AUG 28 1933

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

Do not use this space.

22485

1. PLACE OF DEATH
14 County Callaway — Registration District No. 104
2 Township — Primary Registration District No. 3008 — File No.
7 City Fulton (No. State Hospital No. St. Ward) — Registered No. 130

2. FULL NAME Opal Gregin

(a) Residence, No. (Usual place of abode) St., Ward. Moberly Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Not known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 17, 1904

7. AGE — YEARS: 29 — MONTHS: 7 — DAYS: 21 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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): Randolph Co. Mo.

FATHER

13. NAME: John Thomas Gregin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Monroe Co. Mo

MOTHER

15. MAIDEN NAME: Mattie Riley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Monroe Co. Mo

17. INFORMANT (ADDRESS): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Moberly Mo. DATE: July 10 1933

19. UNDERTAKER (ADDRESS): Wehrle & Wehrle Moberly Mo.

20. FILED: July 9, 1933 — R. N. Creens, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933, to July 8, 1933. I last saw it alive on July 8, 1933. Death is said to have occurred on the date stated above, at 12:00 A.M. midnight. The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Tuberculosis	
23H	
24	

Other contributory causes of importance: Menstrual Junction

Name of operation: None — Date of:

What test confirmed diagnosis? — 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

(Signed) Ralph Hanks, M. D.
(Address) Fulton Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County: Callaway — Registration District No.: 104 — File No.:
Township: — Primary Registration District No.: 3008 — Registered No.: 133
City: Fulton (No. , St. Ward)

2. FULL NAME: Opal Grugan
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 17, 1904

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
28	7	21	

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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 19 R. N. Crews *Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19.
I last saw h alive on , 19. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

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) , M. D.
(Address)

SUPPLEMENTARY

S-22485