

DEC 3 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City..... St. Louis, Mo. (No. CITY HOSPITAL NO. 2

File No.....

Registered No. 42712  
11220

St. Ward)

## 2. FULL NAME Alphonso Billups

(a) Residence, No. 2734 a Papin St., 22 Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 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 Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

Suanna Billups

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
About 55

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

Nil

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)

Miss.

13. NAME

Unknown

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

#

15. MAIDEN NAME

Unknown

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

#

17. INFORMANT (ADDRESS) Esther M. Sheward 2945 Layton Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Father Dickson DATE 11/12/36

19. UNDERTAKER (ADDRESS) W. S. Wade Und. Co., 4202 Finney Ave.

20. FILED NOV 12 1936

J. B. Bueck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-9-1936

22. I HEREBY CERTIFY, That I attended deceased from 10-28-36 1936, to 11-9-1936

I last saw him alive on 11-9-1936 Death is said to have occurred on the date stated above, at 4:18 A. M.  
The principal cause of death and related causes of importance were as follows:

Hypertensive Heart Disease

Date of onset 10-28-36

Other contributory causes of importance: 95%

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?.....  
If so, specify.....  
(Signed) A. L. Lewis, M. D.  
(Address) City Hosp. No. 2

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.

