

Nellie Mae Billings

Ohio Deaths

Name	Nellie Mae Billings
Titles and Terms	Widow
Event Type	Death
Event Date	15 Dec 1951
Gender	Female
Age	66
Race	White
Birth Date	21 Jul 1885
Birthplace	Pettersborg, Mich.
Birth Year (Estimated)	1885
Father's Name	Charles H. Billings
Mother's Name	Cora
Mother's Titles and Terms	unknown
Spouse's Titles and Terms	widowed

Ohio Deaths, 1908-1953

File Number certificate
GS Film number 2372879
Digital Folder Number 004109409
Image Number 02132

Citing this Record

"Ohio Deaths, 1908-1953," database with images, *FamilySearch* (<https://familysearch.org/ark:/61903/1:1:X6PS-46L> : 8 December 2014), Nellie Mae Billings, 15 Dec 1951; citing , reference certificate; FHL microfilm 2,372,879.

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

4201
State File No. 28725
Registrar's No. 4437

Reg. Dist. No. 48
Primary Reg. Dist. No. 4801

1. PLACE OF DEATH a. COUNTY LUCAS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE OHIO b. COUNTY LUCAS	
b. CITY (If outside corporate limits, write RURAL OR and give township) VILLAGE TOLLEDO		c. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE TOLLEDO	
d. FULL NAME OF HOSPITAL OR INSTITUTION MERCY		d. STREET (If rural, give location) ADDRESS 946 OAKHURST	

3. NAME OF DECEASED (TYPE OR PRINT) a. (First) NELLIE b. (Middle) -MAE- c. (Last) Billings			4. DATE OF DEATH (Month) (Day) (Year) 12-15-51		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 7-21-1885		9. AGE (In years last birthday) 66 Months 4 Days 24 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) CLERK		10b. KIND OF BUSINESS OR INDUSTRY WOOLWORTH CO.		11. BIRTHPLACE (State or foreign country) PETERSBORO, N.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME CHARLES H. BILLINGS				14. MOTHER'S MAIDEN NAME CORA			

15. WAS DECEASED EVER IN U. S. ARMED FORCES? L		16. SOCIAL SECURITY NO. 278-20-8450		17. INFORMANT'S SIGNATURE Romy J. Jutz	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH minutes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis (chronic) DUE TO (c) 4201		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, forest, etc.)		21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **April 19**, 19**51**, to **December 15**, 19**51**, and that death occurred at **9:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul H. Hohle M.D. Coroner.		23b. ADDRESS 445 Huron St. Toledo		23c. DATE SIGNED 12-16-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 12-19-51		24c. NAME OF CEMETERY OR CREMATORY WOODLAWN		24d. LOCATION (City, town, or county) (State) TOLLEDO	
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BIRTH NO. Do not write in this space		NAME OF EMBALMER Paul H. Hohle		(LIC. NO.) 4881A	
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DATE REC'D BY LOCAL DEC 18 1951		REGISTRAR'S SIGNATURE Carl A. Brown		25. FUNERAL DIRECTOR'S SIGNATURE (LIC. NO.) Alva D. Underwood 1773	
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MARGIN RESERVED FOR BINDING
THIS CERTIFICATE SHALL BE PRINTED LEGIBLY OR TYPEWRITTEN IN UNFADING INK.

4801
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