

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

Do not use this space.

SEP 13 1934

1. PLACE OF DEATH
 County St Francois Registration District No. 773
 Township _____ Primary Registration District No. 4464
 City Farmington (No. _____ St. _____ Ward _____)

2. FULL NAME Linn O. 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 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 Myrona Connolly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 6 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>54</u>	<u>11</u>	<u>21</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME Linn Babb.

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

15. MAIDEN NAME Sarah Parks

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

17. INFORMANT Myrona Babb
 (ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL Removal to Cemetery DATE 8-28 1934

19. UNDERTAKER Galdwell Bros
 (ADDRESS) Flat Rm 100

20. FILED Aug 28 1934 T. J. Robinson
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1934, to Aug 25, 1934
 I last saw him alive on Aug 25, 1934. Death is said to have occurred on the date stated above at 12:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
Probably Alcohol.
1241A
 Other contributory causes of importance 1241A

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chemical 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) S. J. Watkins, M. D.
 (Address) Farmington, Mo.

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

