

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.

## 1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St. Joseph,(No. Mercy Hospital)File No. 27570Registered No. 878

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Ermal Juanita Gregory,

(a) Residence, No. \_\_\_\_\_

(Usual place of abode)

St. \_\_\_\_\_

Ward. Ravenwood, Mo.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. \_\_\_\_\_

mos. \_\_\_\_\_

7 ds.

How long in U. S., if of foreign birth?

yrs. \_\_\_\_\_

mos. \_\_\_\_\_

ds. \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 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)

May 26, 1918.

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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## OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Student,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Grade School

10. Date deceased last worked at this occupation (month, and year) August 193111. Total time (years) spent in this occupation 6

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Stanberry, Missouri,

## 13. NAME

Jesse L. Gregory,

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Stanberry, Missouri,

## 15. MAIDEN NAME

Sadie Buckridge,

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Stanberry, Missouri,

## 17. INFORMANT

(ADDRESS) Jesse L. Gregory, Ravenwood, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Brick Church DATE 8/24/31

## 19. UNDERTAKER

(ADDRESS) Stanton-Biggs & Bourne, 315 S. 10th St. General

## 20. FILED

8-23 1931John R. Bender, Registrar.

## 3 MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

August 22, 1931

## 22. I HEREBY CERTIFY, That I attended deceased from

Aug. 16, 1931, to Aug. 22, 1931I last saw her alive on Aug. 22, 1931. Death is saidto have occurred on the date stated above, at 9:15 pm.

The principal cause of death and related causes of importance were as follows:

General Peritonitis, preceded by abscessed appendix and perforation.

Date of onset

8-16-31

## Other contributory causes of importance

Name of operation Appendectomy Date of 8-16-31What test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) F. P. Walker, M. D.(Address) Mercy Hospital, St. Joseph, Mo.



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