

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

Do not use this space.

1. PLACE OF DEATH

County St. Francis
Township Harmonville
City Harmonville (No.)

Registration District No. 773
Primary Registration District No. 4464

File No. 3942
Registered No. 7
St. Ward)

2. FULL NAME

Rollin Babbs 103

(a) Residence, No. Harmonville St. 410 Ward 2
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6 1938

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

22. I HEREBY CERTIFY, that I attended deceased from Jan 1 1938, to Jan 6 1938

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 22 Feb 1895

last saw him alive on Jan 4 1938. Death is said to have occurred on the date stated above, at 7.8 m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 42 10 14

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

Cerebral arterial sclerosis Date of onset 1935

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) 25
11. Total time (years) spent in this occupation.

Other contributory causes of importance:
Arterial sclerosis 1932

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harmonville, Mo.

Name of operation..... Date of.....

FATHER 13. NAME Abel Babbs

What test confirmed diagnosis?..... Was there an autopsy?.....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harmonville, Mo.

15. MAIDEN NAME Julia Struhs

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harmonville, Mo.

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT John Babbs (ADDRESS)

Manner of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Francis DATE Jan 8 1938

Nature of injury.....

19. UNDERTAKER Farmerington, Inc. (ADDRESS) Farmerington, Inc.

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

20. FILED Jan 8 1938 A. J. Robinson Registrar

(Signed) W. S. Williams M. D. (Address) Farmerington, Inc.

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.

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

[Faint, mostly illegible handwritten notes and signatures, possibly including names like "G. L. ...", "A. ...", and "C. ..."]