

PHYSICIANS should be stated EXACTLY. AGE should be stated EXACTLY. Exact statement should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

**DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH**

1 PLACE OF DEATH
 County Wayne Registration District No. 1356 File No. 11323
 Township _____ Primary Registration District No. 8545 Registered No. 311
 or Village _____ No. _____ St. _____ Ward _____
 or City of Woooster (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Narry Billiard Did Deceased Serve in U. S. Navy or Army _____
 (a) Residence. No. 382 N. Buckeye 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

MEDICAL CERTIFICATE OF DEATH

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 Katherine Billiard
6 DATE OF BIRTH (month, day, and year) Nov. 11, 1883
7 AGE Years 39 Months 6 Days 22 If LESS than 1 day _____ hrs. or _____ min.
8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Auto Mechanic
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____
9 BIRTHPLACE (city or town) _____ (State or country) Ohio
10 NAME OF FATHER E. Charles Billiard
11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) Indiana
12 MAIDEN NAME OF MOTHER Mary Bowers
13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) Ohio

16 DATE OF DEATH (month, day and year) June 3 1923
17 I HEREBY CERTIFY, That I attended deceased from May 3, 1923, to June 3, 1923, that I last saw him alive on June 3, 1923, and that death occurred, on the date stated above, at 12:15 P. M.
 The CAUSE OF DEATH* was as follows:
Typhoid Fever
Star (duration) _____ yrs. 1 mo. 3 ds.
CONTRIBUTORY Pneumonia (SECONDARY) (duration) _____ yrs. _____ mos. 3 ds.
18 Where was disease contracted _____ if not at place of death? _____
 Did an operation precede death? _____ Date of _____
 Was there an autopsy? _____
 What test confirmed diagnosis? _____
 (Signed) R. C. Paul, M. D.
June 11, 1923 (Address) Woooster Ohio

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)
14 Informant Mrs. Harry Billiard
 (Address) Woooster, Ohio
15 Filed 6/11, 1923 Van M. Skully REGISTRAR
19 PLACE OF BURIAL, CREMATION, OR REMOVAL Woooster Cemetery **DATE OF BURIAL** June 5 1923
20 UNDERTAKER, License No. 1850 **ADDRESS** T. Lee Sanford Co. Woooster, Ohio

PARENTS

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