

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

Do not use this space.

25 1929

17901

1. PLACE OF DEATH
 County..... Henry Registration District No. 347
 Township..... Primary Registration District No. 4205
 City..... Blairstown (No.) St. Ward)
 Elena Gallihugh

File No.
 Registered No. 80
 St. Ward)

2. FULL NAME
 (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. da. 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John C. Gallihugh

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feby 15th 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ___ hrs. or ___ min.
70 3 --- ---

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work..... House Wife
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)..... Onarga
 (STATE OR COUNTRY) Ill

10. NAME OF FATHER Mr Hight

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... New York
 (STATE OR COUNTRY) N.Y

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... Not known
 (STATE OR COUNTRY)

14. INFORMANT..... Chas Gallihugh
 (Address) Blairstown Mo,

15. May 18 29 Dr. E. C. Seeler
 FILED 19. 29 REGISTRAR
 per J.B.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 15 1929

17. I HEREBY CERTIFY That I attended deceased from April 6
May 15, 1929, to April 6, 1929.
 that I last saw her alive on May 15, 1929, and that death occurred, on the date stated above, at 10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility - old age
162

CONTRIBUTORY (SECONDARY) Age (duration)..... yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....

20. WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) Dr. Curney M. D.
 , 19 (Address) Blairstown

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Blairstown Mo DATE OF BURIAL May 16 1929

20. UNDERTAKER Sweeney And Cook ADDRESS Chilhowee 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.

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