

## STATE OF MINNESOTA

Division of Vital Statistics  
CERTIFICATE OF DEATH

## 1 PLACE OF DEATH

County Dodge  
 Township \_\_\_\_\_  
 or \_\_\_\_\_  
 Village West Concord  
 or \_\_\_\_\_  
 City \_\_\_\_\_

Reg. District No. \_\_\_\_\_ No. in Registration Book 76  
 (Above numbers to be filled in only by local registrar or his deputy.)

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sarah Fogelson Babcock

(2a) Residence, No. West Concord  
 (Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S., if of foreign birth? yes mos. da. (If nonresident give city or town and State)

3 SEX Female 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

Birdge L. Babcock

6 DATE OF BIRTH (month, day, and year) 8-17-1868

7 AGE Years Months Days If LESS than 1 day, hrs. or min.  
69 3 26

8 Trade, profession, or particular kind of work done, as engineer (type of miner, sawyer, bookkeeper, etc.) housewife

9 Industry or business in which work was done, as railway, mine (kind of) saw mill, bank, etc. home

10 Date deceased last worked at this occupation (month and year) 1936 11 Total time (years) spent in this occupation

12 BIRTHPLACE (city or town) Skylberg  
 (State or country) Minnesota

13 NAME Bennett Fogelson

14 BIRTHPLACE (city or town) Germany  
 (State or country)

15 MAIDEN NAME Wilhelmina

16 BIRTHPLACE (city or town) Germany  
 (State or country)

17 INFORMANT Anna Babcock  
 (Address)

18 PLACE OF BURIAL Concord 12-16-1937  
 (Cremation—No, Yes)

19 UNDERTAKER C. J. Ferguson  
 (Address)

20 Filed Dec 15, 1937 E. A. Rimmer  
 Registrar

21 DATE OF DEATH (month, day, and year) 12-13, 1937

22 I HEREBY CERTIFY, That I attended deceased from Jan, 1934, to 12-13, 1937

I last saw him alive on 12-13, 1937; death is said to have occurred on the date stated above, at 11:30 a.m.

The PRIMARY UNDERLYING CAUSE of death was

Papillary Cancer Breast  
Generalized Carcinomatous

Duration

4 yrs.

1 yr.

Contributory causes of importance in order of onset:

Duration

(1) \_\_\_\_\_  
 (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 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. A. Rimmer, M. D.

(Address) West Concord

C. J. Ferguson  
 1937  
 Dec 14