District No. 417  
 (b) Township Wetter City Primary Registration District No. 3021  
 (c) City Wetter City (d) Street No. 111 S., PENN. 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 2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 1115 Penn 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**

3. SEX Male 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 Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9, 1854

7. AGE YEARS 84 MONTHS 21 DAYS 16 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as saw mill, bank, etc. Tricoseed Man  
 10. Date deceased last worked at this occupation (month and year) 9/2 11. Total time (years) spent in this occupation 92

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seligman Missouri

FATHER 13. NAME Abner Babb

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Deputy Terry Wetter City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Seligman Cem DATE Nov 27, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wetter City Burial Co. Wetter City, Mo.

20. FILED NOV. 26. 38 19 R. S. Smith Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1938, to Nov 25, 1938. I last saw him alive on Nov 25, 1938. Death is said to have occurred on the date stated above, at 9:30 m.  
 The principal cause of death and related causes of importance were as follows:

Bacterial Pneumonia  
Chronic Myocarditis  
 Date of onset 9/2

Other contributory causes of importance:  
Chronic Myocarditis

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) C. J. Gregory M.D.  
 (Address) Wetter City, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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 5010-72-3

STATE OF MISSOURI  
DEPARTMENT OF HEALTH  
DIVISION OF PUBLIC HEALTH

RECEIVED

District Health Officer No. 6,

District File Number 6-38-206

Date Filed: DEC 16 1938

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, myself,  
or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.