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.

WHITE PERSONS, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

791
1003

30835

File No.
Registered No. 8545

1. PLACE OF DEATH

County
Township
City St Louis (No. Mo. Pac. Hospt. St. Ward)

Registration District No.
Primary Registration District No.

2. FULL NAME Jacob Billups

(a) Residence, No. St. 17 Ward 1434 Trendley E. St. Louis Ill
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 weeks ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17-1883.

7. AGE Years 49 Months 5 Days 5 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 114
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Section on R.R.
10. Date deceased last worked at this occupation (month and year) January 1932
11. Total time (years) spent in this occupation 12 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus Miss 2

FATHER
13. NAME Jordan Billups
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss 1

MOTHER
15. MAIDEN NAME Manervia Sherrod
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

17. INFORMANT (ADDRESS) Lillie Billups 1434 Trendley E St Louis

18. BURIAL, CREMATION, OR REMOVAL
PLACE E St Louis Ill DATE Sept. 28 1932

19. UNDERTAKER (ADDRESS) Wm E. Offer E St Louis Ill

20. FILED SEP 23 1932 19 Max C Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1932, to Sept 22, 1932
I last saw him alive on Sept 22, 1932. Death is said to have occurred on the date stated above, at 8:35 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas c̄ biliary obstruction	?
46F	
127F	

Other contributory causes of importance:

Name of operation Cholecystostomy Date of 9-20-32
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
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? No
If so, specify
(Signed) [signature], M. D.
(Address) 1755 S Trend