

REPOSITORY DOE - Chicago Ops - Center
 FOR HUMAN Radiobiology
 COLLECTION CHA/Plutonium 1945

BOX No. 2 of 2

700218

FOLDER 40-004 Chi-1

THIS IS A NON-RESIDENT DEATH, PLEASE ALLOCATE TO PLACE OF RESIDENCE OF DECEASED.

IN THIS FORM (except signature) IN TYPEWRITER OR LEGIBLE PRINTING

1. PLACE OF DEATH. Registration 3104 | NIP, Dist. No. 3104
 City of COOK CHICAGO (Village, City, or Town) Primary Road-Dist. Dist. No. 3104
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)
 Registered No. 27729 (Consecutive No.)
 Name of Deceased: Wm. A. M. BILLINGS
 Length of Time at Place Where Death Occurred? 1 yr.
 PLACE OF RESIDENCE: STATE TEXAS County Tarrant Street and Number AUSTIN

STATE OF ILLINOIS ORIGINAL DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

PRINT FULL NAME

2. Name of Deceased: MALE
 3. Social Security No. NONE
 4. Color or Race: WHITE
 5. Marital Status: MARRIED
 6. Name of Spouse: MARRIED
 7. Age of Deceased: 68 years, 6 months, 3 days
 8. Date of Birth: 30-1877
 9. Usual Occupation: GENERAL MERCHANT
 10. Industry or Business: SELF

MEDICAL CERTIFICATE OF DEATH

11. Date of Death: October 4, 1945, 2:15 PM
 12. I hereby certify that I attended the deceased from March 29, 1945 to October 3, 1945.
 13. Cause of Death: REFERENCE OF CANCER OF STOMACH AND METASTASIS TO LUNGS
 14. Was there an autopsy? YES
 15. Findings: PASSIVE CONGESTION OF LUNGS, ASIA TO LUNGS, REFERENCE CANCER OF STOMACH, BRONCHOPNEUMONIA
 16. Was disease in any way related to occupation of deceased? NO

11. Name: OLEAN
 12. City, town, or county: NEW YORK
 13. Maiden name: OLEAN
 14. City, town, or county: PITTSBURGH - PENNSYLVANIA
 15. Informant: Frances Pauline Hays Bell
 16. P. O. Address: 950-E-59th
 17. PLACE OF BURIAL: Local
 18. Cemetery: AUSTIN LEXIS
 19. Location: AUSTIN LEXIS
 20. County: TARRANT State: TEXAS

17. Was an autopsy performed? Yes Date of 4/11/95
 18. For what disease or injury? CANCER OF STOMACH
 19. Was there an autopsy? YES
 20. Findings? PASSIVE CONGESTION OF LUNGS, ASIA TO LUNGS, REFERENCE CANCER OF STOMACH, BRONCHOPNEUMONIA
 21. If a communicable disease, where contracted? NO
 22. Was disease in any way related to occupation of deceased? NO
 23. (Signed) Paul W. Edger
 24. Address: 950-E-59th
 25. Date: 10-3-45

*N. B.—State the disease causing death. All cases of death from "violence, insanity, or any undue means" must be referred to the coroner. See Section 10, Coroners Act.

Filed: 1945 OCT 4 AM 8 40
 Registrar: [Signature]

Forward Director: Frances C. Mallery
 License No. 12345
 Note: Cd 12/3/45

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