

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.

JUL 20 1933

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

Do not use this space.

226

85

18967

**1. PLACE OF DEATH**

County Buchanan Registration District No. 1001 File No. 621  
 Township St Joseph Primary Registration District No. State Hosp #2 Registered No. 621  
 City St Joseph (No. 2) State Mo St. 2 Ward 2

**2. FULL NAME**

(a) Residence, No. Calvin A. Gregory St. Oregon Mo Ward. Oregon Mo  
 (Usual place of abode) (If postresident, 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>About 1858</u>		
7. AGE <u>About 75</u>	YEARS	MONTHS
		DAYS
		If LESS than 1 day, ..... hrs. or ..... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Pharmacist</u>		
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) Ontario (STATE OR COUNTRY) Canada

13. NAME Geo. J. Gregory

14. BIRTHPLACE (CITY OR TOWN) Ontario (STATE OR COUNTRY) Canada

15. MAIDEN NAME Elizabeth York

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Ontario

17. INFORMANT (ADDRESS) Records State Hosp St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL Wk Albert PLACE Oregon Mo DATE 6-16-33 19.....

19. UNDERTAKER (ADDRESS) Leiter Pettijohn Oregon Mo

20. FILED 6-16-33 19 John W. Bender Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/16 1933

I HEREBY CERTIFY, That I attended deceased from June 20 1932 to 6/16 1933  
 I last saw him alive on 6/16/33 19..... Death is said to have occurred on the date stated above, at 6:00 a.m.  
 The principal cause of death and related causes of importance were as follows:

Chronic Nephritis (acute) 1/31  
97  
84 131  
 Other contributory causes of importance:  
Arteriosclerosis with Psychosis 1/31

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? nd

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? nd  
 If so, specify.....  
 (Signed) W. Clifty Smith M. D.  
 (Address) State Hosp #2 St Joseph Mo

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