

JAN 22 1929

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

Do not use this space.

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1. PLACE OF DEATH

County Candor
Township Warren
City Warren (No.)

Registration District No. 121
Primary Registration District No. 5173

File No.
Registered No. St. Ward

2. FULL NAME

Anna B. Gregory

(a) Residence. No. St. Ward
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Baker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 24 1844

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 84 1 14

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farmer (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) Tenn

10. NAME OF FATHER Joe B. Gregory

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) W. S.

12. MAIDEN NAME OF MOTHER Christy Hawthorn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) W. S.

14. INFORMANT Mrs. M. B. Gregory (Address) Decaturville Mo

15. FILED Dec 12, 1928 Mrs. E. C. Claborn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 11 1928

17. I HEREBY CERTIFY That I attended deceased from Dec 10 1928 to Dec 10 1928 that I last saw him alive on Dec 10 1928 and that death occurred, on the date stated above, at 12:10 a.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Intestinal Obstruction
1225 (duration) yrs. mos. ds. 6

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

9 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam. (Signed) B. H. Thompson, M. D. (Address) Warren 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 Decaturville Mo DATE OF BURIAL Dec 12 1928

20. UNDERTAKER ADDRESS Warren Mo

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

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