

# STATE OF MINNESOTA

Division of Vital Statistics

15349

## CERTIFICATE OF DEATH

### 1. PLACE OF DEATH

County Steele

Township \_\_\_\_\_  
or \_\_\_\_\_

Village \_\_\_\_\_

City Quatonna

Reg. District No. 21 No. in Registration Book 89  
(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)

2. FULL NAME Gloria Babcock

(2a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward 550

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. (If non-resident give city or town and state)

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (WRITE THE WORD) Single 21. DATE OF DEATH (month, day, and year) Oct. 25 1944

22. I HEREBY CERTIFY, That I attended deceased from on Oct. 25 1944 to \_\_\_\_\_ 19\_\_\_\_  
I last saw h..... alive on Stillborn 19\_\_\_\_; death is said to have occurred on the date stated above, at 1:30 P. M.

5a. If married, widowed or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) 10-25-1944

7. AGE Years Months Days If LESS than 1 day or min. 25 10 25 1 day

8. Trade, profession, or particular kind of work done, as engineer (type of) miner, sawyer, bookkeeper, etc. ✓  
9. Industry or business in which work was done, as railway, mine (kind of) 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) Quatonna (State or country) Minnesota

13. NAME Burdge Babcock

14. BIRTHPLACE (city or town) West Concord (State or country) Minnesota

15. MAIDEN NAME Rafferty

16. BIRTHPLACE (city or town) West Paul (State or country) Minnesota

17. INFORMANT Burdge Babcock (Address) West Concord, Minnesota

18. PLACE OF BURIAL Concord Date 1944 (Cremation—No, Yes)

19. UNDERTAKER J. M. Gowen (Address) West Concord

20. Filed 19 John A. McIntyre no Registrar.

The PRIMARY UNDERLYING CAUSE of death was stillborn macerated fetus at Term.

Contributory causes of importance in order of onset:  
(1) Mother is diabetic  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_

Did an operation precede death? No  
If so, state condition for which it was undertaken \_\_\_\_\_

Date of operation \_\_\_\_\_ Was there an autopsy? No

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? No

If so, specify \_\_\_\_\_  
(Signed) E. N. Hartung M. D.  
Blaine, Minn.

Oct 25 1944 (Address) Blaine, Minn.

139

REC'D OCT 30 1944

MARGIN RESERVED FOR BINDING. 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.

20

INDEXED

Sub-Registrar

19

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