

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.

16480

1. PLACE OF DEATH

County Jackson  
Township Waverly  
City N. P. Mo. (No. 2616)

Registration District No. 399  
Primary Registration District No. 1003

File No. 1933  
Registered No. 1956  
St. Summit, Mo. Ward

2. FULL NAME

John A. Billow  
(a) Residence, No. 2616 Summit St., Ward.

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) No Record

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 77

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

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) (STATE OR COUNTRY) Sveaden

13. NAME J. A. Billow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sveaden

15. MAIDEN NAME no Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no Record

17. INFORMANT T. E. Harper (ADDRESS) 4522 N. 14th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 5-9-33

19. UNDERTAKER Mrs. C. L. Forster (ADDRESS) 718 Broad Blvd, Ave

20. FILED May 7, 1933 M. M. McCreary Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May - 5 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 20, 1933, to May 4, 1933

I last saw him alive on May 4, 1933 Death is said to have occurred on the date stated above, at 12:30 PM

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

acute dil. heart

Date of onset 5-2-33

112  
953 112

Other contributory causes of importance:

Pneumonia  
Asthma, chronic

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

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 \_\_\_\_\_, 1933

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) H. N. Jennett, M. D.

(Address) 2701 Forest

Dr. H. W. Bennett  
Bergmont - N. H.  
Nov 13 1888