

MINNESOTA DEPARTMENT OF HEALTH
Section of Vital Statistics
CERTIFICATE OF DEATH

3930

REGISTERED NO.

1. PLACE OF DEATH: STATE OF MINNESOTA

a. COUNTY

Dodge

b. TOWNSHIP
OR

c. CITY OR VILLAGE

West Concord

d. NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2. USUAL RESIDENCE

a. STATE

Minnesota

c. TOWNSHIP
OR

d. CITY OR VILLAGE

West Concord

e. P. O. ADDRESS

West Concord

(Where deceased lived. If institution: residence before admission.)
b. COUNTY

Dodge

Is residence within its corporate limits?
YES ☒ NO ☐

3. NAME OF
DECEASED
(Type or Print)

Birdge

L.

Babcock

5. SEX

Male

6. COLOR OR RACE

white

7. MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Dec. 18, 1864

4. DATE
OF
DEATH

(Month)

(Day)

(Year)

April

29

1956

9. AGE (In years last
birthday)

91

If Under 1 Year
Months Days

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

stone mason

10b. KIND OF BUSINESS OR
INDUSTRY

carpentry

11. BIRTHPLACE (State or foreign country)

Olmstead County

Oronoco Minnesota

12. CITIZEN OF WHAT
COUNTRY?

U.S.A.

13a. FATHER'S NAME

Austin Babcock

13b. MOTHER'S MAIDEN NAME

Laura Wade

14. SPOUSE'S NAME

Sarah (Fogelson) Babcock

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or
unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE

Miss Minnie Babcock, West Concord

ADDRESS

18. Enter only one
cause on lines
(a), (b) and
(c).

*(Give disease, in-
jury or complica-
tion which was
the IMMEDIATE
CAUSE of death,
not mode of dy-
ing, as heart fail-
ure, asphyxia, etc.)

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION
LEADING DIRECTLY TO DEATH*

Cancer Throat

ANTECEDENT CAUSES

Morbid conditions, if any, giving
rise to the above cause (a) stat-
ing the underlying cause last.

DUE
TO (b)

DUE
TO (c)

2. OTHER SIGNIFICANT CONDITIONS
Contributing to death but not
related to disease or condition
causing death.

TIME BETWEEN
ONSET & DEATH

1 1/2 yrs.

19a. DATE OF OPERA-
TION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

21b. PLACE OF INJURY (e.g., in or about
home, farm, factory, street, office bldg., etc.)

21c. (CITY, VILLAGE OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME (Month) (Day) (Year) (Hour)
OF
INJURY

21e. INJURY OCCURRED
While at ☐ Not While ☐
Work At Work

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 Mar, 1956, to 20 Apr, 1956, that I last saw the deceased alive on 20 Apr, 1956, and that death occurred at 2 A M., from the causes and on the date stated above.

23a. SIGNATURE

J. E. Olson M.D.

(Degree or title)

23b. ADDRESS

West Concord Minn

23c. DATE SIGNED

20 Apr 56

24a. BURIAL, CREMATION,
REMOVAL (Specify)

burial

24b. DATE

May 2 1956

24c. NAME OF CEMETERY OR CREMATORY

Concord

24d. LOCATION (City, village or county)

Concord

Minnesota

(State)

DATE FILED BY LOCAL
REG.

5-1-1956

REGISTRAR'S SIGNATURE

Harry E. Burtch Mantoville C. J. Ferguson

25. SIGNATURE OF FUNERAL DIRECTOR OR EMBALMER

ADDRESS

West Concord

Signature of Sub-Registrar C. J. Ferguson

Burial or removal permit issued April 30 1956

REC'D MAY 15 1956

WRITE PLAINLY, WITH UNFADING BLACK INK
MARGIN RESERVED FOR BINDING

13-54 2nd Book