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

Do not use this space.

27933

1. PLACE OF DEATH
County Dunklin — Registration District No. 287
Township Clay — Primary Registration District No. 5405
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. 43

2. FULL NAME Billie Weldon Timmin

(a) Residence. No. ..... 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.

SEP 22 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June, 10, 1930

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
1	2	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Dunklin County
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER L. E. Timmin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Marquand
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Willie Shelton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Athens
(STATE OR COUNTRY) Texas

14. INFORMANT Mattie Sue Timmin
(Address) Hornersville, Mo.

15. FILED 8-31, 1931 E. G. Cope REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 30 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1931, to Aug 30, 1931 that I last saw him alive on Aug 30, 1931, and that death occurred, on the date stated above, at 7:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Poisoned by swallowing thirty seven tablets of unknown composition. Accidental, (duration) 6 hours ds.

CONTRIBUTORY (SECONDARY) 179 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Van H. Bond, M. D.
, 19 (Address) Hornersville 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: Hornersville Cemetery
DATE OF BURIAL: 8-31 1931

20. UNDERTAKER: McDaniel Furn. Co.
ADDRESS: Senath, Mo.