

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

Do not use this space.

27121

EP 24 1929  
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**1. PLACE OF DEATH**

County Baldwell  
Township  
City Hamilton No.

Registration District No. 96  
Primary Registration District No. 2058

File No.  
Registered No. 29  
St.

**2. FULL NAME** Ebber Gregory

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(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**

**MEDICAL CERTIFICATE OF DEATH**

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 Martha Francis Gregory  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 4 1897  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 82 4 24  
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work retired farmer  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 10 1929  
17. I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1929, to Aug. 30, 1929 that I last saw h. alive on Aug. 29, 1929, and that death occurred, on the date stated above, at 1000h.  
THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Degenerative Nephritis  
31  
97 (duration) 5 yrs. mos. ds.  
CONTRIBUTORY Arterio Sclerosis  
(SECONDARY) (duration) 2 yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co Ky  
10. NAME OF FATHER Miles Gregory  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co Kentucky  
12. MAIDEN NAME OF MOTHER Polly Bell  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co Ky

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? no DATE OF  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS

14. INFORMANT (Address) Wm H Gregory Hamilton Mo  
15. FILED 310, 1929 Samuel Brown REGISTRAR

(Signed) J. M. Daley, M. D.  
310, 1929 (Address) Hamilton Mo  
\*State the DISEASE CAUSING DEATH, and (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  
19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
Highland Cemetery Sept 1 1929  
20. UNDERTAKER ADDRESS  
John Staughton Hamilton Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

