MINNESOTA DEPARTMENT OF HEALTH Section of Vital Statistics

CERTIFICATE OF DEATH

3930

REGISTERED NO.

a. COUNTY		FMINNESOTA		2. USUAL RE		(Where dece	Dodge	titution: resid	dence before admission.
b. TOWNSHIP	8	· 1 .	ENGTH OF	Minne so	111-111-1111		DOUR		
OR OR		STAY (c).	ENGTH OF	OR OR	·-				
CITY OR VILLAGE		64	64 years					within its co	porate limits NO [-
West Co				Conco	rd ··				
HOSPITAL OR		institution, give street add	ress or location)	a contract of the contract of	Concor	d	- pu S1		
DECEASED (Type or Print)	Birdge	L.	Ba	bcock	2	4. DATE OF DEAT	(Month) H April	(Day) 29	(Year) 1956
	6. COLOR OR R	ACE 7. MARRIED NEVER	MARRIED.	8. DATE OF BIR	TH		(In years last	If Unc	ier I Year
Male	white	widowed	KCEBF (Specify)	Dec.18	,1864	birth	9I	Months	Days
during most of work	ATION (Give kind) ing Ha, even if rat	of work done 10b. KIND (ired) INDUST		R II. BIRT		or foreign co		12. CITIZEN COUNTR	
stone mas	on	carp	entary	Oro		(inneso		U.S.	A.
S. FATHER'S NAME		-	THER'S MAIDE	N NAME	1	4. SPOUSE'S N	AME	11	7 V
ustin Ba	boock	Lau	ra Wad	le	8	sarah (F	gelson) Babo	SOR A
S. WAS DECEASED		MED FORCES? 14 SC	OCIAL SECURIT	Y NO.	17. INFORM	ANT'S OWN S	GNATURE .	ADM	EŠŠ
fes, no, or nknown)		or dates of service) (as .		reconstruction	mina	mini	· Batu		art
. Enter only one			MEDICAL	CERTIFICATIO					may)
cause on lines			MEDICAL	CERTIFICATIO	" a.				E BETWEEN
(a), (b) and (c).	I. DISEASE OR	CONDITION	,	1-	-6-			11-	_
	LEADING DI	RECTLY TO DEATH	ance	1 /ra	au a	III. AND DESCRIPTION OF STREET			> 41
Give disease, in-									-
	ANTECEDENT C	AUSES							-
on which was	ANTECEDENT C	DUE		•					
on which was the IMMEDIATE AUSE of death,	Morbid conditio	ons, if any, giving TO							
on which was the IMMEDIATE AUSE of death, of mode of dy-	Morbid conditio	ons, if any, giving TO (
on which was the IMMEDIATE AUSE of death, of mode of dy-	Morbid condition	ons, if any, giving to (one cause (a) stating cause last.	(b)						
on which was the IMMEDIATE AUSE of death, of mode of dy-	Morbid condition rise to the about ing the underlyi	ons, if any, giving to (one cause (a) stating cause last. DUE TO ((b)						
on which was a IMMEDIATE AUSE of death, of mode of dy-	Morbid conditionise to the abouting the underlying the Contributing to	DUE TO (DUE to (a) stating rause last. DUE TO (DUE	(b)						
on which was e IMMEDIATE AUSE of death, of mode of dy- e, as heart fail-	Morbid conditionise to the abouting the underlying the Contributing to	ons, if any, giving TO (pe cause (a) stat- ing cause last. DUE TO ((b)						
on which was the IMMEDIATE AUSE of death, of mode of dying, as heart fail-re, asphyxia, etc.	Morbid conditionise to the abouting the underlying the underlying to Contributing to related to discussing death.	DUE TO (DUE to (a) stating rause last. DUE TO (DUE	(b)					20. AUTOPS	SY?
on which was the IMMEDIATE AUSE of death, the mode of dy- te, as heart fail- te, asphyxia, etc.	Morbid conditionise to the abouting the underlying the underlying to Contributing to related to discussing death.	DUE TO (DUE to (a) stating cause last. DUE TO (DIFICANT CONDITIONS death but not ase or condition	(b)					20. AUTOPS	SY?
