

REC'D FEB 24 1939

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

Do not use this space.

3059

1. PLACE OF DEATH
 64 County Maxion Registration District No. 527
 1 Township Maxion Primary Registration District No. 3879
 5 City Hannibal (No. Haseo St. Elizabeth) St. 11 Ward

2. FULL NAME Priscilla May Babyak
 (a) Residence, No. Haseo Mo 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 26 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 - - - 3

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. no
 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) Hannibal Missouri

FATHER
 13. NAME Andrew R. Babyak
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Haseo Mo

MOTHER
 15. MAIDEN NAME Ruth Barnes
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Haseo Mo

17. INFORMANT Andrew Babyak
 (ADDRESS) Glassco Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Mary's Cems. DATE Dec 29 1938

19. UNDERTAKER James O'Connell
 (ADDRESS) Hannibal Mo

20. FILED Jan 4 1939 H. C. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-29-1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1938 to Dec 29 1938
 I last saw her alive on Dec 28 1938 Death is said to have occurred on the date stated above, at 29 m.
 The principal cause of death and related causes of importance were as follows:
Prematurity
 Date of onset 154'

Other contributory causes of importance:
no

Name of operation _____ 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? X 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? no
 If so, specify _____
 (Signed) J. H. Hardy M. D.
 (Address) Hannibal 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.

