

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.

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

Do not use this space.

FEB 16 1937

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1. PLACE OF DEATH

County Chariton
Township Clark
City (No. _____) St. _____ Ward _____

Registration District No. 174
Primary Registration District No. 5242

File No. _____
Registered No. _____

2. FULL NAME

Benjamin Millard Billups

(a) Residence, No. _____ St., _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 21 1882

7. AGE YEARS 54 MONTHS 4 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Chariton Co Mo

13. NAME Pink Billups

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

15. MAIDEN NAME Anna Thomas

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

17. INFORMANT (ADDRESS) Clarence Billups
Marceline Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE mt Olivet Feb 2 1937

19. UNDERTAKER (ADDRESS) Jas M Mackey Blue
Marceline Mo

20. FILED Feb 7 1937 W. S. Stratton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31 1937

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____

I last saw h_____ alive on _____, 19____ Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Suicide
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Date of onset _____

Other contributory causes of importance: was found in town hanging by a rope around his neck

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide suicide Date of injury 1-21, 1937

Where did injury occur? his home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Hung himself w rope
Nature of injury Suicide

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____
(Signed) W. S. Stratton, M. D.
(Address) Salisbury Mo

Coroner

