

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

Do not use this space.

16019

1. PLACE OF DEATH

County.....

Registration District No.....

72

Towship.....

Primary Registration District No.....

1003

City.....

St. Louis No. *5351 Delmar*

File No.....

Registered No.....

4044

St.....

Ward.....

2. FULL NAME

Robert F. Gregory

(a) Residence No.....

5351 Delmar St.

Ward.....

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

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)

Nov. 21 - 1837

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

91

4

13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired (wheelwright)

(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)

Franklin Co. Mo.

10. NAME OF FATHER

Robert Gregory

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Va.

12. MAIDEN NAME OF MOTHER

Frances Gregory

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Va.

14.

INFORMANT

Wilmuth Noller

(Address)

5351 Delmar St. 13th.

15.

FILED

-5

1929

May 13th

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

April 4 1929

17.

I HEREBY CERTIFY That I attended deceased from

Jan 4 1925 to *April 4 1929*
that I last saw him alive on *April 4 1929* and that death occurred, on the date stated above, at.....

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

162 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Senile debility (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

913 IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *D. J. Rice* M. D. *4/5 1929* (Address) *Litchfield*

*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

DATE OF BURIAL

Lees Summit Mo.

April 5 1929

20. UNDERTAKER

ADDRESS

Phyllis & Sons

6175 Delmar

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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1
2
2

