

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

20717

1. PLACE OF DEATH

County Jackson
Township 1st
City W. L. Mo.

Registration District No. 399
Primary Registration District No. 1002
(No. 3704 Garner)

File No. _____
Registered No. 2596
St. _____ Ward)

2. FULL NAME

James Williams Billing
(a) Residence No. 3704 Garner St. 9 Ward.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maude Gertrud

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 4-1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____hra. or _____min.
47 3 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Rock Port
(STATE OR COUNTRY) Ill

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Maude Gertrud Billing
(Address) 3704 Garner

15. FILED 6/14 19 28 M. M. Crowne REGISTRAR
Asar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 12 1928

17. I HEREBY CERTIFY, that I attended deceased from _____, 19 16, that I last saw him _____ alive on _____, 19 _____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

hemorrhagic pneumonia

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

0 Did an operation precede death? _____ DATE OF _____
Was there an autopsy? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Henry Gaybaugh, M. D.
6/12, 1928 (Address) Deputy Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Highland Park Ave. DATE OF BURIAL June 15 1928

20. UNDERTAKER Rose & Henderson ADDRESS City

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—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.

