

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

Do not use this space.

9133

1. PLACE OF DEATH

County Centry Registration District No. 309
 Township _____ Primary Registration District No. H185
 City Albany (No. _____) St. _____ Ward _____

File No. _____

Registered No. 12

2. FULL NAME

(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 1, 1933

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

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1933, to Mar. 1, 1933
 I last saw him alive on July 28, 1933. Death is said to have occurred on the date stated above, at 6:40 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 23-1917

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
16 1 8

Acute dilatation of heart following Pneumonia (Bronchial)
 Date of onset _____
 1070
 1070

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

Other contributory causes of importance: _____

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

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) Centry, Mo

13. NAME A. V. Gregory

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centry, Mo

15. MAIDEN NAME Edith Jennings

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albany, Mo

17. INFORMANT (ADDRESS) M. A. V. Gregory Albany, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Brick DATE Mar 2 1933

19. UNDERTAKER (ADDRESS) Clifford Brooks Albany, Mo

20. Mar 1, 1933 W. G. Martin Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____ (Signed) W. G. Martin, M. D.
 (Address) Albany, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 21 1933

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THE LIFE OF
FRANCIS BACON

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