

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

Do not use this space.

864

1. PLACE OF DEATH

35 County Dunklin Registration District No. 282
Township Union Sp. Primary Registration District No. 5401
City..... (No. St. Ward)

File No.
Registered No. 1

2. FULL NAME

Charles 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jennie Gregory</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 12 1854</u>		
7. AGE	YEARS	MONTHS
	<u>76</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Merchant</u>
10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Malden Mo.</u>		
13. NAME <u>Calvin Gregory</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>		
15. MAIDEN NAME <u>Jane Vincent</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dunklin Co. Mo.</u>		
17. INFORMANT (ADDRESS) <u>H. Gregory Malden Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Malden Mo</u> DATE <u>1-13</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>W. L. Craig Malden Mo</u>		
20. FILED <u>1-12</u> 19 <u>33</u> <u>Benjamin D. Fox</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12 1933

22. I HEREBY CERTIFY, that I attended deceased from Jan. 1 1933, to Jan. 1 1933
I last saw him alive on Jan. 1 1933 Death is said to have occurred on the date stated above, at 6:10 a. m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of
460 Prostate
Date of onset About 2 years ago

Other contributory causes of importance:
4 to 10

Name of operation none Date of.....
What test confirmed diagnosis? none 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?
If so, specify W. L. Cone, M. D.
(Signed) C. Campbell, M.
(Address) Campbell, Mo.

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.

NET WITH IMPADING INK—THIS IS A PERMANENT RECORD

