

JUL 14 1936

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

Do not use this space.

24794

1. PLACE OF DEATH

County St. Louis Registration District No. 1008 File No. 6418  
Township St. Louis Primary Registration District No. St. Louis Registered No. 6418  
City St. Louis (No. 132971) City St. Louis St. 1008 Ward 25

2. FULL NAME Tolbert Billis  
(a) Residence, No. 808 St. 149th Ward 25  
(Usual place of abode)  
Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 23 1876</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>6</u>
		DAYS <u>14</u>
	If LESS than 1 day, ..... hrs. or ..... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unknown</u>	
	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) Tennessee

13. NAME Unknown

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Thos W. Laam (ADDRESS) City of St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE 6-26-36

19. UNDERTAKER John J. Bredeck (ADDRESS) City of St. Louis

20. FILED UN 25 1936 Registrar J. F. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/17/36 1936  
22. I HEREBY CERTIFY, That I attended deceased from 5/22 1936 to 6/17 1936  
I last saw him alive on 6/17 1936 Death is said to have occurred on the date stated above, at St. Louis

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

Pyelonephritis chronic Date of onset 5/1/36  
non calculous

Other contributory causes of importance: Dehydration when

Name of operation Autopsy Date of 6/17/36

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Thos W. Laam M. D.

(Address) City of St. Louis

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.

