

MAY 27 1930

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

Do not use this space.

13313

## 1. PLACE OF DEATH

County MarionRegistration District No. 547Township MasonPrimary Registration District No. 3029City Hannibal (No. 1319)

Wesper

File No. 94Registered No. 94St. 1st Ward)

## 2. FULL NAME

Vivien Lucille Billings(a) Residence. No. 1319 Wesper St., 1st Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 1 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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)

March 9/30

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ..... hrs. or ..... min.

11

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(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)

Hannibal, Mo

10. NAME OF FATHER

Ray H. Billing

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

I.L.

12. MAIDEN NAME OF MOTHER

Mable Seymour

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

I.L.

14. INFORMANT

(Address)

Ray H. Billings  
1319 Wesper St.

15. FILED

April 11, 30C. C. Causin  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

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

4/10 1930

17.

I HEREBY CERTIFY, That I attended deceased from Mar 4 1930, to Mar-10-1930, and that I last saw her alive on Mar-10-1930, and that death occurred, on the date stated above, at 9:25 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Whooping-cough - 3 weeks

CONTRIBUTORY (SECONDARY)

Broncho-pneumonia  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NO DATE OFWAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?

Signed) E. R. Miller M. D.19 (Address) Hannibal - 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

Mt. Olivet Cem.4/12 1930

20. UNDERTAKER

Jas. O'Donnell

ADDRESS

Hannibal Mo.

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.

