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30350

WISCONSIN STATE BOARD OF HEALTH CERTIFICATE OF DEATH

Local Registrar's No. 214

1. PLACE OF DEATH a. COUNTY Rock		2. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission). a. STATE Wisconsin b. COUNTY Rock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Beloit		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Beloit, Wisconsin	
d. FULL NAME OF HOSPITAL OR INSTITUTION 157 Merrill Avenue		d. STREET ADDRESS (If rural, give location) 157 Merrill Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) LILLIAN		b. (Middle) ESTELLA	
		c. (Last) KIMBIRK	
		4. DATE OF DEATH (Month) (Day) (Year) Sept. 7, 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH June 16, 1858
		9. AGE (In years) 94	If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Oriskany, New York
12. CITIZEN of WHAT COUNTRY?		13. FATHER'S NAME Austin Hall Babcock	
14. MOTHER'S MAIDEN NAME Lillian -Unknown		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Leonard Kimbirk	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Senility and		Interval Between Onset and Death	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		In bed	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		10 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Aug. 28 19 52 to Sept. 7 19 52 , that I last saw the deceased alive on Sept. 7 19 52 , and that death occurred at 2:30P. m., from the cause and on the date stated above.	
23a. SIGNATURE A. F. Ottow, M.D. (Degree or title)		23b. ADDRESS Beloit, Wisconsin	
23c. DATE SIGNED 9-8-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Sept. 10, 1952		24c. NAME OF CEMETERY OR CREMATORY Oakwood Cemetery	
24d. LOCATION (City, town or county) (State) Beloit, Wisconsin		25. FUNERAL DIRECTOR Mathew J. Hansen-215 Prospect St. Beloit, Wisc.	
DATE REC'D BY LOCAL REG. 9-8-52		REGISTRAR'S SIGNATURE J. C. Springberg, M.D.	

UNRECORDED
IDENTIFICATION