

1 PLACE OF DEATH

STATE OF MINNESOTA

Division of Vital Statistics

11106

County Pine

Township Brook Park

Village _____

City _____ No. _____

Reg. District No. _____ No. in Registration Book _____
(Above numbers to be filled in only by local registrar or his deputy.)

(If death occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____

2 FULL NAME Evelyn+ Alvera Babcock

(X) Residence. No. _____ (Usual place of abode) St. _____ Ward _____ (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. 12 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) Single

16 DATE OF DEATH (month, day, and year) 10/16 1925

6a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

17 I HEREBY CERTIFY, That I attended deceased from Sept 3 1925 to Sept 6 1925 that I last saw her alive on Sept 6 1925

6 DATE OF BIRTH (month, day, and year) 4/14/25

and that death occurred on the date stated above, at 3:45 P.M.

7 AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min. 5 22

The CAUSE OF DEATH* was as follows:

Acute Bacterial enteritis

8 OCCUPATION OF DECEASED

(a) Trade, Profession, or particular kind of work _____

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

(c) Name of employer _____

duration yrs. _____ mos. 3 da.

CONTRIBUTORY (SECONDARY) _____

(duration) yrs. _____ mos. _____ da.

9 BIRTHPLACE (city or town) (State or country) Brook Park Minn

18 Where was disease contracted _____

If not at place of death? _____

10 NAME OF FATHER Bridge 3 Babcock

Did an operation precede death? No Date of _____

Was there an autopsy? _____

11 BIRTHPLACE OF FATHER (city or town) (State or country) West Concord Minn

What test confirmed diagnosis? Microscopical

(Signed) W. B. Kelley M. D.

12 MAIDEN NAME OF MOTHER Julia Rafferty

19 Address Brook Park Minn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St Paul Minn

* 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. (See reverse side for additional space.)

14 Informant B. B. Babcock (Address) _____

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Brook Park

DATE OF BURIAL 10-8 1925

15 Filed 11/7 1925 Otto H. Ziegler REGISTRAR
Received NOV 6 1925

20 UNDERTAKER Scoville Son

ADDRESS Brook Park Minn

MARGIN RESERVED FOR BINDING

DO NOT WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be clearly understood. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B.C. states name of child as Evelyn Alvera