

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

Do not use this space.

17  
1069157

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis

No. 5332 Nagel ave.

File No. ....

Registered No. 12476

St. .... Ward)

**2. FULL NAME**

Aggie Babb

(a) Residence. No. 5332 Nagel St., 2 Ward.

(If nonresident give city or town and State)

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

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX**

Female

**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**

Widow of James Babb

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

Feb 11 - 1849

**7. AGE**

78

YEARS

MONTHS

DAYS

11

If LESS than 1 day, hrs. or min.

24

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Unknown

**PARENTS**

**10. NAME OF FATHER**

Allen Frazer

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Unknown

**12. MAIDEN NAME OF MOTHER**

Unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Missouri

**14.**

INFORMANT (Address)

W. H. Babb  
5332 Nagel

**15.**

FILED

Mar 5 1928  
Paul Starkloff  
Registrar

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

Feb 5 1928

I HEREBY CERTIFY, That I attended deceased from Feb 26, 1928, to March 5, 1928 that I last saw her alive on July 4, 1928, and that death occurred, on the date stated above, at 10 P. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Pulmonary Tuberculosis

2311

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH. DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Typical signs -

(Signed) D. A. Valerog, M. D.

Mar 5, 1928 (Address) 315 S. Grand

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

Bismarck, Mo.

Feb 7 1928

**20. UNDERTAKER**

**ADDRESS**

McLaughlin

1631 Missouri

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.

