WHITE PERMIT, 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.

REC'D APR 20 1939

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

Do not use this space.

1. PLACE OF DEATH
County: Polk — Registration District No. 700 — File No. 11952
Township: Union — Primary Registration District No. 4421 — Registered No. 6
City: Aldrich (No. ..... St. ..... Ward)

2. FULL NAME: Joseph David Babb
(a) Residence, No. ..... St., ... Ward. (Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ella Babb
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 22, 1865
7. AGE: YEARS 74 — MONTHS — DAYS 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Minister
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): 1930
11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Troy, Illinois

FATHER
13. NAME: Andrew J. Babb
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER
15. MAIDEN NAME: Lucy A. Long
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT (ADDRESS): W. E. Babb, Bonner Springs, Kans.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Walnut Grove, Mo. DATE: Mar 11, 1939
19. UNDERTAKER (ADDRESS): Hutcheson Blue & Poulson, Aldrich, Mo.
20. FILED: Mar 27, 1939 Vyna Miller, Registrar. 6 27

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 9, 1939
22. I HEREBY CERTIFY, That I attended deceased from March 1, 1936, to March 9, 1939
I last saw him alive on Feb 10, 1939. Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	9/1/1936

Other contributory causes of importance: 92 b

Name of operation: ✓ Date of: ✓
What test confirmed diagnosis? ✓ 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?
If so, specify
(Signed) W. T. Myers, M. D.
(Address) Aldrich, Mo.

RECEIVED
District Health Officer No. 7,
District File Number 7-39-503
Date Filed 4-12-39