

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.

NOV 28 1930

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

Do not use this space.

1. PLACE OF DEATH

County St. Claire  
Township Speedwell  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 769  
Primary Registration District No. 6015

File No. 33926  
Registered No. 5  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Sarah Elizabeth Foster 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 22, 1842

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
88 4 4

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work house wife  
(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) Monticello, Mo.

10. NAME OF FATHER Lewis Foster

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Mollie Foster

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT (Address) S. J. Gregory Schell City, Mo.

15. FILED 1037-1930 J. W. Dawson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 26 1930

17. I HEREBY CERTIFY, That I attended deceased from 10-23-30 to 10-25-30 that I last saw her alive on 10-25-30 and that death occurred, on the date stated above, at 1:05 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

apoplexy  
74001 (duration) yrs. mos. ds. 3

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

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 General symptoms - Paralysis  
(Signed) J. W. Richards M. D.  
, 19 \_\_\_\_\_ (Address) Office No

\*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 Pleasant Grove DATE OF BURIAL Oct. 27 1930

20. UNDERTAKER Lute Lewis & Son ADDRESS Schell City Mo.

