

NOV 28 1934 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Andrew,  
Township Lincoln,  
City Benjamin Franklin Billings,

Registration District No. 8  
Primary Registration District No. 5011

File No. 38388  
Registered No. \_\_\_\_\_  
No. 4 Miles N. W. of Amazonia, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward Independence, Mo.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (circle the word) <u>Married,</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Julia Billings,</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 4th, 1896</u>		
7. AGE YEARS <u>38</u>	MONTHS <u>6</u>	DAYS <u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Pilot</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Rapid Air Transi Company,</u>		
10. Date deceased last worked at this occupation (month and year) <u>November 1934</u>		11. Total time (years) spent in this occupation <u>3 mos.</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Saint Joseph, Missouri</u>		
13. NAME <u>Benjamin Franklin Billings Sr</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, Unknown,</u>		
15. MAIDEN NAME <u>Unknown,</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, Unknown,</u>		
17. INFORMANT (ADDRESS) <u>George C. Gordon, 101 No. Pleasant, Independence</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>MO.</u> PLACE <u>Independence, MO</u> DATE <u>Nov, 17th, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Heaton - Beckley &amp; Bowman, St. Joseph, Mo. Funeral Home</u>		
20. FILED <u>Nov 17, 1934</u> <u>J. W. Halcomb, Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-15, 1934

22. I HEREBY CERTIFY, That I visited attended deceased from on 11-15, 1934, to departed, 1934.  
I last saw him/her alive on 11-15, 1934. Death is said to have occurred on the date stated above, at 11:30 am.  
The principal cause of death and related causes of importance were as follows:  
airplane crash  
2 1/4 hr  
Fire following crash  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
None

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Chemical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? accident Date of injury 11-15, 1934  
Where did injury occur? Andrew Co, mo  
(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? yes  
If so, specify Pilot  
(Signed) M. L. Holliday  
(Address) Freemore Pmo  
Coroner Andrew Co

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.

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