

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

Do not use this space.

NOV 24 1937

1. PLACE OF DEATH

County Sullivan
Township Penn
City Green Castle (No. _____ St. _____ Ward _____)

Registration District No. 849
Primary Registration District No. 4514

File No. 38993
Registered No. 38

2. FULL NAME John Samuel Billington

(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 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, (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 9 5

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) Adair Co.
(STATE OR COUNTRY) Mo.

13. NAME Rufus Billington

14. BIRTHPLACE (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth Ledford

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

17. INFORMANT Gail Billington
(ADDRESS) Green Castle, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Morelock DATE Nov. 4 1937

19. UNDERTAKER Glenn E. Kent
(ADDRESS) Green City, Mo.

20. FILED Nov 9 1937 Virginia Gibson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-2 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 25 1937 to Nov. 2 1937
I last saw him alive on Nov. 2 1937. Death is said

to have occurred on the date stated above, at 4:45 P.m.
The principal cause of death and related causes of importance were as follows:

Organic heart disease Date of onset 1925

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) Chas. N. Lewis M. D.

(Address) Greencastle Mo.

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.

