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

Do not use this space.

30087

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 — File No.:

Township: — Primary Registration District No.: 1001 — Registered No.: 1031

City: St Joseph (No. Mo Meth Hosp St. Ward)

2. FULL NAME John Wm Billings

(a) Residence. No. Faucett Mo St., 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ella

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 5 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	50	2	27	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Truck Driver

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sparta Tenn

PARENTS

10. NAME OF FATHER: James W. Billings

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

12. MAIDEN NAME OF MOTHER: Mary Cutlery

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Smithville Tenn

14. INFORMANT: Mrs Ella Billings (Address) R.R. # 5 St Joseph

15. FILED 4 1929, 19 John G. Wf REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 2 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1929, to Sept 2, 1929 that I last saw him alive on Sept 2, 1929 and that death occurred, on the date stated above, at 5.30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: General peritonitis following Traumatic (auto malate, accident) rupture of jejunum (jejunum) 1 mile North of Wallace Mo (duration) yrs. mos. 11 ds.

CONTRIBUTORY (SECONDARY): Hilarious Tremens ch alcoholism ch nephritis (duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED? 1880

IF NOT AT PLACE OF DEATH? Wallace Mo

DID AN OPERATION PRECEDE DEATH? yes DATE OF Aug 21-29

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? operation ch 209

(Signed) HK Wallace, M. D.

9/3, 1929 (Address) 301 NE St Joseph Mo

*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	DATE OF BURIAL
Sparta Cem	9/4 1929
20. UNDERTAKER	**ADDRESS**
Heeman Funeral Home	1946 Colhoun

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PATERNAL ANCESTRY should be stated. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.