Johnson

JUL 2 2 1935

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

Do not use this space.

19659

1. PLACE OF DEATH
County Jackson — Registration District No. — File No.
Township — Primary Registration District No. — Registered No. 2295
City Kansas City (No. 1704 E 26th St. Ward)

2. FULL NAME Cleo Maxine Billings
(a) Residence, No. 1704 E. 26th St. St., Ward.
(Usual place of abode) (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 Fe
4. COLOR OR RACE Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4, 1910
7. AGE YEARS 24 MONTHS 9 DAYS 27 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steno.
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) Oklahoma

FATHER
13. NAME Henry Billings
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La.

MOTHER
15. MAIDEN NAME Clara White
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

17. INFORMANT (ADDRESS) Mrs. Clara Billings 1726 E. 26th St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Westlawn DATE June 5, 1935
19. UNDERTAKER (ADDRESS) Nathan A. Kratzer 1520 N. 2nd St.
20. FILED 6/5, 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1935
22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1935, to June 1, 1935
I last saw her alive on 6-1-1935. Death is said to have occurred on the date stated above, at 11:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?

Other contributory causes of importance: 23

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) H. A. Johnson, M. D.
(Address) 1509 E 18th

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.