

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

Do not use this space.

28814

1. PLACE OF DEATH

County Schuyler
Township Prarie
City Queensity Mo. (No.)

Registration District No. 806
Primary Registration District No. 4482

File No.
Registered No.
St. Ward)

2. FULL NAME Francis M. Billings

(a) Residence. No. Queensity
(Usual place of abode)

St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 12 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)

Married

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

Mrs Francis Billings

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

Aug. 13th 1864

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

66

0

12

8. OCCUPATION OF DECEASED

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

(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) Iowa

10. NAME OF FATHER

Lewis Billings

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Penn

12. MAIDEN NAME OF MOTHER

Ema Moss

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Indiana

14.

INFORMANT Mrs F.M. Billings

(Address) Queensity Mo.

15.

FILED 19... REGISTRAR J. J. Jones

MEDICAL CERTIFICATE OF DEATH

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

Aug 24 1930

17.

I HEREBY CERTIFY, That I attended deceased from

1927, to Aug 24 1930
that I last saw him alive on Aug 23, 1930, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart Disease
927

958 (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Valvular Heart
Leone D. H. H. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

9 DID AN OPERATION PRECEDE DEATH

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) D. M. H., M. D.

, 19 (Address) Queen City 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

Queensity Cemetery Aug 26 1930

20. UNDERTAKER

ADDRESS

Wm M West Queensity

7110

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.

