

REC 18 1935

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

Do not use this space.

35879

1. PLACE OF DEATH

County Henry Registration District No. 347  
Township Fields Creek Primary Registration District No. 5490  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME

Cora Lee Billingsley

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 13-1935  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.  
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. \_\_\_\_\_  
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) Henry County Mo.

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

13. NAME R. J. Billingsley  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry County Mo.  
15. MAIDEN NAME Celeste Field  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry County Mo.

17. INFORMANT (ADDRESS) R. J. Billingsley Clinton Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Fields Cemetery 11-14 35  
19. UNDERTAKER (ADDRESS) Swiss Funeral Home Clinton Mo.

20. FILED 11-16 1935 J. R. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13 1935  
22. I HEREBY CERTIFY, That I attended deceased from Nov 13 1935 to Nov 13 1935, 19...  
I last saw her alive on Nov 13 1935 Death is said to have occurred on the date stated above, at 9 A. M.  
The principal cause of death and related causes of importance were as follows:  
Prematurity

Other contributory causes of importance: MS

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 NO  
(Signed) S. W. Molyneux, M. D.  
(Address) Clinton, 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.

THIS IS A PERMANENT RECORD

