





#2 *Scott*  
*Moulard*

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

E. T. McLaugh, M. D.,  
Special Agent,  
Jefferson City, Mo.

WASHINGTON

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Henry Billings  
Who died at \_\_\_\_\_ on Aug 4, 1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex M Color or race W Single, married, widowed or divorced: \_\_\_\_\_  
Date of birth \_\_\_\_\_ Age: abt Years 72 Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_  
Birthplace of father (State or country) \_\_\_\_\_  
Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: Organic heart disease  
Had both conditions when I first saw him, I don't know which was primary but would presume it was the organic heart  
Other contributory causes of importance: Nephritis Chronic

Name of operation \_\_\_\_\_ Date of Aug 4-1934  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

Name of physician \_\_\_\_\_  
Address of physician \_\_\_\_\_

Signature of Registrar U. P. Haw Date filed Aug 4-1934

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 814 Very truly yours,

Primary Reg. Dist. No. 6063  
*E. T. McLaugh*  
Special Agent. *M. M.*

RECEIVED TO THE DIRECTOR

GENERAL INVESTIGATIVE DIVISION

WASHINGTON

S-3164

NOV 19 1954

TO : SAC, NEW YORK (100-100000)

FROM : SAC, PHOENIX (100-100000)

SUBJECT: [Illegible]

[The remainder of the teletype message is illegible due to extreme fading and poor scan quality.]