

JAN 17 1938

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

Do not use this space.

44185

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Starr

Primary Registration District No. 1002

City Kansas City (No. 3809 Michigan)

File No. ....

Registered No. 5088

St. .... Ward)

2. FULL NAME Mrs. Lida Babh

(a) Residence, No. 3809 Michigan St., .... Ward.

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clinton Babh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min. 75 7 11

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

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know?

13. NAME Unknown Do

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Do

15. MAIDEN NAME Unknown Do

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Do

17. INFORMANT F. D. Guemple (ADDRESS) 1328 1/2 Arrow Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE Douglas Has DATE 12/20/37

19. UNDERTAKER H. F. Mayberry (ADDRESS) 2315 Jewell Blvd

20. FILED Dec. 19 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/18/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from June, 1927 to Dec 18, 1937

I last saw h. a. alive on Dec 18, 1937 Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Pneumonia Date of onset 12/18/37

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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 none Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. W. H. Thresher, M. D. (Address) Prof. Bede

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.

Dr. C. W. Johnson