

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

Do not use this space.

232337

**1. PLACE OF DEATH**

52. County Knos  
Township Shelton  
City Loxist Hill (No. \_\_\_\_\_)

Registration District No. 1029  
Primary Registration District No. 5602

File No. \_\_\_\_\_  
Registered No. 87  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Edward E Gregory Ward. \_\_\_\_\_  
(a) Residence No. \_\_\_\_\_ (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 23 1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
83 0 28

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 \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Louisa (STATE OR COUNTRY) Mo

10. NAME OF FATHER Wm Gregory  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo (STATE OR COUNTRY) Mo  
12. MAIDEN NAME OF MOTHER unk  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unk (STATE OR COUNTRY) unk

14. INFORMANT (Address) W. C. Gregory

15. FILED Aug 9 1932 Susan Weaver REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-21 1932

17. I HEREBY CERTIFY, That I attended deceased from 7-1, 1932 to 7-21, 1932 that I last saw him alive on 7-17 1932 and that death occurred, on the date stated above, at 4:00 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Rt. cerebral thrombosis  
87 (duration) yrs. mos. 11 ds.

CONTRIBUTORY (SECONDARY) 87 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH (5)

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) Frederick L. Schmitt, D.O.  
7-21, 1932 (Address) Edina, 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 Loxist Hill Cemetery DATE OF BURIAL 7-21-1932

20. UNDERTAKER Brothers & Linniger ADDRESS Novest

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. AUG 25 1932

