

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.

19379

1. PLACE OF DEATH

18 County Jackson Registration District No. 398
 5 Township Boone Primary Registration District No. 3019
 8 City Independence (No. _____ St. _____ Ward _____)

File No. _____

Registered No. 211

2. FULL NAME

Lidia Emeline Billie
 (a) Residence, No. 1926 S Logan St., _____ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Billie</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 8 - 1857</u>		
7. AGE <u>80</u>	YEARS <u>8</u>	MONTHS <u>20</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Merx Co. (STATE OR COUNTRY) West Va.

FATHER 13. NAME James Wiley

FATHER 14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) John Billie
1926 S Logan

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn DATE July 1 1932

19. UNDERTAKER (ADDRESS) Ott + Mitchell
Independence, Mo

20. FILED June 30 1932 J. Cook Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-28, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/20 1932, to 6/27 1932

I last saw her alive on June 28, 1932. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis Chronic
Chronic Nephritis

Other contributory causes of importance:

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 _____, 1932
 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) L. Billie M. D.

(Address) 10307 Sudy Ave

