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

Do not use this space.

37186

1. PLACE OF DEATH
County St Genevieve — Registration District No. 934
Township Union — Primary Registration District No. 6026
City — (No.) ... St. ... Ward)

File No. ...
Registered No. 8

2. FULL NAME Jesse T Babb
(a) Residence, No. St Genevieve Rural St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20 1854

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
81	9	10	

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) Jan 1935 — 11. Total time (years) spent in this occupation 75

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Mo

FATHER
13. NAME Abel Babb
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) George T Babb

18. BURIAL, CREMATION, OR REMOVAL
PLACE Genevieve Babb DATE Dec 1-1935

19. UNDERTAKER Farming Tool Yard
(ADDRESS)

20. FILED Nov 30 1935 — Wm A Kottemann Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1935, to ..., 1935
I last saw him alive on Oct, 1935. Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility, Arteriosclerosis	
Chronic Bronchitis	
+ Chronic Myocarditis	

Other contributory causes of importance

Name of operation None Date of ...
What test confirmed diagnosis? Clinical 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) Joseph Babb Deputy State Coroner M.D.
(Address) Farmington Mo

over

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.

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

160M-11-2-35

I was called to see [illegible]
Nov 29 1935 — Who had died about
one hour before my arrival —
Husband was ill for 3 days previous to
death — Complaining of Cough and
Difficult Breathing —
Diagnosis from history General Senility
arteriosclerosis
Chronic Bronchitis
Chronic myocarditis

R Applebury MD
Deputy State Com of Health
Dr Francis Co