

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.

31270

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Taw Primary Registration District No. 1002
City Kansas City (No. 11) General Hospital St. _____ Ward _____
2. FULL NAME Wm. Roy Billings
(a) Residence, No. 1637 Bellevue Ward _____
(Usual place of abode) _____
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. (If nonresident, give city or town and State)

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 OR (OR) WIFE OF Mrs. Edith Mae Johnson Billings

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 8 - 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 9 3

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maintenance man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Victoria Hotel
S. C. Jones mgr.
10. Date deceased last worked at this occupation (month and year) _____ U. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montrose, Colo

MOTHER FATHER
13. NAME Wm. Billings
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Col.
15. MAIDEN NAME Diantha Short
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bowling green, Ky

17. INFORMANT E. C. Billings
(ADDRESS) 14 3rd 2485-1000

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE Sept 14 1931

19. UNDERTAKER (ADDRESS) Eylan Funeral Home
1800 Genessee

20. FILED 9/17/31 1931 M. M. Greave
Registrar.

MEDICAL CERTIFICATE OF DEATH Friday

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-11, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Homicide, fire arm Date of onset _____
173/113
Other contributory causes of importance:
Shot with pistol through head in fight

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury 9/11, 1931
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Shelby M. Hill, M. D.
(Address) Capital Corner

