

JUN 25 1930

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

Do not use this space.

15911

1. PLACE OF DEATH

County Henry
Township Boggs
City Blairton (No.)

Registration District No. 347
Primary Registration District No. 5485

File No.
Registered No. 31
St. Ward)

2. FULL NAME

Nellie Birge Callhugh

(a) Residence. No. Blairton, Mo. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 37 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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF John Wesley Callhugh
(OR) WIFE OF

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

April 23, 1876

7. AGE

YEARS MONTHS DAYS
54 — 15
If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Postmistress
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Ladue

(STATE OR COUNTRY)

Missouri

PARENTS

10. NAME OF FATHER

John W. Birge

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Illinois

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Sarah C. Daniels

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Ladue

(STATE OR COUNTRY)

Missouri

14. INFORMANT

Alpha Herrman
(Address) Ladue, Mo.

15. FILED

5/12 1930 Dr. E. C. Peelor
REGISTRAR

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8, 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1928 to May 8, 1930
that I last saw her alive on April 15, 1930, and that death occurred, on the date stated above, at 3:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetic Mellitus and N.B. of lungs
235
19

CONTRIBUTORY (SECONDARY)

31

(duration) 2 yrs. mos. ds.

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? NO

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. Beatty, M. D.

May 9, 1930 (Address) Chilhowe, Mo.

*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

Blairton, Mo.

DATE OF BURIAL

5/10 1930

20. UNDERTAKER

Dunnig & Co. of Chilhowe

Exact statement of OCCUPATION is very important. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

