SEP 25 1937

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

Do not use this space.

31915

1. PLACE OF DEATH
County Saline
Township
City Marshall (No. St. Ward)

Registration District No. 796
Primary Registration District No. 3038

File No.
Registered No. 137

2. FULL NAME Clarence Elmer Billinger
(a) Residence, No. MO State School Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 yrs. 1 mos. 16 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 (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2 1916

7. AGE: Years 21 Months 3 Days 5 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Hudson Knox Mo

FATHER
13. NAME Oscar Billinger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER
15. MAIDEN NAME D. K.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Livingston Iowa

17. INFORMANT Hazel Reed
(ADDRESS) Marshall Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mo S. S. DATE Aug 9 1937

19. UNDERTAKER Scott McCrum
(ADDRESS) Marshall Mo

20. FILED 8-9-1937 Mary Kent Registrar.
Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7 1937

22. I HEREBY CERTIFY, That I attended deceased from June 21 1934 to Aug 7 1937
I last saw him alive on Aug 6 1937. Death is said to have occurred on the date stated above, at 1:30 a.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 None Date of
What test confirmed diagnosis? Clinical & X Ray 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. Mapes, M. D.
(Address) Marshall

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.