

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

Do not use this space.

**32346**

**3875**

**1. PLACE OF DEATH**

County JACKSON Registration District No. \_\_\_\_\_  
Township KAW Primary Registration District No. \_\_\_\_\_  
City KANSAS CITY No. 2317, ASKEW St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

OSAMUS N BILLINGS  
(a) Residence No. 2317-ASKEW St. 11 Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 1 yrs. 6 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) WIDOWED  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE-11-1858  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 | 4 | 2  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. REAL ESTATE  
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) BRYANTS POINT  
(STATE OR COUNTRY) MAINE

13. NAME UNKNOWN BILLINGS

14. BIRTHPLACE (CITY OR TOWN) UNKNOWN  
(STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME MARY CANUTE

16. BIRTHPLACE (CITY OR TOWN) UNKNOWN  
(STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT MR. LLOYD A. BILLINGS  
(ADDRESS) 2317-ASKEW AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. MORIAH DATE OCTOBER-15-1932

19. UNDERTAKER D.W. NEWCOMER'S SONS  
(ADDRESS) 2111-EAST-9TH ST.

20. FILED 10/15 1932 M.M. Brown Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCTOBER-13-1932  
22. I HEREBY CERTIFY, That I attended deceased from July 3<sup>rd</sup>, 1932, to Oct 13<sup>th</sup>, 1932  
I last saw him alive on Oct 13<sup>th</sup>, 1932 Death is said to have occurred on the date stated above, at 7:05 P.M.

The principal cause of death and related causes of importance were as follows:  
Chronic Intestinal Aneurysm  
131  
132B 131  
Other contributory causes of importance:  
Acute Vasculitis

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Fabry's Was there an autopsy? no

23. If death was due to external cause (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) Thomas Richmond M. D.  
(Address) 712 Ann or Kansas City Rd.

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.

~~1048~~ ~~Minnesota~~ ~~Aug.~~ K. C. Kane.

712 Ann

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