

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

Do not use this space.

33295

4230

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Law Primary Registration District No. _____
City 156 mo (No. 112 no Oakley) St. _____ Ward _____

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 112 no Oakley 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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FE</u>	4. COLOR OR RACE <u>WH</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thomas Gregory</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 1 - 1884</u>		
7. AGE	YEARS <u>47</u>	MONTHS <u>0</u>
	DAYS <u>26</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1933 to Oct 27, 1933
I last saw him alive on Oct 26, 1933 Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:

Pelvic Cancer about May or June 1933
48
53 E 16
Other contributory causes of importance:
Uterine Cancer about June 1933
Primary in Cervix May

Name of operation _____ Date of _____
What test confirmed diagnosis? Physician Exam 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) Stan J. Prineas M. D.
(Address) 602 Argyle Bldg

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>
	13. NAME <u>Wm Watson</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wisconsin</u>
	15. MAIDEN NAME <u>Sarah E Perine</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wisconsin</u>
	17. INFORMANT (ADDRESS) <u>Elizabeth Prineas</u> <u>119 S. Calhoun</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Emmwood</u> DATE <u>Oct 30</u> 19 <u>33</u>	
19. UNDERTAKER (ADDRESS) <u>Rose + Henderson</u> <u>156 mo</u>	
20. FILED <u>Oct 28</u> 19 <u>33</u> <u>m m c rowe</u> Registrar.	

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

NOV 10 1933

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