on which was the IMMEDIATE AUSE of death, of mode of dying, as heart fail-re, asphyxia, etc. Pa. DATE OF OPER TION	Morbid conditionise to the abouting the underlying the underlying to Contributing to related to discussing death. RA- 19b. MAJOR	DUE TO (DUE TO	(b)					YES 🗌	NO E
on which was he IMMEDIATE AUSE of death, of mode of dyne, as heart fail- re, asphyxia, etc.	Morbid conditionise to the abouting the underlying the underlying to Contributing to related to discussing death.	DUE TO (DUE to (a) stating cause last. DUE TO (DIFICANT CONDITIONS death but not ase or condition	(b) (c) (e.g., in or abou	1 21c. (CITY,)	VILLAGE OR TO	(WNSHIP)	(COUNTY)	YES 🗌	NO PATE)
on which was the IMMRDIATE AUSE of death, of mode of dyng, as heart fail-re, asphysia, etc. 9a. DATE OF OPER TION 10. ACCIDENT SUICIDE HOMICIDE 11d. TIME (Month	Morbid conditionise to the abouting the underlying the underlying to Contributing to related to discussing death. RA- 19b. MAJOR	DUE TO (pus, if any, giving to (pus cause (a) stat- ing cause last. DUE TO (IFICANT CONDITIONS death but not ase or condition FINDINGS OF OPERATION 21b. PLACE OF INJURY home, farm, factory, street	(c) (e.g., in or about et, office bldg	1 21c. (CITY,)			(COUNTY)	YES 🗌	NO E
on which was in IMMRDIATE AUSE of death, of mode of dyone, as heart fail- ie, as heart fail- ie, asphyxia, etc. 8. ACCIDENT SUICIDE HOMICIDE Id. TIME (Month OF	Morbid conditionise to the abouting the underlying the underlying to Contributing to related to disconting death. RA- 19b, MAJOR (Specify)	DUE TO (pus, if any, giving to rause (a) stating rause last. DUE TO (IFICANT CONDITIONS death but not ase or condition FINDINGS OF OPERATION 21b. PLACE OF INJURY home, farm, factory, street while at white at whit	(e.g. in or about the office bldg	t 21c. (CITY.)			(COUNTY)	YES 🗌	NO E
or complica- in which was the IMMRDIATE AUSE of death, of mode of dy- in, as heart fail- re, asphysia, etc. O. ACCIDENT SUICIDE HOMICIDE HOMICIDE INJURY	Morbid condition rise to the about ing the underlying the underlying to related to disease causing death. (Specify) (Specify)	DUE TO (put, if any, giving to rause (a) stating rause last. DUE TO (IFICANT CONDITIONS death but not are or condition FINDINGS OF OPERATION 21b. PLACE OF INJURY home, farm, factory, street work (Hour) 21e. INJURY While at Work	(e.g. in or about the office bldg	21c. (CITY.)	NJURY OCCU	R 7		YES [ST	NO L
an which was a IMMEDIATE AUSE of death, of mode of dyor, as heart fail- ie, as heart fail- ie, asphyxia, etc. a. ACCIDENT SUICIDE HOMICIDE Id. TIME (Month OF INJURY) 12. I hereby cert	Morbid condition rise to the about ing the underlying the underlying to related to diseicausing death. (Specify) (Specify) (Specify)	DUE TO (pus, if any, giving to rause (a) stating cause last. DUE TO (IFICANT CONDITIONS death but not ase or condition FINDINGS OF OPERATION 21b. PLACE OF INJURY home, farm, factory, street work (Hour) 21e. INJUR While at Work m. Work	(e.g. in or about the order office bldg	21f. HOW DID I	NJURY OCCU	R 7		YES [ST	NO L
on which was in IMMRDIATE AUSE of death, of mode of dyone, as heart fail-re, asphysia, etc. TON TON ACCIDENT SUICIDE HOMICIDE HOMICIDE INJURY	Morbid condition rise to the about ing the underlying the underlying to related to diseicausing death. (Specify) (Specify) (Specify)	DUE TO (put, if any, giving to rause (a) stating rause last. DUE TO (IFICANT CONDITIONS death but not are or condition FINDINGS OF OPERATION 21b. PLACE OF INJURY home, farm, factory, street work (Hour) 21e. INJURY While at Work	(e.g. in or about the order office bldg	21f. HOW DID I	NJURY OCCU	R 7	5Ghai I	YES [ST	NO LATE)
