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.

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

Do not use this space.

2909

1. PLACE OF DEATH
County Phelps — Registration District No. 677 — File No.
Township — Primary Registration District No. 4403 — Registered No. 8
City Rolla (No. ..... St. ..... Ward)

2. FULL NAME Donald Lee McGregor
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep 1-1913
7. AGE: Years 15 — Months 4 — Days 23 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Student
(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): Dillon Missouri

PARENTS
10. NAME OF FATHER: Ralph McGregor
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Waynesville Mo
12. MAIDEN NAME OF MOTHER: May Mitchell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Edgar Springs Mo

14. INFORMANT (Address): Ralph McGregor Rolla Mo
15. FILED Jan 24 1929 Jos. F. Ayers REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 23 1929
17. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1929, to Jan 23, 1929, that I last saw him alive on Jan 23, 1929, and that death occurred, on the date stated above, at 9 P m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Obstruction of bowels due to adhesion
1 2 3 (duration) ..... yrs. ..... mos. 5 ds.
CONTRIBUTORY (SECONDARY) none (duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1182
DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan 23 1929
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Operation
(Signed) S L Mitchell M. D
1-24, 1929 (Address) Rolla 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: Rolla Cemetery — DATE OF BURIAL: 1-25 1929
20. UNDERTAKER: Null & Lickliden — ADDRESS: Rolla, Mo

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261