

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

Do not use this space.

8219
1073

1. PLACE OF DEATH

County Jackson
Township St. Louis
City Kansas City (No. 3029)

Registration District No. 399
Primary Registration District No. 1002
Indep Ave.

File No. 1002
Registered No. 1002
St. Indep Ward

2. FULL NAME

Billie Eugene Said

(a) Residence. No. 3029 Indep Ave. St. Indep Ward. Indep
(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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 9, 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Walter A. Said

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

12. MAIDEN NAME OF MOTHER Florence Edna Gibson

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

14. INFORMANT Walter A. Said
(Address) 3029 Indep Ave.

15. FILED 3/14 27 M.M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 14, 1927

17. I HEREBY CERTIFY That I attended deceased from Mar 9, 1927, to Mar 14, 1927 that I last saw Mar 14 alive on Mar 14, 1927, and that death occurred, on the date stated above, at 8: a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Compensated Myocard Infarction

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) R. L. St. Clair, M. D.

3/14, 1927 (Address) 5242 St. John

*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

Mt. Washington March 15, 1927

20. UNDERTAKER

A. J. Newcomer, Lou. K.C. Mo.

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.

5242 St. John
Rec. 0141-
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