on which was he IMMRDIATE AUSE of death, of mode of dyne, as heart fail-re, asphyxia, etc. 9a. DATE OF OPER TION 10. ACCIDENT SUICIDE HOMICIDE HOMICIDE HOMICIDE AUGUST OF INJURY 22. I hereby cert alive on 21	Morbid condition rise to the abouting the underlying the underlying to related to discontinuing death. RA- 19b. MAJOR (Specify) h) (Day) (Year)	DUE TO (INTERPRETATIONS INTERPRETATION INTERP	(e.g. in or about the office bldg	21f. HOW DID I	NJURY OCCU	causes and	5Ghat I on the date	last saw the	NO LATE)
or complica- ion which was he IMMRDIATE AUSE of death, of mode of dy- ng, as heart fail- ire, asphyxia, etc. 10. ACCIDENT SUICIDE HOMICIDE HOMICIDE INJURY 22. I hereby cert	Morbid condition rise to the abouting the underlying the underlying to related to discontinuing death. RA- 19b. MAJOR (Specify) h) (Day) (Year)	DUE TO (INTERPRETATIONS INTERPRETATION INTERP	(e.g. in or about the office bldg	21f. HOW DID I	NJURY OCCU	causes and	5Ghat I on the date	last saw the	NO PATE)
on which was he IMMRDIATE AUSE of death, of mode of dyng, as heart failure, asphysia, etc. 10. ACCIDENT SUICIDE HOMICIDE HOMICIDE HOMICIDE AUGUST OF INJURY	Morbid condition rise to the abouting the underlying the underlying to related to discontinuing death. RA- 19b. MAJOR (Specify) h) (Day) (Year)	DUE TO (INTERPRETATIONS DIE TO (INTERPRETATIONS DIE TO (INTERPRETATIONS DUE TO (INTERPRETATIONS DUE TO (INTERPRETATIONS DUE TO (INTERPRETATIONS DUE TO (INTERPRETATIONS PLACE OF INJURY Nome, farm, factory, street Mork INTERPRETATION While at Work Indeed the deceased from Indeed	(e.g. in or about the office bldg	21f. HOW DID I	NJURY OCCU	FR. 19	5Ghat I on the date	last saw the	NO PATE)
Pa. DATE OF OPER TION TO ACCIDENT SUICIDE HOMICIDE HOMICIDE Id. TIME (Month OF INJURY 10. SIGNATURE 10. SIGNATURE	Morbid condition rise to the abouting the underlying the underlying to related to diseicausing death. (Specify) (Specify) (Specify) (Specify)	DUE TO () stating to rause (a) stating rause last. DUE TO () IFICANT CONDITIONS death but not are or condition FINDINGS OF OPERATION 21b. PLACE OF INJURY home, farm, factory, street work (Hour) 21e. INJURY While at Work m. Work m. Work 1956, and that death of the deceased from the deceased	(e.g. in or about of, office bldg) Y OCCURRED Not While At Work ath occurred	21f. HOW DID I	NJURY OCCU 1020 M., from the	causes and	SGhat I on the date	last saw the stated about 23c. DA	NO PATE)
on which was in IMMRDIATE AUSE of death, of mode of dy- in, as heart fail- in, as heart fail- in, asphysia, etc. o. ACCIDENT SUICIDE HOMICIDE INJURY 12. I hereby cert alive on 21 14. SIGNATURE	Morbid condition rise to the abouting the underlying the underlying to related to diseicausing death. (Specify) (Specify) (Specify) (Specify)	DUE TO () stating to rause (a) stating rause last. DUE TO () IFICANT CONDITIONS death but not are or condition FINDINGS OF OPERATION 21b. PLACE OF INJURY home, farm, factory, street work (Hour) 21e. INJURY While at Work m. Work and the deceased from the d	(e.g. in or about of, office bldg) Y OCCURRED Not While At Work ath occurred	21f. HOW DID I	M., from 1	causes and	on the date	last saw the stated about 23c. DA	NO LATE) Te deceased TE SIGNED (State)
on which was e IMMEDIATE AUSE of death, of mode of dy- e, as heart fail- e, asphyxia, etc. o. ACCIDENT SUICIDE HOMICIDE HOMICIDE INJURY 2. I hereby cert alive on 2	Morbid condition rise to the about ing the underlying the underlying to related to disease causing death. (Specify) (Specify) (Specify) (Specify) (Specify) (Specify)	DUE TO () stating to rause (a) stating rause last. DUE TO () IFICANT CONDITIONS death but not are or condition FINDINGS OF OPERATION 21b. PLACE OF INJURY home, farm, factory, street work (Hour) 21e. INJURY While at Work m. Work and the deceased from the d	(e.g., in or about the process of th	216. (CITY.) 216. HOW DID I	M., from the	causes and	Mat I on the date	last saw the stated about 23c. DA	NO LATE) TE SIGNED (State)