

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

Do not use this space.

9678

1. PLACE OF DEATH

County C Buchanan
Township _____
City St. Joseph, Mo. (No. _____)

Registration District No. _____
Primary Registration District No. 1001

File No. _____
Registered No. 385
Ward _____

2. FULL NAME

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

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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ada M. Gregory

6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 21, 1846

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
82 2 29

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Lewis County
(STATE OR COUNTRY) Kentucky

10. NAME OF FATHER Refus King Gregory

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cattaraugus Co.
(STATE OR COUNTRY) New York

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cattaraugus Co.
(STATE OR COUNTRY) New York

14. INFORMANT Mrs. N. H. Gregory
(Address) Fillmore, Mo.

15. FILED 21, 1929 John G. Wb REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 20, 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1929 to March 20, 1929.
That I last saw h. live on March 20, 1929, and that death occurred, on the date stated above, at 9:00 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Coma
1948
191

(duration) yrs. mos. ds. 2
CONTRIBUTORY (SECONDARY) Chronic hepatitis & fracture of left pelvis
Fall on steps at Fillmore (duration) yrs. mos. ds. 2 5

18. WHERE WAS DISEASE CONTRACTED Accidental
IF NOT AT PLACE OF DEATH Fillmore, Mo.

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Carl E. Simpson, M. D.

Mar. 20, 1929 (Address) 731 Jackson

*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 Fillmore, Missouri DATE OF BURIAL Mar. 21, 1929

20. UNDERTAKER Sheehan Funeral Home ADDRESS 1208 Francis

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

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