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.

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

Do not use this space. 3945

1. PLACE OF DEATH
County ____ Registration District No. 791
Township ____ Primary Registration District No. 1002
City St Louis (No. ____ St. ____ Ward)

File No. F 557
Registered No. ____

2. FULL NAME Joseph G. Billard
(a) Residence: No. 3835 West Ave 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: Male
4. COLOR OR RACE: White
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) Oct 22 1928

7. AGE: Years ____ Months 2 Days 20 If LESS than 1 day, ____ hrs. or ____ min.

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

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Raymond O Billard
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Gilliam Lawyer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) East St Louis
(STATE OR COUNTRY) Ill

14. INFORMANT Raymond O. Billard
(Address) 3835 West Ave

15. JAN 12 1929 Filed, 19 ____ Ray C Tomlinson Registrar

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jany 11 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1929, to Jan 11, 1929, that I last saw him alive on Jan 9, 1929, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia
Primary
107A
158 (duration) ____ yrs. ____ mos. 2 ds.
CONTRIBUTORY (SECONDARY) Nephritis
(duration) ____ yrs. ____ mos. ____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH ____
DID AN OPERATION PRECEDE DEATH? ____ DATE OF ____
WAS THERE AN AUTOPSY? ____
WHAT TEST CONFIRMED DIAGNOSIS? ____
(Signed) Ralph L Cook, M. D.
Jan 11, 1929 (Address) 508 N Grand

*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: Calvary — DATE OF BURIAL: Jan 14 1929

20. UNDERTAKER: H O Collins — ADDRESS: 928 N. Grand Ave.

Metropolitan