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.

JUN 24 1932

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

Do not use this space.

13368

File No. 40

Registered No.

1. PLACE OF DEATH

72 County New Madrid — Registration District No. 87

Township East — Primary Registration District No. ~~6070~~ 15801

City ~~[illegible]~~ (No. ..., ... St. ..... Ward)

2. FULL NAME William 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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
male	white	widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lula, Lyles

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 1st 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
—	71	1	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Eddy Ville 2
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Tom Gregory

11. BIRTHPLACE OF FATHER (CITY OR TOWN) —
(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Mary Barrett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) —
(STATE OR COUNTRY) Kentucky

14. INFORMANT Rea Gregory
(Address) Morehouse

15. FILED 3/7/32 19 Walter E. Sims REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 25 1932

17. I HEREBY CERTIFY, That I attended deceased from Apr 1st, 1932, to Apr 25, 1932 that I last saw him alive on on Apr 21, 1932, and that death occurred, on the date stated above, at 4.17 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis
Complicating
Myocarditis
(duration) 4 yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED? (1)
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. H. Dunaway, M. D.
, 19 (Address) Morehouse Mo

*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
MEMORIAL PARK	APR 4 1932
20. UNDERTAKER	ADDRESS
G. R. Dempster	Sikeston